

New report guides physical activity counseling in pediatric clinical settings

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Obesity. Fatty liver disease. Prediabetes. Dyslipidemia. Attention-deficit/hyperactivity disorder (ADHD). Depression. Anxiety.

Pediatricians diagnose children with these illnesses every day. But how often do we include physical activity assessment, counseling and prescription in the treatment plan?

A new AAP clinical report aims to give clinicians guidance to help patients achieve physical activity levels for improved health.

The report, *Physical Activity Assessment and Counseling in Pediatric Clinical Settings* from the Council on Sports Medicine and Fitness and Section on Obesity, is available at <https://doi.org/10.1542/peds.2019-3992> and will be published in the March issue of *Pediatrics*.

Multiple benefits

Strong evidence shows that physical activity improves body composition, decreases cardiovascular disease risk and is a preferred treatment for fatty liver disease and prediabetes. Additionally, research shows benefits in children with ADHD and depression.

When it comes to health promotion, regular physical activity assessment and counseling can help improve gross motor development and physical literacy, academic performance, sleep and behavior, while it reduces teen risk-taking behaviors and helps prevent obesity and other chronic diseases. The benefits and value of physical activity extend to all children, including those with special health care needs.

Recommendations for physical activity

The 2018 Physical Activity Guidelines for Americans (<http://bit.ly/2RS5yMo>) advise that children ages 6 to 17 years engage in 60 minutes of physical activity every day, including vigorous-intensity, muscle- and bone-strengthening activities at least three days a week. The guidelines suggest that children ages 3 to 5 years should have at least 180 minutes of physical activity throughout the day (approximately 15 minutes of every hour while awake).

While the 2018 guidelines do not address physical activity in infants and toddlers, the AAP advises that infants be active several times a day through interactive floor-based play, and toddlers engage in at least 180 minutes a day in activities that develop gross motor skills such as walking, unstructured free play and playing on a playground (see resources).

Despite these recommendations, few children and adolescents meet them. Children and youths with special needs, adolescent girls and children of minority, urban or rural communities are at highest risk of inactivity.

Guidance for pediatricians

Pediatricians often advise children and families to aim for 60 minutes of physical activity each day. The new report encourages pediatricians to further promote physical literacy and activity in children in one or more of the following ways:

- Assess and document gross motor skill development, physical literacy and physical activity levels at all health supervision visits, with early referral to assess and treat identified delays or deficits. If children are insufficiently active, help identify barriers and strategies to help overcome barriers using tools such as motivational interviewing.
- Pay particular attention to physical activity assessment and counseling for children most at risk of inactivity or likely to face barriers to activity, including children of minority, urban or rural status, adolescent girls, and children and youths with special health care needs.
- Provide children a physical activity prescription. Coordinate recommendations with specialists as indicated for children and youths with special needs. Clearly document the prescription so other providers, therapists, caretakers and parents can help implement it.
- Discuss the benefits of physical activity on physical and mental health and social growth and development at well-child and sick visits.
- Model and encourage parents to model a physically active lifestyle.
- Provide tools and resources to help families build skills and take advantage of community-based activity resources.
- Advocate for increased access to physical activity opportunities for children at child care and preschool, school, home, in the community and anywhere kids live, learn and play.
- Advocate for inclusion of validated activity assessment measures in electronic health records and fair payment for their administration.
- Work with medical schools, residency programs and health care institutions to increase training in physical activity assessment and exercise prescription.

Physical activity is a potent “medicine” in the prevention and treatment of disease and promotion of health and wellness. The clinical report provides additional information, tools and resources needed to help put recommendations into practice so more children achieve the positive effects of regular physical activity.

Dr. Muth is a lead author of the clinical report and chair of the AAP Section on Obesity Executive Committee.

Resources

- [The clinical report includes tables with recommendations for increased physical activity by age group, details on activities by patient age and stage, steps to integrate assessment and counseling in practice, and a chart that rates tools for assessing adolescents' activity levels.](#)
- [AAP public service announcement pediatricians can post for patients](#)
- [HealthyChildren.org article, “Making Physical Activity a Way of Life”](#)
- [Parent Plus column "Pediatricians want all families to be physically active for life"](#)