

# PHYSICAL LITERACY: A MANUAL FOR HEALTH CARE PROVIDERS



## PHYSICAL LITERACY FOR ALL YOUTH IN MAINE (PLAY-ME)

*Low fitness is a greater mortality risk than smoking, obesity and diabetes combined<sup>1</sup>*

Physical activity is a powerful promoter of self-esteem and mental well-being in children and adolescents<sup>2</sup>

In children, one of the biggest predictors of attaining recommended activity levels throughout the lifespan is their ability to develop efficiency and confidence in their fundamental movement skills. Essentially, children who move well are going to move more. This is the foundation of “physical literacy,” and a key component to helping children and adolescents reap the physical, cognitive and emotional benefits that come with appropriate levels of physical activity.

The Physical Literacy for All Youth in Maine (PLAY-ME) work group has adapted a brief, validated tool for use in health care provider offices to screen for physical literacy in children 8-12 years old. This manual outlines the screening process and resources to help providers identify and assist children with low levels of physical literacy.

We welcome any suggestions and feedback you may have on this material and its implementation.

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# PHYSICAL LITERACY FOR ALL YOUTH IN MAINE (PLAY-ME)

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**PHYSICAL LITERACY:  
THE CONCEPT AND RATIONALE FOR SCREENING IN  
HEALTH CARE**

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## PHYSICAL LITERACY: CONCEPT AND RATIONALE FOR SCREENING

- **What is Physical Literacy?**

The motivation, confidence, physical competence, knowledge and understanding that individuals develop in order to maintain physical activity at an appropriate level throughout life. <sup>3</sup>

**Figure 1: The Core Domains of Physical Literacy**



Canadian Assessment of Physical Literacy Manual for Test Administration 2nd edition, 2017.  
Figure used with permission from the Healthy Active Living and Obesity Research Group, Ontario

It should be emphasized that the importance of physical literacy is inclusive of children and adolescents with physical and/or developmental disability. Although these children may experience some limits or restrictions on their activity, they gain particular benefit from optimizing development of motivation and confidence in their ability to participate in physical activity.

## PHYSICAL LITERACY FOR ALL YOUTH IN MAINE (PLAY-ME)

- **Why screen for it?**

From heart disease and obesity to depression and anxiety, we are increasingly aware of how physical activity helps support a healthy lifestyle. As language literacy helps children learn to read and write, physical literacy provides the building blocks that allow children to participate in healthy levels of physical activity. Physical literacy screening aims to identify children who may benefit from additional support to develop these essential skills.

PLAY-ME was created to help health care providers easily screen for physical literacy and guide providers to resources that can perform a more detailed evaluation and intervention to help improve their patients' physical literacy.

- **Who should be screened?**

Validated screening tools have been developed for children 8-12 years of age.

Much of the research to date in the area of physical literacy and screening has been done by the Canadian Assessment of Physical Literacy (CAPL) group.<sup>4</sup> They have created a comprehensive assessment that has been shown to accurately and reliably assess a broad spectrum of skills and abilities that help define the participant's physical literacy in this age range. We have modified their program to allow for a quick screen in the health care provider's office and created a program of secondary assessment and intervention that can be implemented in a variety of settings upon referral from the physician.

- **How do I get further information?**

Part 1: Physical Literacy and Physical Activity: The Connection and the Importance of Both: An overview on physical activity recommendations and counseling and an introduction to the concept of physical literacy. Recorded as a supplemental CME module for the Let's Go Obesity Project ECHO.

<https://vimeo.com/658135779/fac7b51067>

Part 2: Physical Literacy Screening in Health Care Settings:

Specific guidance for health care providers on how to perform a 2-step, office-based screen for physical literacy. This includes scripting for clinicians, and reviews approaches/resources for children at risk for low physical literacy. This video was funded through PrevME's HRSA grant.

