Middle Childhood

5–10 Years
Middle childhood, ages 5 to 10, is characterized by a slow, steady rate of physical growth. However, cognitive, emotional, and social development occur at a tremendous rate. To achieve optimal growth and development, children need to eat a variety of healthy foods and participate in physical activity. Physical activity can

- Give children a feeling of accomplishment.
- Reduce the risk of certain diseases (e.g., coronary heart disease, hypertension, colon cancer, diabetes mellitus), if children continue to be active during adulthood.
- Promote mental health.

As children grow and develop, their motor skills increase, giving them an opportunity to participate in a variety of physical activities. Children may try different physical activities and establish an interest that serves as the foundation for lifelong participation in physical activity.

Children are motivated to participate in physical activity by fun, previous success, variety, family support, peer participation, and enthusiastic coaching. Feelings of failure, embarrassment, competition, boredom, and rigid structure discourage participation. Children usually discontinue physical activity because of a lack of time, feelings of failure, overemphasis on competition, or the existence of overuse injuries (e.g., stress fracture, inflammation of the joints).

Children in middle childhood are at various stages of cognitive, emotional, social, and motor skill development. They may not understand the meaning of competition and teamwork. They may lack the cognitive skills to grasp strategies, make rapid decisions, and visualize spatial relationships.

Like the developmental milestones of infancy, such as rolling over, sitting up, crawling, and walking, most of the fundamental motor skills (e.g., running, galloping, jumping, hopping, skipping, throwing, catching, striking, kicking) required for physical activity are acquired in the same sequence. Motor skill acquisition appears to be an innate process, independent of the child’s sex, age, size, weight, strength, abilities, and level of physical maturity. As with other developmental milestones, the rate at which children master motor skills varies considerably.

Although children can acquire and refine fundamental motor skills faster by early instruction and practice, they are unlikely to do so until they are developmentally ready. Children usually acquire fundamental motor skills at a basic level through play; however, children need instruction and practice to fully develop these skills.1

Each fundamental motor skill is characterized by a series of developmental stages. Failure to achieve progression through all of the stages can limit proficiency in physical activities that require fully developed fundamental motor skills. Transitional motor skills are fundamental motor skills performed in various combinations and with variations (e.g., throwing for distance; throwing for accuracy). Transitional motor skills are required to participate in entry-level organized sports. Early in this developmental period, children’s vision is almost mature, but it is still difficult for them to tell the direction in
which a moving object is moving. Balance becomes more automatic and reaction times become quicker. With improved transitional motor skills, children are able to master complex motor skills (e.g., those required for playing more complex sports such as football or basketball). At the end of this developmental period, children’s vision is fully mature.¹

Motor skill development is difficult for some children. Health professionals need to assess these children to determine whether their difficulties are caused by a developmental delay or a health problem. In some cases, poor motor skill development is the result of developmental coordination disorder (DCD).² (See the Developmental Coordination Disorder chapter.)

**Growth and Physical Development**

Middle childhood’s slow, steady growth occurs until the onset of puberty, which occurs late in middle childhood or in early adolescence. Children gain an average of 7 pounds in weight, and 2 ½ inches in height, per year. They have growth spurts, which are usually accompanied by an increase in appetite and food intake. Conversely, a child’s appetite and food intake decrease during periods of slower growth.

Body composition and body shape remain relatively constant during middle childhood. During preadolescence and early adolescence (9 to 11 years in girls; 10 to 12 years in boys), the percentage of body fat increases in preparation for the growth spurt that occurs during adolescence. This body fat increase occurs earlier in girls than in boys, and the amount of increase is greater in girls. Preadolescents, especially girls, may appear to be “chunky,” but this is part of normal growth and development. During middle childhood, boys have more lean body mass per inch of height than girls. These differences in body composition become more significant during adolescence.

During middle childhood, children may become overly concerned about their physical appearance. Girls especially may become concerned that they are overweight and may begin to eat less. Parents should reassure their daughters that an increase in body fat during middle childhood is part of normal growth and development and is probably not permanent. Boys may become concerned about their stature and muscle size and strength.

