



Pediatricians can break down barriers to physical activity for children with disabilities

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Paul S. Carbone, M.D., FAAP

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Children with disabilities benefit from participation in sports, recreation and physical activity, yet have reduced participation rates, lower fitness levels and a higher prevalence of overweight and obesity compared with typically developing peers. Pediatricians and caregivers may overestimate the risks or overlook the benefits of physical activity, which limits participation.

To address this, an updated AAP clinical report reviews the importance of sports, recreation and physical activity for these children and offers pediatricians suggestions to facilitate participation.

The report, *Promoting the Participation of Children and Adolescents With Disabilities in Sports, Recreation, and Physical Activity*, from the Council on Children with Disabilities and Council on Sports Medicine and Fitness, is available at <https://doi.org/10.1542/peds.2021-054664> and will be published in the December issue of *Pediatrics*.

Benefits, barriers to participation

Exercise intervention research on children with disabilities points to benefits such as improvements in aerobic capacity, muscular strength, physical and cognitive function, body weight and composition, social skills, relationships and psychological well-being. Despite these benefits, physical activity often is prioritized below other interventions in treatment planning.

Frequently identified barriers to participation in sports and physical activity are the child's functional limitations, negative self-perceptions, high cost, lack of nearby or accessible facilities and programs, and

lack of providers with adaptive recreation expertise. Additionally, children with disabilities are still, to a large extent, socially segregated and experience negative societal stereotypes and low performance expectations, which limit opportunities for participation in group-based physical activities.

Some children are discouraged from participating by an implicit societal bias that favors competitiveness and winning over participation for the sake of fun, enjoyment and inclusion. When children with disabilities do try to take part in sports, they also are more likely to be bullied by their peers. Pediatricians, other professionals and parents also may overestimate the risk of injury during physical activity, although sports involvement has been shown to be reasonably safe for this population.

What facilitates participation?

To start the conversation about physical activity, pediatricians can ask about activity levels and use tools such as a physical activity vital sign in the electronic health record. Then, they can create “physical activity prescriptions” with goals for participation and referrals to programs or resources based on baseline physical activity, preferred activities and functional limitations.

Children with disabilities can be empowered to take part with a can-do attitude, enjoying the dignity of taking acceptable risk during participation just as individuals without disabilities are allowed to do.

Providers can make referrals to specialized adaptive programs staffed by recreational, physical or occupational therapists that create a safe and fun recreational environment while coordinating with the primary care provider if medical concerns occur.

Providers should be aware of local adaptive recreational programs that address barriers to participation (time, cost, transportation) and share this information with families.

To facilitate physical activity at school, pediatric providers and parents can partner with the educational team to include physical activity goals and progress metrics in a child’s individualized education program (IEP).

Preparticipation evaluation: special concerns

The preparticipation evaluation allows opportunities for families and providers to discuss medical and psychosocial issues relevant for participation in physical activity. Important considerations include the child’s health status and functional ability, demands of the sport, and whether the sport can be modified with protective or adaptive equipment to allow for safer participation. Given the complexity of the preparticipation evaluation, it can occur over several visits, with the primary care medical home obtaining input from the child’s multidisciplinary team.

The goal of the preparticipation evaluation is to review the desired activities of the child and family and disability-specific and co-occurring conditions to provide an appropriate menu of activities and potential accommodations that promote safe participation. The clinical report covers important elements of the history and physical examination during the preparticipation evaluation.

Recommendations

Pediatricians can promote participation of children and adolescents with disabilities in sports, recreation and physical activity in the following ways:

- Assess physical activity levels at all health supervision visits.
- Communicate the physical, behavioral, cognitive and social-emotional benefits of participation in sports, recreation and physical activity to children and their caregivers. Address barriers to

participation.

- Encourage parents to be physically active and include their children in family recreational activities.
- Discuss physical activity goals with children and their families. Partner with interdisciplinary team members to develop physical activity prescriptions that can be incorporated in an after-visit summary within the electronic medical record.
- Perform preparticipation evaluations in collaboration with the child, family, pediatric specialists and therapists, leading to opportunities to participate in sports and recreational activities with appropriate adaptation to minimize injury risk.
- Partner with children, parents and educational teams to include physical activity goals and modifications in a student's IEP and advocate for school-based physical activity programs.
- Be aware of and refer to local school and community-based organizations that offer appropriate physical activity programs and sports.
- Advocate for policies that promote inclusion in sports, recreation and physical activity and for surveillance systems that include children with disabilities to track participation and access.

Dr. Carbone is a lead author of the clinical report. He is a member of the Council on Children with Disabilities.

Resource

[The clinical report includes a list of resource links for health care providers and families.](#)

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