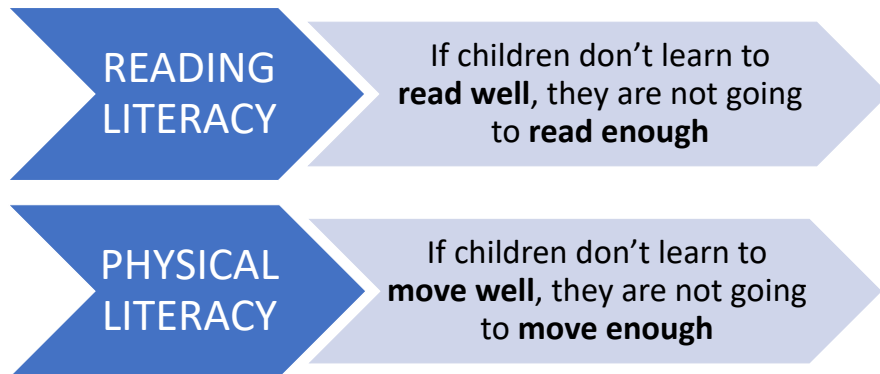
<https://vimeo.com/710825762/6d83ae8897>

**PHYSICAL LITERACY:  
COMMUNICATING THE CONCEPT TO PATIENTS AND  
FAMILIES/CAREGIVERS**

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## PHYSICAL LITERACY FOR ALL YOUTH IN MAINE (PLAY-ME)



### Possible questions for patients:

- When you think about moving your body around and playing, what types of activities are most fun for you?
  - o What do you like about that activity?
- Could you tell me about some of the activities your family does and enjoys?
  - o Do your parents play active, fun games with you?
- What do you think would help you move/play more?
- Are there things that don't feel good when you move your body?
- Do you feel confident when you move your body?
- Would you like to learn more about the importance of moving your body?
- Would you be interested in finding new ways to move your body?
- Let's come up with a goal that you think you can achieve before your next follow up visit. This goal will be a step toward greater movement and a healthier you!



**PHYSICAL LITERACY:  
SCREENING IN HEALTH CARE PROVIDER OFFICES  
(A QUICK 2-STEP SCREEN)**

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## PROVIDER SCREENING

A brief 2-step physical literacy screening process has been validated by the Healthy Active Living and Obesity (HALO) research group for use in children 8-12 years old.<sup>5</sup> This can be completed in person in the office setting and can also be done via telemedicine (see [page 14](#)).

Administering the screen does not require specialized training or equipment and includes:

### Step 1. 2 Questions

- Asking about parent support for engagement in physical activity
- Can be administered to children either orally, written, or electronically
- Children should answer these questions without caregiver input

Provider instructions on [page 10](#). Printable questions for patients on [page 29](#)

### Step 2. Wall sit test ([page 11](#)).

- Empty wall space 2-3 feet wide
- Stopwatch, or other mechanism for recording time in seconds
- Patient clothing that allows hip and knee flexion to 90 degrees, and includes non-slip footwear or bare feet

Provider instructions on [page 10](#).

Data on accuracy of this screening process for adequate physical literacy:<sup>5</sup>

Positive predictive value: 89%

Negative predictive value: 67%

PHYSICAL LITERACY FOR ALL YOUTH IN MAINE (PLAY-ME)

PHYSICAL LITERACY SCREENING QUESTIONS:

**(Printable questions for patients on [page 28.](#))**

INSTRUCTIONS:

We want to know how often your parents or guardians take you to play active games or sports or are active with you in a normal week.

Circle one answer for each question. There is no such thing as a right or wrong answer.

Ask us for help if you do not understand the questions:

During a normal week, how often do your parents take you to play games or sports?

Never

Not often

Sometimes

Often

Very Often

During a normal week, how often do you parents play active games or sports with you?

Never

Not often

Sometimes

Often

Very Often

INTERPRETATION:

Children who answer “Never,” “Not Often” or “Sometimes” on EITHER question:

➔ Continue screen with wall sit test on [page 11](#).

Children who answer “Often” or “Very Often” to BOTH questions:

➔ Screening is complete, and provide reinforcement materials and resources on [page 25](#).

## WALL SIT TESTING

We have found that when the wall sit is introduced to patients and families, that children are often very interested and engaged in the effort (especially if the provider/staff or a parent is willing to perform this alongside the patient).

However, there are some children who will not be willing to perform this assessment or may have physical limitations that preclude performance of wall sit testing. In these cases, providers should apply their knowledge of the patient's motor development milestones, physical activity engagement, and their capacity in the domains of physical literacy (particularly regarding confidence and motivation regarding physical activity) to determine the possible need for additional assessment in this area without implementing the wall sit portion of the screen.

# PHYSICAL LITERACY FOR ALL YOUTH IN MAINE (PLAY-ME)

## INSTRUCTIONS FOR WALL SIT TESTING:

### Equipment/Space Required:

- Empty wall where child can rest his or her back (approximately 2-3 feet in width required).
- Stopwatch that measures seconds.

