WORLD PT DAY 2026

PAEDIATRIC PHYSIOTHERAPY EVIDENCE SERIES

The Physiotherapist's Role in Promoting Active Play & Physical Activity in Children & Adolescents

A World PT Day 2026 companion resource, for children with and without developmental disability — how paediatric physiotherapists translate global physical activity guidelines into individualised, family-centred care.

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

The Role of Paediatric Physiotherapists

Paediatric physiotherapists (PTs) are experts in identifying the strengths of a child as well as health risk factors, and in providing assessment, safe health promotion and diverse interventions spanning prevention to rehabilitation.

- **Primary prevention:** Promoting physical activity and healthy movement habits in all children before problems arise.[1]
- **Secondary prevention:** Early identification of activity or fitness risk, with prompt intervention.[1]
- **Tertiary prevention:** Minimising the impact of an existing disease or disability on activity and participation, and rehabilitating function.[1]
- **Individualised programming:** For children with chronic conditions or relevant medical considerations, PTs must make evidence-based decisions regarding intervention dosage (incorporating exercise frequency, intensity, duration, and type) to meet specific activity and participation goals. Programmes should be tailored to the child's specific condition to ensure safety and efficacy.[1]
- **Promoting Mobility:** Independent mobility, whether manual or through power mobility, can increase opportunities for exploration, activities of daily living, development, social interaction, and participation in family and community life, supporting long-term health and participation.[2–4]

Strategies to Support Physical Activity Participation

- **Building activity into everyday life.** Embed activity in family routines (active chores, walking, active play) rather than structured exercise alone; support school and community programmes (e.g., active transport, classroom-based activity or active breaks, active recess, after-school sports, inclusive recreation, and physical education); for children living with overweight or obesity, favour fun, non-competitive activities over performance-focused training.[5–9]
- **Support development of physical literacy and fundamental motor skills.** Fundamental motor skills (FMS), such as running, jumping, throwing and catching, provide an important foundation for participation in active play, physical activity and sport. Motor competence and physical activity are positively associated in early childhood, and physical activity and active-play can support the development of FMS. Assess motor skills when necessary and use enjoyable, developmentally

appropriate games and activities to support these building blocks of active play and physical activity.[10,11]

- **The FITT-VP Principle:** Programmes can be structured using FITT-VP (Frequency, Intensity, Time, Type, Volume and Progression).[12] Activities should be fun, age-appropriate, and whenever possible, performed with others (e.g., peers, siblings, or family members) to enhance motivation, social participation, and long-term adherence.[5–7]
- **Limit Sedentary Time:** Limit prolonged sedentary time, particularly recreational screen time, as high levels are linked to increased adiposity and poorer cardiometabolic health.[5–7]
- **Family-Centred Approach:** Build on family strengths and align physical activity goals with shared routines, child and family preferences, caregiver support, resources, and environmental opportunities. Parents and caregivers can help create regular opportunities for children to be active.[1]

Inclusion Guidelines for Children and Adolescents with Disabilities

- **Universal Standards:** Whenever feasible, children and adolescents with disabilities should strive to meet the same physical activity guidelines as peers without disability.[5,7] Activities should be adapted to the child's abilities, functional level, and medical conditions to ensure safety and appropriateness.[5,9]
- **The ICF Model:** Focuses on the interaction between a child's health condition, body structures and functions, activities, and participation, while accounting for environmental and personal factors.[13]
- **The "6 F-Words"**:[14]
    - **Function:** Focusing on what a child can do and participate in, rather than limitations.
    - **Family:** Aligning physical activity goals with the family's strengths, routines, preferences, resources, and environment.
    - **Fitness:** Assessing facilitators and barriers to staying active.
    - **Fun:** Prioritizing enjoyment to support participation and long-term adherence.
    - **Friends:** Emphasizing opportunities for meaningful peer relationships and social participation.
    - **Future:** Supporting opportunities for lifelong participation and inclusion in the community.
- **Mobility as an opportunity for activity and participation:** For children with mobility limitations, consider opportunities for self-directed mobility, such as self-propelling a wheelchair, using a gait trainer, or accessing power mobility. These options can increase opportunities for movement, exploration, social interaction and participation, and may contribute to physical activity.[2,15]

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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