During middle childhood, children’s muscle strength, motor skills, and stamina increase. Children acquire the motor skills necessary to perform complex movements, allowing them to participate in a variety of physical activities.

For females, most physical growth is completed by 2 years after menarche. (The mean age of menarche is 12 ½ years.) Males begin puberty about 2 years later than females. Before puberty, there are no significant differences between boys and girls in height, weight, strength, endurance, and motor skill development. Therefore, throughout middle childhood, boys and girls can participate in physical activity on an equal basis. Late-maturing children, who have a prolonged period of prepubertal growth, usually have longer limbs than other children and often attain greater height.

A temporary decline in coordination and balance may occur during puberty because of rapid growth. Some children may be unable to perform a physical activity as well as they did the previous year. This can be frustrating for children, parents, and teachers, particularly if they misinterpret this decline as a lack of skill or effort.
Early-maturing boys have a temporary physical advantage over other boys their age because they are taller, heavier, and stronger. These boys usually achieve the most success in physical activity programs (e.g., hockey, football, basketball), which may lead to unrealistic expectations that they will continue to be outstanding athletes. Conversely, late-maturing boys have a temporary physical disadvantage. These boys may achieve the most success in physical activities in which size is not important (e.g., racquet sports, martial arts, running, wrestling).

For girls, the onset of puberty is associated with an increase in body fat that may result in a decline in physical activity performance. Girls, parents, and teachers need to understand, and girls need to accept, the physical changes of puberty, because attempts to prevent these changes can lead to dieting or eating disorders. In addition, the increase in body fat and decrease in muscle flex may result in less fluid movements during the growth spurt and may increase the risk of overuse injuries in girls. Girls entering puberty are at particularly high risk for dropping out of physical activities, making anticipatory guidance particularly important to encourage continued participation.

Healthy Lifestyles

Parents are a major influence on a child’s level of physical activity. By participating in physical activity (e.g., biking, hiking, playing basketball or baseball) with their children, parents emphasize the importance of regular physical activity and show their children that physical activity can be fun. Parents’ encouragement to be physically active significantly increases a child’s activity level. Children are also influenced to participate in physical activity by other family members, peers, teachers, and people depicted in the media.

Teachers also influence a child’s level of physical activity. Physical education should be provided at school every day, and enjoyable activities should be offered.

To achieve optimal growth and development, children need a variety of healthy foods that provide sufficient energy, protein, carbohydrates, fat, minerals, and vitamins. They need three meals per day plus snacks. During middle childhood, mealtimes take on more social significance, and children become affected by external influences (e.g., their peers, the media) regarding eating behaviors and attitudes toward food. Children also eat more meals away from home (e.g., at child care facilities, school, homes of friends and relatives). Parents and other family members continue to have the most
influence on children’s eating behaviors and attitudes toward food. Parents need to make sure that healthy foods are available, and they can be positive role models by practicing healthy eating behaviors themselves. In addition, parents need to provide guidance to help children make healthy food choices away from home.

**Building Partnerships**

Partnerships among health professionals, families, and communities are essential for ensuring that families receive guidance on physical activity. Health professionals need to give families the opportunity to discuss physical activity issues and concerns, and need to identify and contact community resources to help parents promote physical activity in children. However, there are many barriers. Some children do not have opportunities for participating in physical activity, and some live in unsafe neighborhoods. Communities need to provide physical activity programs through schools, recreation centers, and churches and other places of worship, and provide safe places for children to play.