### Preparation of Child:

- Wear clothes that allow knees to bend to 90 degrees.
  - Running shoes or non-slip shoes are recommended.
- \*Note: Task cannot be done while wearing socks. Bare feet are acceptable if suitable shoes are not available.

### How to Assess the Wall Sit

- Explain and demonstrate the wall sit
- Emphasize trying to hold the wall sit for as long as possible
- Start timing once the child is in the correct position
- Verbally encourage the child to continue as long as possible
- Stop timing when child can no longer maintain the correct position



### Instructions for the Participants

1. Stand with your back up against the wall and keep your feet shoulder width apart.
2. Bend your knees and move your body downward until your legs are bent 90° at your hips and knees – pretend you are sitting on an imaginary chair.
3. Hang your arms freely at your side and maintain this position as long as possible.
4. We will stop timing as soon as your body is not in the proper position or when you stop trying.

## POSITION MATTERS:



Proper position = 90 degrees at hips and knees with arms at sides

### Examples of incorrect positions:



Feet too far apart



Hands on knees



Knees not bent to 90 degrees

## PHYSICAL LITERACY FOR ALL YOUTH IN MAINE (PLAY-ME)

### RESULTS:



- If unable to maintain wall sit for at least 20 seconds, additional physical literacy assessment is indicated = HIGHER RISK (algorithm on [page 29](#)).  
Next step: determine best option for secondary screen ([page 15-21](#)).



- If able to maintain wall sit for 20 seconds or longer, then further physical literacy assessment is NOT indicated = LOWER RISK (algorithm on [page 29](#)).  
Next step: provide reinforcement materials ([page 25](#)).

## SCREENING VIA TELEHEALTH

The PLAY ME screen and even mitigation can also be done via telehealth with only slight modifications:

The provider 2-Step screen can easily be done by:

1. The questions can be read aloud to the patient or can be shared via screen sharing. The child would then provide a verbal response, which will be recorded by the provider.
2. The wall sit will require a propped device or a parent or guardian holding a device in a position that would allow for observation via the camera (preferably, camera at knee/hip height at patient's side). The instructions can be read aloud, or you can share the instructions via screen sharing. It can be helpful to show the child how to do this, but a description or screen sharing can also suffice.

To reduce time during telemedicine visits, the following request could be sent at the time of the visit being scheduled to allow families to come prepared for this part of the visit:

“During this visit, your child will be asked to participate in a physical literacy screening activity. This includes two questions and a wall sit activity. In order to participate, it is best to:

- Wear clothes that allow knees to bend to 90 degrees
- Wear running or non-slip shoes
- Find an empty wall where your child can rest their back (~2-3 feet wide) that can be viewed from the camera on your computer, laptop, or phone (whichever device you plan to use to connect to the telemedicine visit)”

**PHYSICAL LITERACY:  
NEXT STEPS FOR CHILDREN WHO SCREEN AT  
“HIGH RISK”**

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## NEXT STEPS FOR CHILDREN AT HIGHER RISK

Children who do not pass the initial 2-step screen in the office are at higher risk for insufficient physical literacy. These children need to be referred for a more comprehensive assessment, or secondary screen, to:

- Determine specific areas and opportunities for improvement
- Develop a mitigation strategy
- Provide guidance on appropriate physical activity engagement and progression

The secondary screening process includes:

- 1) A more comprehensive questionnaire to assess:
  - Motivation and confidence regarding physical activity
  - Fundamental knowledge and understanding of the benefits of physical activity
  - Subjective report of daily activity
- 2) Daily activity log for 7 days
- 3) Motor skills assessment

The secondary screen can be performed in a variety of settings, depending upon patient needs, family resources and local expertise.

Options for provider referral are outlined on the following pages.

## PHYSICAL LITERACY FOR ALL YOUTH IN MAINE (PLAY-ME)

### OPTIONS FOR SECONDARY SCREENING FOR CHILDREN AT HIGH RISK:

- Physical therapy referral (see [page 18](#) for details)
  - Good choice for children with additional co-morbidities (i.e., recent or current musculoskeletal pain or injury, underlying neurologic or other systemic issues interfering with motor development, etc.)
  - Good choice for children with private or public insurance coverage
- Request school perform adaptive physical education assessment (see [pages 19-21](#) for details)
  - Good choice for children with pre-existing Individualized Educational Plans (IEPs) or 504 plans
  - Good choice for children with co-morbidities that make participation in a standard physical education class difficult (e.g., ADHD, ASD, morbid obesity, other significant physical, mental, or emotional impairment)
- Encourage families to engage with local, community-based resources that include regular physical activity, and include a physical literacy or developmental component
  - e.g., the “Triple Play” used by Boys and Girls Clubs throughout the state is based upon physical literacy development
- Home program (see [page 21](#) for details)
  - For those who are not able to pursue any of the above

