

A PROPOSAL FOR THE PROMOTION OF PHYSICAL ACTIVITY FROM THE PERSPECTIVE OF PRIMARY CARE PAEDIATRICS

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Abstract: The promotion of physical activity is a duty of society as a whole and, to a greater extent, of the groups of professionals responsible for the health of the population. Paediatric professionals must contribute to the overall development of the child and adolescent population by encouraging this age group to attain at least the minimum recommendations for physical activity. Based on the evidence and recommendations available, interventions should be carried out from a family, community, and multidisciplinary approach.

Keywords: physical activity, recommendations, promotion, physical exercise, pediatrics.

PROPIEDAD DE PROMOCIÓN DE LA ACTIVIDAD FÍSICA DESDE LA PEDIATRÍA DE ATENCIÓN PRIMARIA

Resumen: La promoción de la actividad física es una labor de toda la sociedad y, en mayor medida, de aquellos colectivos profesionales responsables de la salud de las poblaciones. Los profesionales de pediatría deben contribuir al desarrollo integral de la población infantojuvenil promoviendo que este grupo etario, alcance, al menos, las recomendaciones mínimas de actividad física. En base a las evidencias y a las recomendaciones las intervenciones desarrolladas deben realizarse desde un enfoque familiar, comunitario y multidisciplinario.

Palabras clave: actividad física, recomendaciones, promoción, ejercicio físico, pediatría.

A PROPOSAL FOR THE PROMOTION OF PHYSICAL ACTIVITY FROM THE PERSPECTIVE OF
PRIMARY CARE PAEDIATRICS

PROPOSTA DOS CUIDADOS DE SAÚDE PRIMÁRIOS EM PEDIATRIA RELATIVA À PROMOÇÃO DA ATIVIDADE FÍSICA

Resumo: A promoção da atividade física é uma tarefa de toda a sociedade e, em especial, dos grupos profissionais responsáveis pela saúde das populações. Os profissionais de pediatria devem contribuir para o desenvolvimento integral da população infantojuvenil e incentivar este grupo etário a alcançar, pelo menos, as recomendações mínimas de atividade física. Com base nas evidências e nas recomendações, as intervenções desenvolvidas devem assentar numa abordagem familiar, comunitária e multidisciplinar.

Palavras-chave: atividade física, recomendações, promoção, exercício físico, pediatria.

A PROPOSAL FOR THE PROMOTION OF PHYSICAL ACTIVITY FROM THE PERSPECTIVE OF PRIMARY CARE PAEDIATRICS

INTRODUCTION

The importance of physical activity for the mental, social, and physical health of children and adolescents is unquestionable. As a result, it is essential to carry out efforts from all spheres and professional groups in order to “reintroduce” active habits in the lives of children and adolescents.

Paediatric professionals should pay greater attention to the positive health of the child and adolescent population and, more specifically, to the role that physical activity plays in the development and well-being of this age group. Physical exercise is a preventative and therapeutic resource that must be included in the regular clinical practice of paediatrics.

The following is a primary care paediatrics proposal to promote the practice of physical activity, also known as physical exercise.

A PRIMARY CARE PAEDIATRICS INTERVENTION PROPOSAL FOR CHILDREN TO ATTAIN PHYSICAL ACTIVITY RECOMMENDATIONS

Taking into account the current particularities of primary care paediatrics, we hereby propose an intervention based on the 5 A's model of the US Preventive Services Task Force for lifestyle counselling interventions (Spanish Ministry of Health, Social Services and Equality, 2015).

Objective of the intervention

To contribute to the overall development of children by promoting the practice of at least the recommended minimum levels of physical activity, as well as to encourage them to adopt an active lifestyle.

What should be done?