**Strengths, and Issues and Concerns**

During health supervision visits, health professionals should emphasize the physical activity strengths of the child, family, and community (Table 9) and address any physical activity issues and concerns (Table 10).
### Table 9. Physical Activity Strengths During Middle Childhood

<table>
<thead>
<tr>
<th>Child</th>
<th>Family</th>
<th>Community</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Participates in physical activity</td>
<td>- Encourages the child to participate in physical activity</td>
<td>- Promotes physical activity</td>
</tr>
<tr>
<td>- Enjoys physical activity</td>
<td>- Provides opportunities for the child to participate in physical activity</td>
<td>- Provides programs that teach families about physical and motor skill development</td>
</tr>
<tr>
<td>- Develops a positive attitude toward physical activity</td>
<td>- Supervises the child during physical activity</td>
<td>- Provides opportunities for children to participate in physical activity</td>
</tr>
<tr>
<td>- Is aware of and has opportunities to participate in physical activity</td>
<td>- Ensures that the child uses appropriate safety equipment (e.g., helmet, wrist guards, elbow and knee pads) during physical activity</td>
<td>- Maintains policies (e.g., preservation of green space) and provides environmental support (e.g., well-maintained sidewalks, bicycle racks outside public facilities) that promote physical activity</td>
</tr>
<tr>
<td>- Wants to improve motor skills</td>
<td>- Participates in physical activity with the child</td>
<td>- Provides safe environments for indoor and outdoor physical activity (e.g., walking and biking paths, playgrounds, parks, recreation centers)</td>
</tr>
<tr>
<td>- Feels competent when participating in physical activity</td>
<td>- Provides positive role model by participating in physical activity</td>
<td>- Provides support for families of children with special health care needs</td>
</tr>
<tr>
<td>- Is developing a sense of responsibility for own health</td>
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<td></td>
</tr>
<tr>
<td>- Has positive role models for physical activity</td>
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</table>

**MIDDLE CHILDHOOD • 5 – 10 YEARS**
Table 10. Physical Activity Issues and Concerns During Middle Childhood

<table>
<thead>
<tr>
<th>Child</th>
<th>Family</th>
<th>Community</th>
</tr>
</thead>
<tbody>
<tr>
<td>■ Has health problems</td>
<td>■ Does not encourage the child to participate in physical activity</td>
<td>■ Lacks programs that promote physical activity in children</td>
</tr>
<tr>
<td>■ Experiences motor skill or developmental delays</td>
<td>■ Does not advocate for physical education in schools</td>
<td>■ Lacks safe environments for indoor and outdoor physical activity (e.g., walking and biking paths, playgrounds, parks, recreation centers)</td>
</tr>
<tr>
<td>■ Lacks opportunities to participate in physical activity</td>
<td>■ Does not provide positive role model by participating in physical activity</td>
<td>■ Lacks policies (e.g., preservation of green space) and does not provide environmental support (e.g., well-maintained sidewalks, bicycle racks outside public facilities) that promote physical activity</td>
</tr>
<tr>
<td>■ Lacks friends or siblings to be physically active with</td>
<td>■ Does not participate in physical activity with the child</td>
<td>■ Does not provide support for families of children with special health care needs</td>
</tr>
<tr>
<td>■ Does not enjoy physical activity</td>
<td>■ Has health problems that affect the amount of time spent with the child</td>
<td></td>
</tr>
<tr>
<td>■ Does not feel competent when participating in physical activity</td>
<td>■ Has a work schedule or other commitments that reduce the amount of time spent with the child</td>
<td></td>
</tr>
<tr>
<td>■ Is embarrassed about appearance or lack of coordination</td>
<td>■ Lacks space or equipment for physical activity</td>
<td></td>
</tr>
<tr>
<td>■ Is shy or fearful of physical activity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>■ Has had unsuccessful or unpleasant experiences with physical activity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>■ Is more interested in sedentary behaviors (e.g., watching television and videotapes; playing computer games)</td>
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</tbody>
</table>
A child’s level of physical activity should be assessed as part of health supervision visits. (For more information on health supervision, see Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, listed under Suggested Reading in this chapter.)

Health professionals can begin by gathering information about the child’s level of physical activity. This can be accomplished by selectively asking key interview questions listed in this chapter, which provide a useful starting point for identifying physical activity issues and concerns.

Health professionals can then use this chapter’s screening and assessment guidelines, and counseling guidelines, to provide families with anticipatory guidance. Interview questions, screening and assessment, and counseling should be used as appropriate and will vary from visit to visit, child to child, and family to family.

Desired outcomes for the child, and the role of the family, are identified to assist health professionals in promoting physical activity.