### **Telehealth options:**

The secondary screen would need to be done in person to be done completely, but a modified version could be attempted if desired. Alternatively, if someone is at risk for inadequate physical literacy after the 2-step screen, a mitigation plan could be put into action via in person meetings or PT via telehealth if available or move straight to the MedBridge application exercises ([page 21](#)).

## PHYSICAL THERAPY REFERRAL

For some patients, physical therapy may be the best option for performing the secondary screen and initiating additional intervention when appropriate.

Physical therapy should be considered for any patient with:

- Current symptoms/recent injury/ongoing comorbidities

AND/OR

- Insurance or other coverage with physical therapy benefits

**A printable physical therapy referral template can be found on page 31.** Physical therapists are trained in the treatment of specific musculoskeletal diagnoses, and many are familiar with the concept of screening for fundamental movement skills. However, the majority may not be familiar with physical literacy assessments per se, or the specific tools needed to perform the secondary screen and subsequent remediation. Therefore, you might speak directly with your local therapists about this process or share this manual before an initial referral for this indication.

Of note, for patients with MaineCare, benefits include transportation to physical therapy appointments - *which must be requested 48 hours prior to appointment*

In addition to ICD-10 codes for specific co-morbidities, billable ICD-10 codes that may be pertinent for children with inadequate physical literacy include:

E66.9	Obesity
E66.01	Morbid (or severe) obesity
F82*	Developmental Coordination Disorder*
M62.81	Muscle weakness
R26.9	Other unspecified abnormalities of gait or mobility
R27.9	Unspecified lack of coordination
R53.81	Deconditioning
R68.89	Exercise intolerance
Z68.53**	Pediatric obesity: 85 <sup>th</sup> to less than 95 <sup>th</sup> percentile for age**
Z68.54**	Pediatric obesity greater than or equal to 95 <sup>th</sup> percentile for age**
Z72.3**	Lack of physical exercise**

**\*Developmental Coordination Disorder (DCD)** affects 5-6% of children between the ages of 5-11. It is an under-diagnosed condition that is more common in males and a frequent co-morbidity with ADHD and ASD. Signs and symptoms include:

- Delay or difficulty with fine or gross motor skill development
- Caregivers may report “clumsy,” uncoordinated, or poor balance
- Often avoids physical activity

**\*\*Reimbursement for Z codes** can be problematic, and ideally should be combined with an alternate code as well.

SCHOOL-BASED PROGRAMMING  
AND/OR  
ADAPTED PHYSICAL EDUCATION

Children who require secondary screening may benefit from additional school-based support in physical education. Physical education is a critical part of a child's overall education experience, but children with low levels of physical literacy often struggle in standard physical education class settings and may benefit from a school-based assessment to determine the need for appropriate accommodations in physical education.

This may be a good fit for students with:

- IEP or 504 plan already in place (see below)
- Autism, ADHD, learning disabilities, or significant mood disorders who may benefit from an IEP or 504
- Poorly controlled asthma or diabetes that limits physical activity
- Obesity that limits or impairs physical activity
- Any condition or disability associated with deconditioning or that interferes with age-appropriate activity
- A physical literacy/activity program developed by a rehabilitation professional that needs to be incorporated into school-based programming

PARENTS' ROLE IN REQUESTING SERVICES:

Parents/caregivers are often not aware of their child's rights to a school-based evaluation for the potential need for adapted physical education services and could be encouraged to request an "adapted physical education assessment" from the child's school to determine eligibility for these services. **THESE REQUESTS NEED TO COME FROM THE PARENTS/CAREGIVER, AND NOT THE HEALTH CARE PROVIDER.** This evaluation is often done through the school's physical education teacher and is without charge. **A sample printable request form is on page 32.** Parents will then be asked to sign a consent for any assessment. It is important to note that the school may not agree that a child qualifies for an IEP or 504 and therefore it will be necessary to ensure the family contacts the provider office if services with Adapted PE or School-Based PT were denied so that an alternative resource can be pursued.

