PERIODIC SURVEY OF FELLOWS
Division of Child Health Research
American Academy of Pediatrics

EXECUTIVE SUMMARY

Periodic Survey #29

PEdiatRICIANs PRACTICES REGARDING PHYSICAL FITNESS COUNSELING AND PARTICIPATION IN SPORTS MEDICINE ACTIVITIES

The American Academy of Pediatrics (AAP) Committee on Sports Medicine and Fitness (COSMF) initiated Periodic Survey of Fellows #29 to explore pediatricians' current advocacy for physical fitness among their patients, as well as pediatricians' current practices and attitudes regarding assessment for physical activity and the use of, or referral for, formal tests (physical tests or ones using instruments or machines) that measure patients' fitness level, as advocated in a recent AAP policy statement (Pediatrics 1994;93:686-689).

PS#29 was an eight-page self-administered questionnaire sent to a random sample of 1,612 active US FAAPs. The original mailing and four follow-up mailings to recontact nonrespondents were conducted from April to July 1995. After five mailings we received a total of 1,189 completed questionnaires for a response rate of 76.1%. The questions on physical fitness counseling and the use of formal tests to measure fitness level were addressed only to the 926 pediatricians (79% of all respondents) who provide preventive care. The questions regarding attitudes toward and participation in sports medicine activities were addressed to all respondents.

Fitness Counseling:

In 1995, nearly all pediatricians who provide preventive care (97%) say they counsel patients about proper diet/nutrition; 85% advise children and/or their parents on the benefits of regular moderate-to-vigorous physical activity; and 79% encourage participation in "lifetime" activities such as tennis, bicycling, swimming, etc., that promote fitness. More than half (58%) encourage parents to plan physical fitness activities as a regular family activity, while only 34% inquire about the parents' level of physical activity.

Pediatricians most often inquire about various aspects of youth physical fitness among their patients older than 5 years of age:

- 61% of pediatricians said they ask 5-12 year olds and 49% ask adolescents 13 years and older about time spent TV watching and video game playing.

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83% ask grade school patients aged 5-12 years what specific physical activities they are involved in; 87% make such inquires of their adolescent patients 13 years and older.

More than half (57%) ask grade school children about the frequency and time they spend in physical activities, while 63% do so with adolescents 13 years of age and older.

In 1995, as in 1988, pediatricians were asked their opinion on various issues surrounding physical fitness counseling.

An overwhelming majority of pediatricians in both survey years (89%, 87%) think adult lifestyle-related diseases such as heart disease, hypertension, and obesity may be prevented by emphasizing physical fitness in childhood or adolescence. However, pediatricians’ opinion regarding the preventive effect of physical fitness is stronger in 1995 than in 1988: 39% v. 30% strongly agree and 50% v. 57% agree that emphasis on physical fitness throughout childhood reduces risks for adult lifestyle-related conditions (p<.01).

Formal Tests to Measure Physical Fitness

Most pediatricians (91%) do not use physical tests or tests using instruments or machines to measure body composition, cardiorespiratory fitness, flexibility, or strength/endurance of their patients in their office; only 9% say they use such tests on all or some of their patients. The majority (82%) also say they rarely refer patients to another source for tests that measure their fitness level; 18% say they refer all or some of their patients.

Only about one-fourth of pediatricians (23%) believe physical tests or tests using instruments or machines that measure fitness level are beneficial to children; 38% respondents are unsure about the benefits of such tests.

More than one-third of pediatricians think fitness level measurement should be included as a part of health supervision; 33% are unsure.

Two-thirds of pediatricians, however, do not think it is feasible for most of their colleagues to administer formal tests that measure a child's fitness level as part of routine health supervision, and nearly one-fourth are unsure (13% agree, 63% disagree, 24% neutral).
Participation in Sports Medicine Activities

- Within the past 12 months, 57 pediatricians (5% of the respondents) consulted on medical issues an average of 27.5 hours for school-related sports programs, while 45 reported they provided 17.1 hours of consultation for nonschool-related sports programs. Almost no pediatricians served as consultants to either school or nonschool-related sports programs on child development issues during the past year.

- During the past year, 35 pediatricians (3% of all respondents) reported spending an average of 37.5 hours as a school team physician. Fewer pediatricians (23, or 2% of respondents) served an average of 25.8 hours as a team physician for nonschool-related sports programs.

- Nearly one-half of pediatricians (46%) do not see any sports related injuries in their practices during an average week. The 54% who do evaluate or manage sports injuries in their practice estimate they spend an average of 3.0 hours per week on such activities.

Among pediatricians who spend some time in sports medicine (58% of respondents), either as a program consultant, a sports team physician, or evaluating and managing sports injuries in their offices, nearly half are unsure of their ability to consult on sports medicine issues (46%) or to manage sports injuries (45%).

- Pediatricians feel more competent treating/managing sports injuries than consulting in this area: about one-third (32%) of pediatricians feel competent treating or managing sports injuries, while only about one-fourth (23%) feel competent consulting on sports medicine issues.

More than two-thirds of pediatricians (69%) say they are interested in receiving further education/training in the area of sports medicine, preferably via AAP self-instructional material such as PREP or PIR (66%) or regular AAP continuing medical education (CME) courses (55%).

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