# **Physical Activity Recommendations for Children with Disabilities**

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**Brochure and Community Resource Guide Evaluation**

This is a summary of the responses received from committee members.

1. Please rate the following aspects of the **parent brochure**: *Physical Activity for Children with Special Needs*.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly Agree | Agree | Uncertain | Disagree | Strongly Disagree |
| The brochure is well organized and aesthetically pleasing. | 3 |  |  |  |  |
| The brochure includes the appropriate amount of detail for parents | 2 | 1 |  |  |  |
| The wording is appropriate for parents. | 1 | 2 |  |  |  |
| All relevant information is included. | 1 | 2 |  |  |  |
| Overall, the brochure is effective. | 2 | 1 |  |  |  |

1. Please rate the following aspects of the **community resource guide**.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly Agree | Agree | Uncertain | Disagree | Strongly Disagree |
| The handout is well organized and aesthetically pleasing. | 2 |  | 1 |  |  |
| The handout includes the appropriate amount of detail for parents. | 2 | 1 |  |  |  |
| The wording is appropriate for parents. | 2 | 1 |  |  |  |
| All listed community based programs are relevant. | 2 | 1 |  |  |  |
| Overall, the handout is useful. | 3 |  |  |  |  |

1. How could the parent brochure and community resource guide be improved?
* Under recommendations for PA – maybe add walking to the list for aerobic, so maybe walking/running instead of just running
* Under health risks to avoid: maybe change the wording for psychological issues – we know PA is good for mental health so maybe use that term somehow?? They may not understand how or why they would have psychological issues if they are not at a healthy weight. Also with cardiac disease – maybe add in parentheses (heart attack, stroke)– again, they would probably be more familiar with these words.
* Under benefits – maybe move weight control to the bottom, and I would also add the cognitive benefits we know now – increased attention and concentration, improved grades in school.
* Under why is my child at risk – I might change the word exercise to physical activity as it may have a different connotation for some.
* Under healthy weight – when you were originally going to do it on obesity, you mentioned the 95th percentile, but for healthy weight you mention 85th, which is in the overweight category. From a preventative measure, do you want to start having them be concerned if their child is at or above the 85th percentile? Just a thought, not sure if you need/want to change it.
* I’m not saying to change the brochure, but I wonder if there should be an order to the health risks that would be more concerning and more likely to make a change. For example, if you put diabetes first or high blood pressure?
* Pictures to illustrate BMI and healthy weight may be helpful; are there potential ways to identify if a child is overweight/obese beyond the BMI calculation, like becoming large around the mid-section, noticing changes in function (becoming more fatigued with walking or wheelchair pushing, needs more assistance for transitions from the floor or transfers, etc), clothes become tight around the hips/waist/chest before length? Just trying to think of other ways for parents to identify an issue without the doctor referral for BMI…and we know that BMI can be less accurate for peds and peds with decreased mobility
* Consider including a link to APTA for locating a PT
* I am sure these links are high quality, but from an aesthetic point, I wonder about decreasing to 3-4, maybe taking out the ones that are geographically dependent (Duke and WakeMed) and keeping the CDC, so this resource would be useful independent of geographic location…though I’m sure those sites have resources not dependent on being able to access them physically
1. What concerns do you have regarding the effectiveness of these materials?
* A link to medical resources would be helpful. Both Duke and UNC have medical programs that deal with obesity. Maybe these could be added to the resource guide.
* What about a link to nutritional resources? Exercise is our area and I understand why you chose to educate about it, but an effective weight reduction program has to include nutrition education/care.
* I don’t understand the link between ‘difficulty chewing or swallowing’ and being at risk for being overweight; it seems like it would be the opposite effect (at risk for being underweight because not consuming enough calories)
* On the nutritional side, are children with disabilities at greater risk of having lack of healthy foods? What I feel like I have noticed, anecdotally, is that food is used often as a reward and is highly motivating more than lack of access to the food. Maybe ‘preference for calorie-dense foods as motivation or reward’ could be a bullet point.
1. Additional Comments:
* You have done a lot of great research on this topic and created useful tools to be utilized at the CIDD! Great job….Congratulations!
* Great job, Sabina. I think it looks nice.
* You have done a good job condensing a lot of information to one pamphlet. The challenge of this project is also its beauty: you are trying to cover a lot of ground when targeting such a broad population of children with disabilities (could include a child with hearing impairment and ‘typical’ gross motor function to a child dependent for all transfers with severe CP and ID). I appreciate how you have highlighted the many, many benefits of physical activity (mental health, attention and concentration, ADLs), which may not be as well understood by the general public. I think this resource will best be served as a catalyst for families to connect with a local agency, a PT, or to go into a pediatrician visit with some information and tools to inquire about how to promote physical activity in their child’s life. Nice job!