

Statement from the International Organisation of Physical Therapists in Paediatrics

In response to the final report of the World Health Organization's
Commission on Ending Childhood Obesity

Each of the six global recommendations from the WHO report on childhood obesity are of interest to physiotherapists based clinically and academically. Physiotherapists are encouraged to consider their role in the prevention and treatment of childhood obesity.

1. Implement comprehensive programmes that promote the intake of healthy foods and reduce the intake of unhealthy foods and sugar-sweetened beverages by children and adolescents.

As healthcare practitioners we each have a duty of care to encourage healthy nutrition in our paediatric patients. Simple messages from public health nutrition guidelines include: drinking healthy drinks for hydration (water and milk only); cutting down on the intake of sugary products aiming for treats once per week; increasing vegetables and fruit to more than 5 servings per day; increasing intake of fibre-rich foods; reducing intake of processed foods; teaching parents/children how to read a food label focusing on choosing products with <5g/100g of sugar; <5g/100g of fat; >6g/100g fibre...or providing simple tools to make the right choice eg <http://www.irishheart.ie/media/pub/foodshoppingcards/foodshoppingcard2014.pdf> We are not going outside scope of practice if we are disseminating publically-available information.

2. Implement comprehensive programmes that promote physical activity and reduce sedentary behaviours in children and adolescents.

Physios should be clear regarding the current guidelines for activity in childhood. 3 hours of moderate-vigorous activity per day for children under 5 and at least 60 mins per day for children over 5 years. Providing advice on the correct amount, type and intensity is important in addition to helping to solve problems regarding structural impairments which might limit the ability of the child to be active. Physiotherapists should be actively engaging with policy makers so that they are included in the design, implementation and evaluation of physical activity interventions as often key issues

such as limitations to fundamental motor skill; underlying biomechanical issues or breathing difficulties are not considered.

3. Integrate and strengthen guidance for non-communicable disease prevention with current guidance for preconception and antenatal care, to reduce the risk of childhood obesity.

Physios should work with their adult patients to ensure they are reaching the recommended levels of physical activity (30 mins per day on most days of the week) as parental activity levels are often associated with child activity levels. Of particular importance is the involvement of physiotherapists in the antenatal period, guiding and supporting appropriate health enhancing activity throughout pregnancy and more specifically in the management of urinary incontinence which can limit activity.

4. Provide guidance on, and support for, healthy diet, sleep and physical activity in early childhood to ensure children grow appropriately and develop healthy habits.

Physiotherapist have a role in the promotion and support of healthy movement and sleep from infancy to young adulthood and should actively engage in policy planning and intervention delivery addressing these domains.

5. Implement comprehensive programmes that promote healthy school environments, health and nutrition literacy and physical activity among school-age children and adolescents.

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6. Provide family-based, multicomponent, lifestyle weight management services for children and young people who are obese.

Physiotherapists play a crucial role in assessing the physical fitness of children who are obese and thereafter planning a tailored treatment plan to address physical limitations; promote health-enhancing activity and therapeutic exercise. The role of the physio encompasses management of co-morbidities related to the

respiratory; endocrine; musculoskeletal, cardiovascular and genitourinary systems.

Are you already addressing some of these recommendations? If so, let us know via our IOPTP survey:

In order to address the challenge of childhood obesity it is essential that all health workers are confident in providing education, support and evidence-based treatment. Physiotherapists play a key role in the promotion of health in all individuals regardless of their physical ability, shape or size. The International Organisation of Physical Therapists in Paediatrics (IOPTP) is the paediatric sub-group of the WCPT and we are interested in exploring the involvement of physiotherapists in the area of childhood obesity. We welcome all therapists to complete our short online questionnaire. Your input is greatly appreciated and will help to inform our work for the future.

The survey can be found

here: <https://www.surveymonkey.com/r/LHF6WK7> and will be open until August 1 2016.

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