SCHOOL-BASED PROGRAMMING  
AND/OR  
ADAPTED PHYSICAL EDUCATION

Definitions:

1. **Individualized Education Program (IEP) for physical education-** IEPs are most appropriate for children who meet disability criteria according to IDEA Sec 300.8 (see #3 below). Most common in this setting would include: autism, orthopedic disabilities, emotional impairments (such as significant anxiety or depression) and “other health impairments” that "impair strength, vitality, or alertness,” (such as ADHD, obesity, and asthma).
2. **504 Plan:** Adaptation of physical education class-based learning to accommodate the needs of the individual student (e.g. 504 plan) would be most appropriate for students who have unique needs for instruction in physical education, but **do not meet disability criteria for an IEP.**
3. **Definition of “child with a disability” according to the Individuals with Disability Education Act (IDEA):** a child evaluated in accordance with §§300.304 through 300.311 as having an intellectual disability, a hearing impairment (including deafness), a speech or language impairment, a visual impairment (including blindness), a serious emotional disturbance (referred to in this part as “emotional disturbance”), an orthopedic impairment, autism, traumatic brain injury, other health impairment, specific learning disability, deaf-blindness, or multiple disabilities, and who, by reason thereof, needs special education and related services.

## PHYSICAL LITERACY FOR ALL YOUTH IN MAINE (PLAY-ME)

### HOME-BASED PROGRAMS

Parents and caregivers can help improve their children's literacy with home-based activities. This may be the option of choice for families that are not interested or able to pursue school- or clinic-based programming.

Most families are not going to be familiar with the concept of building physical literacy, and an introductory infographic developed by Active for Life (a Canadian Amateur Athletic Association) can be found here:

<https://activeforlife.com/physical-literacy-2/>

Practical tips on building physical literacy for toddlers through pre-adolescents can be found at:

<https://activeforlife.com/activities/>

A more structured program to develop physical literacy has been developed by a physical therapist in conjunction with an expert in strength and conditioning training. These are 6 exercises that should be performed 3 days/week. A video demonstration and detailed instructions on each exercise can be accessed at (copy and paste into your browser):

[https://www.medbridgego.com/access\\_token](https://www.medbridgego.com/access_token)

Access code: FY4XRRG3

Several resources for home-based programs for children with physical and/or developmental disabilities:

-Video library for home-based exercises from National Center on Health, Physical Activity and Disability. There are 9 videos specifically for children:

<https://www.youtube.com/playlist?list=PLwMOBYmlSHaPIArTOC4JBZfeuU7LN7KVJ>

-“Exercise is for EVERY body” from West Virginia University's Center for Excellence in Disabilities. This site includes videos and pertinent links to other web-based resources from a variety of organizations:

<https://cedwvu.org/physical-activity/at-home-activities/>

**PHYSICAL LITERACY:  
NEXT STEPS FOR CHILDREN WHO SCREEN AT  
LOW RISK**

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## NEXT STEPS FOR CHILDREN WHO DO NOT REQUIRE A SECONDARY SCREEN (LOWER RISK)

Children who pass the 2-step physical literacy screen are likely to possess sufficient motor skills to successfully participate in healthy levels of physical activity and are considered LOWER RISK per our algorithm. However, no screening process is perfect, and some children who pass the screen may still be at risk for inadequate physical literacy.

In cases of provider concern, even if the screen is negative, referral for more in-depth evaluation as described in the previous section may still be appropriate.

These may include children with:

- Repeat acute and/or chronic musculoskeletal injuries or complaints
- Concerns raised by parents or others regarding coordination or gait
- Insufficient self-motivation, confidence, or knowledge regarding physical activity
- Comorbidities that may increase risk, including children with:
  - developmental and behavioral disabilities
  - obesity
  - neurologic conditions
- Families/caregivers with sedentary lifestyles



## PHYSICAL LITERACY FOR ALL YOUTH IN MAINE (PLAY-ME)

**TALKING POINTS FOR PROVIDERS:** For those children who pass the physical literacy screen, without other “red flags” for the provider regarding motor proficiency, then reinforcement and encouragement toward maintenance of healthy levels of physical activity as outlined below is appropriate:

