WORLD PT DAY 2026

PAEDIATRIC PHYSIOTHERAPY EVIDENCE SERIES

Active Play and Physical Activity in Children & Adolescents

A World PT Day 2026 companion resource, summarising why active play and physical activity matter for children's development, hearts, bones and minds, how much is recommended by age, and how many children are meeting these targets.

World PT Day 2026 theme: cardiovascular disease & stroke · 8 September · For clinicians, families, children & adolescents

Why physical activity matters

Activity habits formed in childhood can support lifelong health, making the early years a critical window for establishing active lifestyles. Benefits span five connected domains:

Domain	Key evidence	Why it matters
Motor skill development & activity participation	Physical activity provides opportunities to practise movement skills and motor competence, which can support participation in active play, sport and everyday activities.[1]	Supports motor development, confidence and opportunities to participate in meaningful activities.
Cardiovascular & metabolic health	Regular moderate-to-vigorous physical activity (MVPA) is linked to lower blood pressure, smaller waist circumference, improved cholesterol, better insulin sensitivity, and reduced arterial stiffness.[2]	A key modifiable pathway for cardiovascular and metabolic health and for reducing risk of atherosclerosis, hypertension, diabetes and stroke later in life.
Musculoskeletal development	Weight-bearing and strengthening activities support bone and muscle health. Greater muscular strength in childhood and adolescence is associated with more favourable bone and cardiometabolic health indicators.[2,3]	Supports healthy musculoskeletal development, which lowers lifetime risk of fracture and osteoporosis, obesity and cardiometabolic diseases.
Mental health & cognitive development	Physical activity is associated with better mood, self-esteem and emotional regulation, as well as stronger attention, memory and executive function.[2]	Supports wellbeing and school performance alongside physical health.
Chronic conditions & disabilities	Physical activity can support health, function and participation for children living with chronic conditions or disabilities, e.g., overweight, type 1 diabetes, asthma, cystic fibrosis and cerebral palsy.[2,4]	A safe, low-cost health behavior that promotes well-being and functional participation across diverse paediatric populations.

How much physical activity is recommended (WHO 2019/2020)

WHO guidance emphasises that some physical activity is better than none and more is better. The 2020 guideline also provides recommendations for children and adolescents living with disability.[4,5]

Age group	Recommendation	Notes
Infants (<1 yr)	Be physically active several times a day in a variety of ways, particularly through interactive floor-based play; for infants not yet mobile, include ≥30 min of tummy time spread throughout the day while awake.	- Do not restrain for >1 hr at a time (e.g. stroller/car seat). - No screen time. - Sleep: 14–17 hr/day (0–3 mo) or 12–16 hr/day (4–11 mo), including naps.
Toddlers (1–2 yrs)	≥180 min/day of physical activity at any intensity, spread throughout the day; more is better.	- Do not restrain for >1 hr at a time. - No sedentary screen time under age 2; for 2-year-olds, ≤1 hr/day. - Sleep: 11–14 hr/day, including naps.
Preschool (3–4 yrs)	≥180 min/day of physical activity, of which ≥60 min is MVPA, spread throughout the day.	- Do not restrain for >1 hr at a time. - Sedentary screen time ≤1 hr/day. - Sleep: 11–14 hr/day, including naps.
Children & adolescents (5–17 yrs), including those living with disability	≥60 min/day of MVPA, mostly aerobic activity across the week; vigorous-intensity aerobic activity and muscle- and bone-strengthening activities ≥3 days/week. For children living with disability, the same recommendations apply, with individualisation and modifications as appropriate for their functional level and medical safety.	- Limit sedentary time, particularly recreational screen time.

FITT-VP: Individualise exercise programmes following assessment and using FITT-VP (Frequency, Intensity, Time, Type, Volume and Progression), while ensuring activities are enjoyable, meaningful and appropriate to the child.[6]

6 F-words: The F-words framework—Function, Family, Fitness, Fun, Friends and Future—can help guide participation-focused goals.[7]

For paediatric physiotherapy, assessment and behaviour-change strategies can be tailored to the child's goals, preferences, family context and opportunities for participation; approaches such as goal-setting and motivational interviewing may help support sustainable activity behaviour.[8]

Are children meeting these levels?

- Globally, only 19.0% of adolescents aged 11–17 years met physical activity guidelines (22.4% of boys and 15.3% of girls).[9]

- Across 33 countries, only 14.3% preschoolers met all three WHO targets together (activity, screen time, sleep), while 49.2% met the activity target alone (boys 55.6% vs girls 41.7%).[10]
- No clear pattern by country income level emerged, highlighting that insufficient activity is a global public-health gap.[9]
- Children with disabilities generally participate in less physical activity than peers without disabilities; activity levels vary substantially by disability type, sex and measurement method.[11]

> **Contributing factors:** limited physical capability, disability-specific factors, low self-efficacy, inadequate or inaccessible facilities and transport, lack of appropriate programs, cost and lack of time, lack of parental support and negative societal attitudes.[12-13]

Note: This evidence-based document was prepared with the assistance of generative AI tools and fully reviewed, verified, and revised manually by a panel of paediatric physiotherapists with content expertise.

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