**Interview Questions**

The following questions are intended to be used selectively to gather information, to address the family’s issues and concerns, and to build partnerships.

**For the Child**

Do you think physical activity is important? Why (or why not)?

Do you think you are getting enough physical activity? Why (or why not)?

Which physical activities do you participate in? How often? For how long each time?

Do you participate in physical activities at school? If so, which ones? How often?

Do you participate in physical activities in your neighborhood? If so, which ones? How often?

Do you participate in any physical activities with your parents (for example, walking, biking, hiking, skating, swimming, or running)?
Are there any physical activities you enjoy but don’t participate in? If so, which ones? Why?

Are there any physical activities you don’t enjoy? If so, which ones? Why?

Do you feel that you are good at physical activities? If so, which ones? If not, why?

Do you think you are in good shape? Can you keep up with your friends and other children your age?

Do you always have something available to drink during and after physical activity?

Do you use appropriate safety equipment when you participate in physical activity? For example, do you use a helmet when you go skate-boarding, skating, or biking?

Have you been injured while participating in physical activity?

How much time each day do you spend watching television and videotapes or playing computer games?

What does he do after school? Does he participate in physical activity?

Are there any physical activities that Susan enjoys but does not participate in? If so, which ones? Why?

Are there any physical activities that she doesn’t enjoy? If so, which ones? Why?

During the past 6 months, has Thomas been involved in physical activity programs? If so, which ones?

During the past 6 months, has he trained for any physical activities? If so, which ones?

Do you feel that Susan is too active? If so, why?

Do you feel that she is not active enough? If so, why?

Are there any physical activity programs in Thomas’s school? In the community? If so, do you think he would participate if encouraged?

How can you help him become more active? What barriers would make this difficult?

Do you and Susan participate in physical activities together? If so, which ones? How often?

How much time each day do you allow her to watch television and videotapes or play computer games?

Do you know where to take Thomas in a medical emergency?

Is your neighborhood safe enough for him to play outside?

For the Parent

Is Thomas currently going through a growth spurt?

Do you have any concerns about his development?

Do you have questions or concerns about Susan’s participation in physical activity?

Does she participate in regular physical activity (for example, most, if not all, days of the week)?

Does Thomas participate in physical education at school? If so, how often?
Screening and Assessment

If a child wants to participate in a sports program, a preparticipation physical examination may be useful. In addition to the screening and assessment guidelines that follow, health professionals can refer to resources such as a preparticipation physical evaluation.4

■ Obtain a complete medical history of the child, including (1) history of previous injuries and hospitalizations, (2) family history of sudden cardiac death, and (3) history of dizziness or fainting during or after physical activity.4 You may want to inquire about conditions affecting sports participation.5, 6

■ Measure the child’s height and weight, and plot these on a standard growth chart (see Tool H: CDC Growth Charts). Deviation from the expected growth pattern (e.g., a major change in growth percentiles on the chart) should be evaluated. This may be normal or may indicate a problem (e.g., difficulties with eating).

■ Height and weight measurements can be used to indicate nutrition and growth status. Changes in weight reflect a child’s short-term nutrient intake and serve as general indicators of nutrition status and overall health. Low height-for-age may reflect long-term, cumulative nutrition or health problems.

■ Body mass index (BMI) can be used as a screening tool to determine nutrition status and overall health. Calculate the child’s BMI by dividing weight by the square of height (kg/m²) or by referring to a BMI chart. Compare the BMI to the norms listed for the child’s sex and age on the chart. (See the Obesity chapter.)

■ Some children have a high BMI because of a large, lean body mass resulting from physical activity, high muscularity, or frame size. An elevated skinfold (i.e., above the 95th percentile on CDC growth charts) can confirm excess body fat in children.

■ Assess the child’s general health status, including medical conditions and recent illnesses. Assess the child’s cardiovascular, pulmonary, and musculoskeletal systems. Obtain the child’s blood pressure.

■ Determine whether the child is taking any medications.

■ Assess the child’s motor skill development (Table 11).