- The World Health Organization recommends **60 minutes** of moderate-vigorous physical activity per day for children 5-17 years old
  - Moderate intensity means that children are slightly out of breath, but can still talk while active
  - If lack of time is identified as a barrier to meeting this goal, there is some emerging evidence that at least 20 minutes of vigorous physical activity daily may help children meet some of the same health outcome goals.
- Emphasize **continued involvement in a variety of physically active recreational activities** with the resources on [page 17](#).
  - Parental physical activity (and early engagement in physical activity as a family) is the *biggest predictor* of healthy levels of physical activity throughout a child’s lifespan.
  - Activities should be **fun** for the child
  - Minimizing barriers and creating a routine are keys to developing an “activity habit.”
    - Close to home or school, easily accessible, and keep any needed clothing or equipment ready and in plain view
- Regular physical activity should be considered **part of disease treatment and prevention** for a number of health conditions (including but not limited to):
  - hypertension and heart health
  - anxiety
  - diabetes and insulin resistance
  - fatty liver
  - depression
  - dyslipidemia
  - lowers mortality rates from breast, colorectal and prostate cancer
  - improves mental function in individuals with dementia
  - control the frequency and severity of asthma attacks
  - obesity
- **Sports team involvement and special issues for children involved in organized sports:**
  - Lack of fun is the primary reason children drop out of sport
    - Emphasize the importance of “fun” during sport and physical activity for children
  - Children 8-12 years old should be engaging in a variety of physical activities. Specialization in a single sport should be discouraged before high school.
    - Overuse injury risk increases 4x in children who specialize early.
    - Dropout increases in children who specialize early. 70% of young athletes will drop out by the age of 13. (National Association of Youth Sports)
    - Girls drop out of sport at 6x the rate of boys

RESOURCES FOR ENHANCING PHYSICAL LITERACY AND ACTIVITY  
FOR MAINE CHILDREN

**Parent information guide regarding general principles of physical literacy:**

<https://activeforlife.com/physical-literacy-2/>

Practical tips on building physical literacy can be found at:

<https://activeforlife.com/activities/>

**Physical activity information for Maine families:**

<https://mainebyfoot.com/find-your-next-walk/>

A comprehensive list of trails throughout the state. Contains interesting information about the trails and geology/plants/wildlife

<https://www.alltrails.com/us/maine>

All Trails - Maine: Links to over 1000 hiking, biking, running trails across the state.

<https://winterkids.org/kids-families/resources-for-parents/>

Ideas for keeping kids physically active throughout Maine winters

<https://fitmaine.com/>

Dynamic website that highlights a variety of physical activities and related events throughout Maine

<https://www.geocaching.com/play>

A great way to integrate technology and screen time with physical activity

**General physical activity information:**

<https://healthysportindex.com>

Resource to help families choose the best sport for their child, taking into account physical activity, safety and psychosocial factors

<https://www.nhlbi.nih.gov/health/educational/wecan/get-active/index.htm>

The U.S. government's introductory page on family physical activity. Contains a variety of links to different resources. Good ideas can be found at:

<https://www.nhlbi.nih.gov/health/educational/wecan/get-active/getting-active.htm>

[https://health.gov/paguidelines/second-edition/pdf/Physical\\_Activity\\_Guidelines\\_2nd\\_edition.pdf#page=46](https://health.gov/paguidelines/second-edition/pdf/Physical_Activity_Guidelines_2nd_edition.pdf#page=46)

For families who want detailed information on current Physical Activity Guidelines for Americans (Chapter 3 is focused on children and adolescents)

PHYSICAL LITERACY REFERENCES

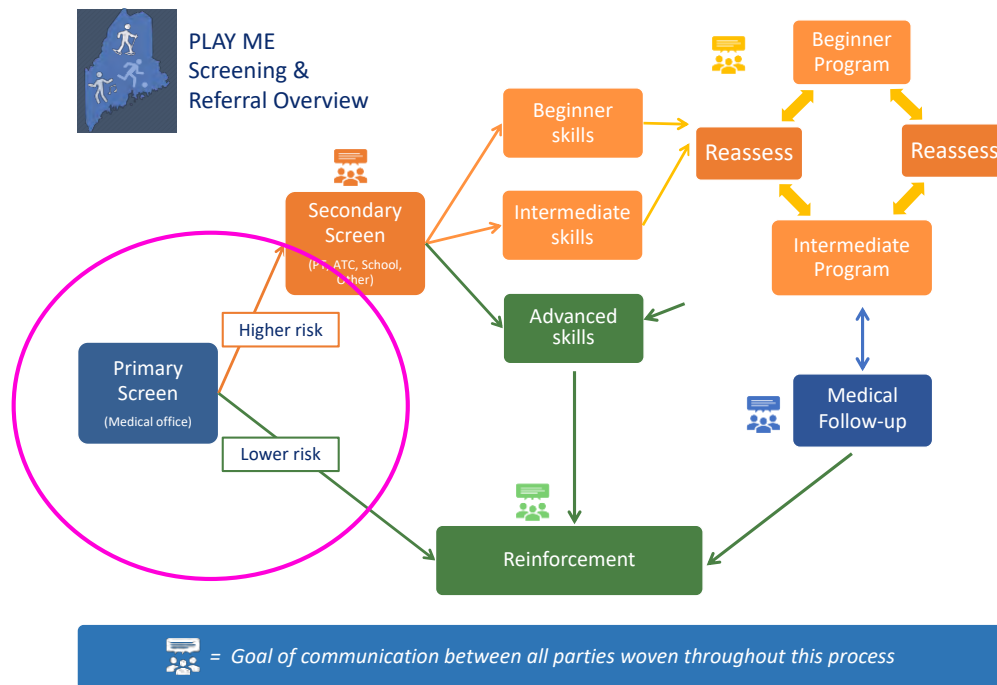
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# APPENDIX

