

Healthy active living: Physical activity guidelines for children and adolescents

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ABSTRACT

The epidemic of childhood obesity is rising globally. Although the risk factors for obesity are multifactorial, many are related to lifestyle and may be amenable to intervention. These factors include sedentary time and non-exercise activity thermogenesis, as well as the frequency, intensity, amounts and types of physical activity. Front-line health care practitioners are ideally suited to monitor children, adolescents and their families' physical activity levels, to evaluate lifestyle choices and to offer appropriate counselling.

This statement presents guidelines for reducing sedentary time and for increasing the level of physical activity in the paediatric population. Developmentally appropriate physical activity recommendations for infants, toddlers, preschoolers, children and adolescents are provided. Advocacy strategies for promoting healthy active living at the local, municipal, provincial/territorial and federal levels are included.

Key Words: *Adolescents; Children; Obesity; Physical activity; Screen time; Sedentary behaviour*

RECOMMENDATIONS

The Canadian Paediatric Society makes the following recommendations concerning healthy active living (HAL) and physical activity (PA) for children and adolescents:

Physicians and health care professionals should promote HAL by:

- Documenting the number of hours/day spent on sedentary activities by families.
- Discouraging the use of screen-based activities for children under two years of age; limiting recreational screen time to <1 h/day for children two to four years of age, and to ≤ 2 h/day for older children. Health care professionals should discuss these recommendations with families.
- Counselling families to become more active by finding alternatives to sedentary (ie, motorized) transport, and by limiting time spent simply sitting or being indoors throughout the day.
- Encouraging families to keep television sets, video games, cell phones and computers out of childrens' bedrooms.
- Identifying barriers to the adoption of PA as part of family routine.
- Determining sources of PA for family members at regular health care visits, and promoting PA at every well-child or adolescent visit.
- Advising parents and caregivers that preschoolers should have an accumulated 180 min/day of PA at varying intensities, and that older children and adolescents should be accumulating at least 60 min/day of moderate-to-vigorous-intensity PA. These goals should include vigorous-intensity activities at least three days/week and activities that strengthen muscle and bone at least three days/week. More information can be derived from the Canadian Physical Activity Guidelines.
- Helping parents to become more active role models by building on PA that family members of all ages and abilities can do together as a family routine.
- Using anticipatory guidance to ensure that children play outside safely, with appropriate protective equipment (eg, bicycle helmets, personal flotation devices).
- Advising parents to support their children's preferences in sport and recreational activities, provided that they are safe and appropriate to the child's age and developmental stage.
- Encouraging older students to become HAL role models and leaders for younger schoolmates.
- Being active role models themselves.
- Calculating and plotting BMI trajectories and identifying obesity-related co-morbidities at every well-child or adolescent visit.

Clinicians and their professional organizations should advocate for:

- Regular revisions of the Canadian Physical Activity Guidelines for children and youth, to reflect current, evidence-based recommendations.
- Creating Canadian Physical Activity Guidelines for Aboriginal children and youth, and for young people with special health care needs.
- Developing and funding strategies to promote PA specific to First Nations, Inuit and Métis children and youth – in collaboration with Aboriginal groups.

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- Social marketing to promote PA involvement and participation.
- The elimination of television advertising that promotes fast food, unhealthy foods and sedentary behaviour during children's programming.
- Establishing a school wellness council, on which local physician representation is encouraged.
- A school curriculum teaching students the health benefits of regular PA.
- Compulsory, quality, daily PE classes in schools (kindergarten through grade 12) taught by qualified, trained teachers. Also, the provision of a variety of school-related PA in addition to PE, including the protection of childrens' recess time and extracurricular PA programs and non-structured PA before, during and after school hours.
- Accessible community sport/recreation programs where school gyms or local facilities are open before and after regular hours, and PA opportunities are available to all children and youth at low or no cost.
- Safe recreational facilities, parks, playgrounds, bicycle paths, sidewalks and crosswalks.
- Funding quality research on the promotion of healthy active living.

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