■ Assess the child’s physical maturity.

■ Assess the child’s level of physical activity by
  • Determining how much physical activity the child participates in on a weekly basis.
  • If possible, evaluating how the child’s physical fitness compares to national standards (e.g., by reviewing the results of the child’s President’s Council on Physical Fitness and Sports test).

Counseling

General

■ Children should be physically active every day or nearly every day, as part of play, games, physical education, planned physical activities, recreation, and sports, in the context of family, school, and community activities.

■ Physical activity is recommended on most, if not all, days of the week. Explain that children can
achieve this level of activity through moderate physical activities (e.g., brisk walking for 30 minutes) or through shorter, more intense activities (e.g., skating or playing basketball for 15 to 20 minutes).

It is critical for children to understand the importance of physical activity. This may encourage them to stay active during adolescence, when their level of physical activity tends to decline.

- Encourage children to find physical activities they enjoy and can continue into adulthood.
- Discuss with parents how children can incorporate physical activity into their daily lives (e.g., by using the stairs instead of taking the elevator or escalator; by walking or riding a bike instead of riding in a car).
- Many elementary schools include physical education in their curricula. Schools that participate in

### Table 11. Motor Skill Development During Middle Childhood

<table>
<thead>
<tr>
<th>Age</th>
<th>Motor Skills Being Developed</th>
<th>Appropriate Physical Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>5–6 Years</td>
<td>- Fundamental (e.g., running, galloping, jumping, hopping, skipping, throwing, catching, striking, kicking)</td>
<td>- Activities that focus on having fun and developing motor skills rather than on competition</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Simple activities that require little instruction</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Repetitive activities that do not require complex motor and cognitive skills (e.g., running, swimming, tumbling, throwing and catching a ball)</td>
</tr>
<tr>
<td>7–9 Years</td>
<td>- Fundamental</td>
<td>- Activities that focus on having fun and developing motor skills rather than on competition</td>
</tr>
<tr>
<td></td>
<td>- Transitional (e.g., throwing for distance; throwing for accuracy)</td>
<td>- Activities with flexible rules</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Activities that require little instruction</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Activities that do not require complex motor and cognitive skills (e.g., entry-level baseball, soccer)</td>
</tr>
<tr>
<td>10–11 Years</td>
<td>- Transitional</td>
<td>- Activities that focus on having fun and developing motor skills rather than on competition</td>
</tr>
<tr>
<td></td>
<td>- Complex (e.g., playing basketball)</td>
<td>- Activities that require entry-level complex motor and cognitive skills</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Activities that continue to emphasize motor skill development but that begin to incorporate instruction on strategy and teamwork</td>
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</tbody>
</table>
the President’s Council on Physical Fitness and Sports program usually conduct testing when children are in middle childhood. Encourage parents to take the results of their child’s fitness test to the health professional to discuss positive results as well as suggestions for improvement.

Encourage parents to participate in physical activity with their children and to be positive role models by participating in physical activity themselves.

Physical Development

Discuss physical development with children and their parents, and tell them the approximate time they should expect accelerated growth. For girls, this may occur at ages 9 to 11, typically 1 to 2 years before the onset of menarche; for boys, this may not occur until about age 12 or older.

Help girls entering puberty to understand and accept the physical changes of puberty that may alter their appearance and physical activity performance.

Explain to older children that some of their peers may start puberty earlier than they do, reassuring them that their development is normal.

Explain the growth chart to children and their parents and discuss how the children compare to others their age. Emphasize that a healthy body weight is based on a genetically determined size and shape rather than on an ideal, socially defined weight.

Tell parents and their children that, before puberty, cardiorespiratory conditioning such as intensive endurance training (e.g., swimming thousands of yards) is of limited value for future performance.

Injury Prevention

Encourage parents to make sure that children drink plenty of fluids when they are physically active. Before puberty, children are at increased risk for heat-related illness because their sweat glands are not fully developed and they cannot cool themselves as well as adolescents can. (See the Heat-Related Illness chapter.)