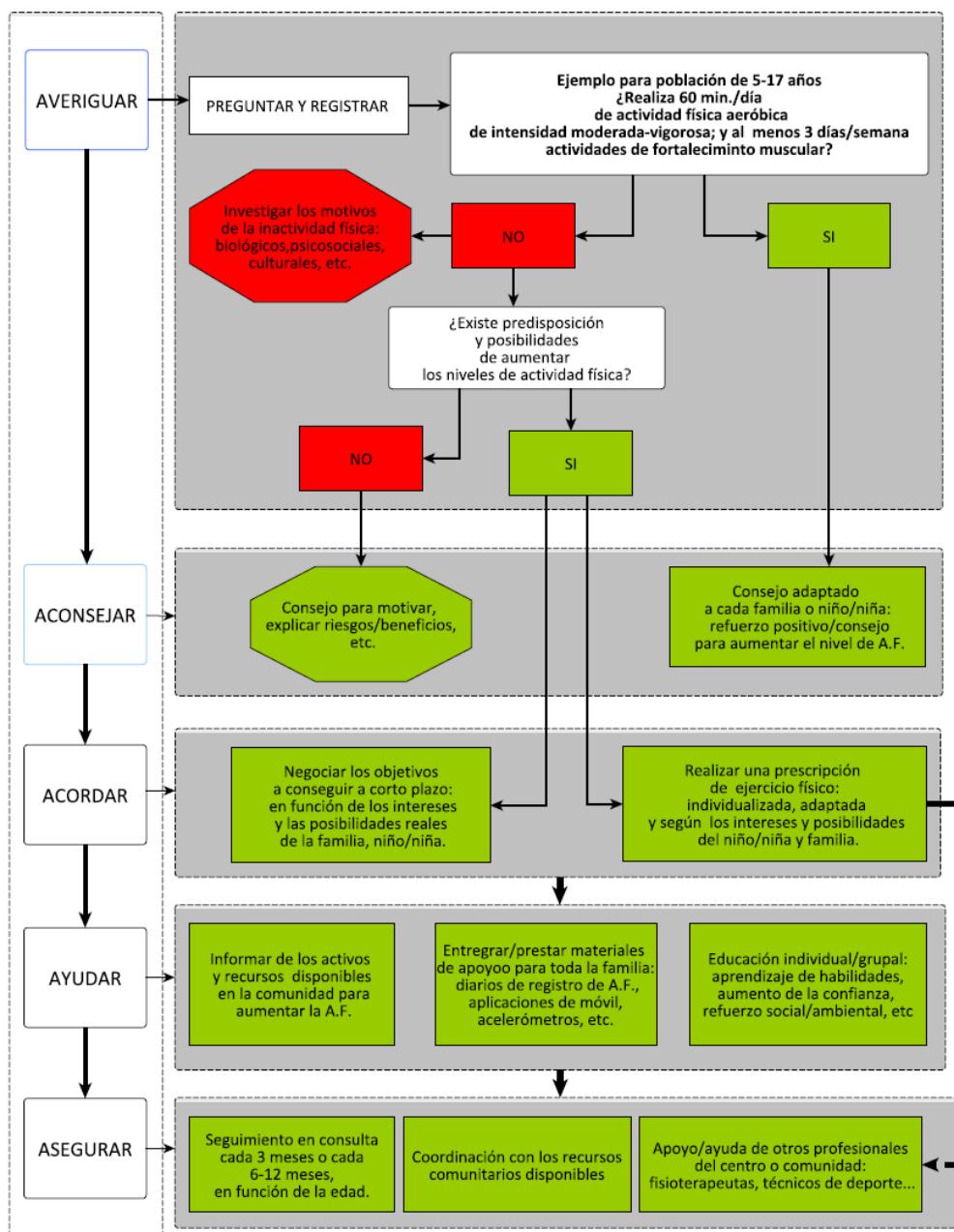
An advice and counselling intervention and/or an individualised physical exercise prescription from a family, community, and multidisciplinary approach.

How can this be attained?

The intervention should be carried out according to age and maturity. It may therefore be directed at parents (guardians, families) or at the children themselves. The intervention is to be carried out at the primary care paediatric practice (be it with a doctor or a nurse). To this end, an algorithm or guiding protocol is proposed, which must be adapted to each circumstance and which does not replace the clinical judgement of the healthcare professional when it comes to decision making (Figure 1. Proposal regarding the steps to be taken in the primary care paediatric intervention to encourage children to meet the physical activity recommendation).