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## PHYSICAL LITERACY SCREENING ALGORITHM

This flow chart represents an overall depiction of the physical literacy screening and mitigation process. Those activities specific to pediatric health care providers is highlighted in pink.



For clinicians who are interested in details regarding the secondary screen, please find additional resources and information on the Let's Go! Website:

<https://www.mainehealth.org/lets-go>

## PHYSICAL LITERACY FOR ALL YOUTH IN MAINE (PLAY-ME)

### INSTRUCTIONS:

We want to know how often your parents or guardians take you to play active games or sports or are active with you in a normal week.

Circle one answer for each question. There is no such thing as a right or wrong answer.

Ask us for help if you do not understand the questions:

During a normal week, how often do your parents take you to play games or sports?

Never                      Not often                      Sometimes                      Often                      Very Often

During a normal week, how often do you parents play active games or sports with you?

Never                      Not often                      Sometimes                      Often                      Very Often

## TELEMEDICINE WALL SIT INSTRUCTIONS FOR SCREEN SHARING



### Instructions for the Participants

1. Stand with your back up against the wall and keep your feet shoulder width apart.
2. Bend your knees and move your body downward until your legs are bent 90° at your hips and knees – pretend you are sitting on an imaginary chair.
3. Hang your arms freely at your side and maintain this position as long as possible.
4. We will stop timing as soon as your body is not in the proper position or when you stop trying.

### POSITION MATTERS:



Proper position = 90 degrees at hips and knees with arms at sides

### Examples of incorrect positions:



Feet too far apart



Hands on knees



Knees not bent to 90 degrees

PHYSICAL LITERACY FOR ALL YOUTH IN MAINE (PLAY-ME)

REFERRAL FOR PHYSICAL THERAPY

Patient name: \_\_\_\_\_

DOB: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

\_\_\_\_\_

- At risk for low physical literacy based upon office screen. Please perform secondary assessment of physical literacy (e.g., PLAY ME secondary screen or other evaluation of physical literacy)
- Evaluate and treat 1-2 times per week for up to 12 weeks
- Please advance activities as appropriate
- Please include home exercise program
- Please update referring provider at least every 3 months on patient progress

Provider name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_



PHYSICAL LITERACY FOR ALL YOUTH IN MAINE (PLAY-ME)

REQUEST FOR EVALUATION FOR  
ADAPTED PHYSICAL EDUCATION

Student Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

- Please proceed with an evaluation for adapted physical education services
- Please add adapted physical education services to existing IEP
- Request meeting with 504 coordinator

Indication:

- Health impairment or deconditioning interfering with age-appropriate physical activity
- Autism or autism spectrum disorder (ASD)
- Attention deficit hyperactivity disorder (ADHD)
- Incorporation of existing rehabilitation protocol
- Other: \_\_\_\_\_