Emphasize the importance of using appropriate safety equipment (e.g., helmets, wrist guards, elbow and knee pads) when participating in physical activity. (See the Injury chapter.)

Inform parents and their children that the risk of injury is higher during periods of rapid growth.

For children interested in weight or strength training, recommend doing several sets of multiple repetitions and using weights that provide low resistance. Emphasize the importance of appropriate safety equipment and supervision by a qualified adult. Children should not participate in maximal weightlifting, powerlifting, or bodybuilding until their growth and physical maturation are complete.

Emphasize the importance of reducing children’s exposure to sunlight while playing outdoors and thus their risk of developing skin cancer. Recommend that parents practice preventive strategies such as (1) applying a broad-spectrum sunscreen with a sun protection factor (SPF) rating of 15 or greater to children’s exposed skin 30 minutes before they go outdoors, (2) reapplying sunscreen every 2 hours, and (3) ensuring that children
wear broad-spectrum child-size sunglasses and brimmed hats and clothing that protect the skin as much as possible.

**Safety**

- If the safety of the environment or neighborhood is a concern, help parents and children find other settings for physical activity (e.g., Boys and Girls Clubs of America, recreation centers, churches and other places of worship).

- Remind parents that children can do many activities indoors with soft equipment that can be used in tight spaces (e.g., modified versions of bowling, basketball, darts, or golf).

**Substance Use**

- Warn parents and children about the dangers of using alcohol, tobacco, and other drugs.

- Warn parents and children about the risks of using performance-enhancing products (e.g., protein supplements, anabolic steroids). (See the Ergogenic Aids chapter.)

**Special Issues**

- Emphasize that achieving and maintaining a healthy weight is best accomplished through healthy eating behaviors and regular physical activity. (See the Nutrition chapter.)

- Encourage children, especially those who are overweight, to limit sedentary behaviors (e.g., watching television and videotapes, playing computer games) to 1 to 2 hours a day.

- Explain that weight loss should not occur during middle childhood, with the possible exception of the child whose BMI is between the 85th and 95th percentiles for age and sex and who has complications, or the child whose BMI is at or above the 95th percentile for age and sex. (See the Obesity chapter.)

- Encourage parents of children with special health care needs to allow their children to participate in physical activity for cardiovascular fitness within the limits of their medical or physical conditions. Explain that adaptive physical education is often helpful and that a physical therapist can help identify appropriate activities for children with special health care needs. (See the Children and Adolescents with Special Health Care Needs chapter.)
**Table 12. Desired Outcomes for the Child, and the Role of the Family**

### Child

<table>
<thead>
<tr>
<th>Educational/Attitudinal</th>
<th>Behavioral</th>
<th>Health/Physical Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>■ Enjoys physical activity</td>
<td>■ Participates in daily physical activity</td>
<td>■ Grows and develops at an appropriate rate</td>
</tr>
<tr>
<td>■ Understands the importance of physical activity</td>
<td>■ Participates in physical activities that can be sustained throughout life</td>
<td>■ Maintains good health</td>
</tr>
<tr>
<td>■ Uses appropriate safety equipment (e.g., helmet, wrist guards, elbow and knee pads) during physical activity</td>
<td>■</td>
<td></td>
</tr>
</tbody>
</table>

### Family

<table>
<thead>
<tr>
<th>Educational/Attitudinal</th>
<th>Behavioral</th>
<th>Health/Physical Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>■ Promotes physical activity</td>
<td>■ Provides opportunities and safe places for the child to participate in physical activity</td>
<td>■ Maintains good health</td>
</tr>
<tr>
<td>■ Understands the importance of developmentally appropriate physical activities</td>
<td>■ Participates in physical activity with the child</td>
<td>■</td>
</tr>
<tr>
<td>■ Has resources that allow the child to participate in physical activity</td>
<td>■ Provides positive role model by participating in physical activity</td>
<td>■</td>
</tr>
<tr>
<td>■</td>
<td>■ Advocates for physical education in schools</td>
<td>■</td>
</tr>
</tbody>
</table>
References


Suggested Reading


I Don’t Like Sports!