A PROPOSAL FOR THE PROMOTION OF PHYSICAL ACTIVITY FROM THE PERSPECTIVE OF PRIMARY CARE PAEDIATRICS

Figure 1. Proposal regarding the steps to be taken in the primary care paediatric intervention to encourage children to meet the physical activity recommendations



Source: the authors

A PROPOSAL FOR THE PROMOTION OF PHYSICAL ACTIVITY FROM THE PERSPECTIVE OF PRIMARY CARE PAEDIATRICS

Table 1. Figure 1. Proposal regarding the steps to be taken in the primary care paediatric intervention to encourage children to meet the physical activity recommendations translation

Spanish	English
AVERIGUAR	ASSESS
PREGUNTAR Y REGISTRAR Ejemplo para población de 5-17 años: ¿Realiza 60 min./día de actividad física aeróbica de intensidad moderada-vigorosa; y al menos 3 días/semana actividades de fortalecimiento muscular? Sí No Investigar los motivos de la inactividad física: biológicos, psicosociales, culturales, etc. ¿Existe predisposición y posibilidades de aumentar los niveles de actividad física?	ASKING AND RECORDING Example for 5-17 year olds: Do they perform 60 minutes a day of moderate to vigorous aerobic physical activity and at least 3 days a week of muscle strengthening activities? YES NO Investigate the reasons for physical inactivity: biological, psychosocial, cultural, etc. Is there a willingness and potential to increase levels of physical activity?
ACONSEJAR	ADVISE
Consejo para motivar/explicar riesgos/beneficios, etc. Consejo adaptado a cada familia o niño/niña: refuerzo positivo/consejo para aumentar el nivel de A.F.	Give advice to motivate/explain risks/benefits, etc. Give advice adapted to each family or child: positive reinforcement/advice to increase the level of physical activity.
ACORDAR	AGREE
Negociar los objetivos a conseguir a corto plazo: en función de los intereses y las posibilidades reales de la familia, niño/niña Realizar una prescripción de ejercicio físico: individualizada, adaptada y según los intereses y posibilidades del niño/niña y familia	Negotiate short-term goals according to the real interests and possibilities of the family or boy/girl Make a physical exercise prescription personalised and tailored to the interests and possibilities of the boy/girl and family.
AYUDAR	ASSIST
Informar de los activos y recursos disponibles en la comunidad para aumentar la A.F. Entregar/prestar materiales de apoyo para toda la familia: diarios de registro de A.F., aplicaciones de móvil, acelerómetros, etc Educación individual/grupal: aprendizaje de habilidades, aumento de la confianza, refuerzo social/ambiental, etc.	Report on the assets and resources available in the community to increase physical activity Provide/loan support materials for the entire family: physical activity logbooks, mobile applications, accelerometers, etc. Individual/group education: skills learning, confidence building, social/environmental reinforcement, etc.
ASEGURAR	ARRANGE
Seguimiento en consulta cada 3 meses o cada 6-12 meses, en función de la edad Coordinación con los recursos comunitarios disponibles Apoyo/ayuda de otros profesionales del centro o comunidad: fisioterapeutas, técnicos de deporte, etc	Follow-up visit every 3 months or every 6-12 months, depending on age Coordination with community resources available Support/help from other professionals in the health centre or community: physical therapists, sports technicians, etc.

A PROPOSAL FOR THE PROMOTION OF PHYSICAL ACTIVITY FROM THE PERSPECTIVE OF PRIMARY CARE PAEDIATRICS

How can the level of physical activity be determined in the primary care pediatric practice?

It is proposed that this be done by asking simple questions to the family or to the boy or girl, questions that make it possible to distinguish between the individuals who comply with the minimum recommendations for physical activity and the individuals who do not.

Example of a question for boys and girls under the age of 5 who can already walk: Do they carry out at least 3 hours of physical activity of different intensities distributed throughout the day through structured activities and free play, both indoors and outdoors?

How often should it be done?

A specific time frame is not recommended and may be determined at the discretion of the healthcare professional. However, taking into account the ages of the target population, the speed of changes in their process of maturation, and the involvement of physical activity in these changes, it would be advisable to carry out the physical activity level intervention/assessment every 3 months in the earliest stages and every 6-12 months in the later stages. Seasonality and the speed at which children change their interests should be taken into account in the practice of physical activity.

Comments

The present intervention must be integrated into an overall intervention. The final objective is to contribute to the overall development of the youngest section of the population, as well as to the adoption of a long-lasting healthy lifestyle for life.

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A PROPOSAL FOR THE PROMOTION OF PHYSICAL ACTIVITY FROM THE PERSPECTIVE OF PRIMARY CARE PAEDIATRICS

RINSAD

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The two main orientations of the RINSAD magazine are:

- a) Researchers related to childhood and health.
- b) Professionals in the sector.

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