Provider signature: \_\_\_\_\_

Date: \_\_\_\_\_

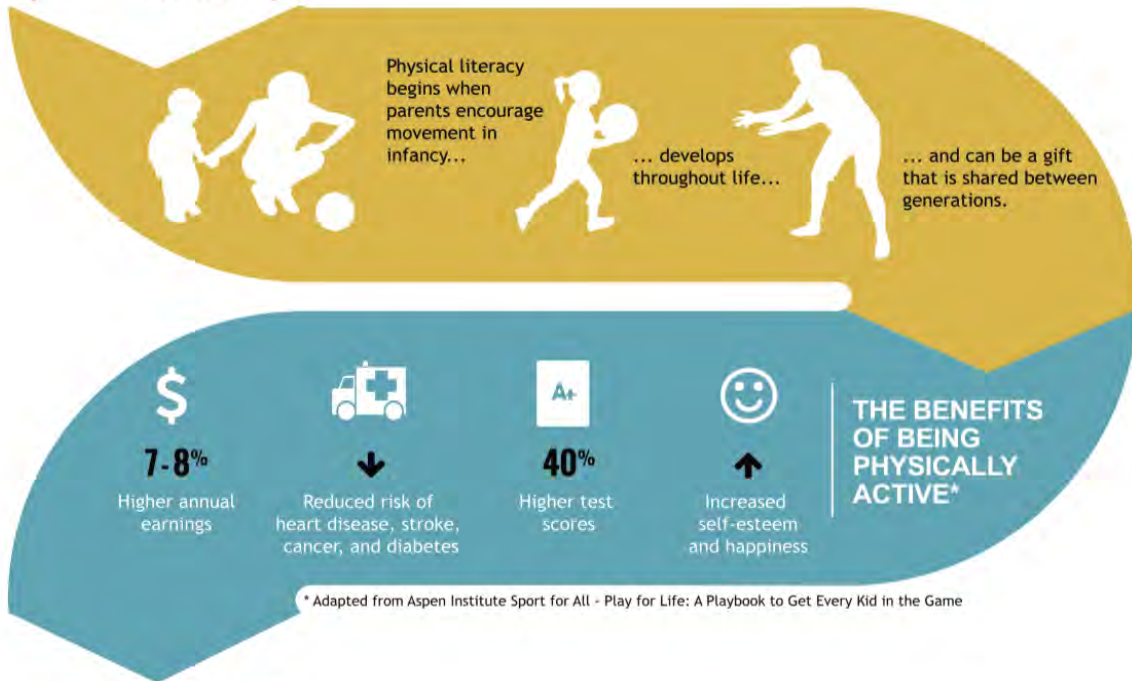
# WHAT IS PHYSICAL LITERACY?

## PHYSICAL LITERACY LIFE CYCLE

Physical literacy is when kids have developed the skills, confidence, and love of movement to be physically active for life.



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## HOW IS PHYSICAL LITERACY DEVELOPED?

Kids develop physical literacy gradually through a variety of structured and unstructured activities. The nature of these activities changes as kids grow in age and ability.



Learn more at: [ActiveForLife.com](https://ActiveForLife.com)

# parent tips



## Get Started! Eating Healthy and Moving More

Try one of these tips each week to eat healthy and move more!



### Eat Healthy (ENERGY IN)

- Put berries or bananas on whole-grain cereal or oatmeal.
- Order a green salad instead of fries. Ask for fat-free or low-fat dressing “on the side” – and use only half of it.
- Drink water, fat-free or low-fat milk instead of regular soda or other sweetened drinks.
- Add flavor with herbs and spices, instead of salt.
- Use fat-free or low-fat mayo, sour cream, and salad dressings.
- Choose fruit for a snack or dessert.
- Grill, steam, or bake food.
- Don't eat late at night.
- Use lean meats such as white meat chicken, lean ground turkey, or fish in place of beef or pork.
- When you eat out, choose an appetizer for your meal or share a main course.

### Move More (ENERGY OUT)

- Take your dog on longer walks.
- Ride bikes after dinner.
- Park farther away from the store and walk.
- Use the stairs instead of the escalator.
- Dance with your children.
- Walk your kids to school or walk to work.
- Ask your kids to help with active chores around the house, like vacuuming or raking leaves.
- Sign your kids up for community sports or lessons.
- Walk along the sidelines at your kids' sports events.
- Play ball at the park.
- Choose video games that get your kids moving, like dancing or fitness games.



**We Can!** is a program from the National Institutes of Health that offers resources for parents, caregivers and communities to help children 8-13 years old stay at a healthy weight through eating right, increasing physical activity, and reducing screen time.

To learn more, go to <http://wecan.nhlbi.nih.gov> or call 1-866-35-WE CAN.

**We Can!** Ways to Enhance Children's Activity & Nutrition, **We Can!**, and the **We Can!** logos are registered trademarks of the U.S. Department of Health & Human Services (DHHS).