Alex, a 10-year-old boy, is seeing Dr. Smith for a physical examination. Dr. Smith asks Alex if he participates in physical activity or sports. Alex replies, “I don’t like sports!” His parents explain, “Alex would rather play inside with his cars and trucks, watch TV, or play computer games. He tried basketball last year but couldn’t keep up with the other kids.”

Dr. Smith performs a complete physical examination and reviews Alex’s medical history, growth, and development. She reassures Alex’s parents that their son is healthy and has no medical or physical conditions that would prevent him from participating in physical activity.

Dr. Smith also reassures Alex’s parents that some boys develop motor skills more slowly than other boys their age. She explains that children grow at different rates and that some of Alex’s 10-year-old friends may be entering puberty, even though Alex hasn’t yet. Dr. Smith says that Alex’s temporary physical disadvantage should not be misinterpreted as a lack of skill or ability. She emphasizes that it is important for Alex’s parents to encourage him when he gets frustrated with physical activity.

Dr. Smith says that Alex may have a more positive experience if he tries activities with less emphasis on size (e.g., racquet sports, martial arts, running, wrestling), noncompetitive activities, and activities such as walking, hiking, biking, skating, and swimming. Dr. Smith explains that many of these activities can be done together as a family and can be sustained throughout life.

Dr. Smith encourages Alex’s parents to be positive role models for Alex by participating in physical activity themselves. She advises them to limit the amount of time Alex spends watching television and videotapes and playing computer games to 1 to 2 hours a day, and to designate a specific period of time for physical activities that Alex enjoys.

Dr. Smith helps the family identify physical activities that Alex likes and is willing to try, and activities that Alex and his parents can do together. Dr. Smith indicates that she will follow up on these activities at Alex’s next visit.
FREQUENTLY ASKED QUESTIONS ABOUT PHYSICAL ACTIVITY IN MIDDLE CHILDHOOD

■ Which physical activities are best for my child?

Your child will benefit from developmentally appropriate physical activities he enjoys. Physical activities that can be sustained throughout life are ideal (for example, walking, hiking, biking, skating, dancing, and swimming).

■ My child participates in a lot of sports. Does she need to participate in physical education at school?

Yes. Physical education will help your child learn about the importance of physical activity, develop motor skills, introduce her to physical activities that can be sustained throughout life, and keep physically fit.

■ My neighborhood isn’t very safe. How can my child be physically active if he can’t play outdoors?

Encourage your child’s school to provide after-school and weekend physical activity programs. Also, community organizations, recreation centers, and churches and other places of worship provide opportunities for children to participate in physical activity. Work with community leaders to ensure that your child has safe places for participating in physical activity (for example, walking and biking paths, playgrounds, parks, and recreation centers). Also, your child can do many activities at home with soft equipment that can be used in tight spaces. Examples include modified versions of bowling, basketball, darts, and golf. Additional activities your child can do at home include stretching, calisthenics, aerobics, and dancing.

■ My child likes to watch television and play computer games. She is not interested in sports. How can I encourage her to be more physically active?

There are many physical activities that a child can enjoy other than sports (for example, walking, biking, hiking, dancing, skating, and swimming). Limit the amount of time your child spends watching television and videotapes and playing computer games to 1 to 2 hours a day, and designate a specific period of time for physical activities she enjoys. Be sure to give her positive feedback when she is physically active.

■ How can I make sure my child’s coach doesn’t put too much pressure on him?

Don’t be afraid to tell the coach that you want your child to have fun and to develop a positive attitude toward physical activity. Explain that you don’t want your child to be pressured. Tell the coach that your child tends to discontinue physical activity if he thinks he’s going to fail or if there is too much emphasis on competition.

■ When can my child participate in coed physical activity?

Before puberty there are no significant differences between boys and girls in height, weight, strength, and endurance. Therefore, boys and girls can usually participate together in physical activity until puberty.
Resources for Families

See Tool F: Physical Activity Resources for contact information on national organizations that can provide information on physical activity. State and local departments of public health and education, as well as local libraries, are additional sources of information.


