**WELLNESS! HOW CAN WE HELP OUR STUDENTS?**

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 **FACTS!!!**

-**Childhood obesity has increased 20%** in recent years.

-26.6% of all kids have chronic diseases that include asthma, Type 2 diabetes, and obesity.

-**The pattern for physical activity in adulthood is set early on in life.**

-**Obesity is a disease** and does not just have musculoskeletal and psychological effects but also is correlated with diabetes, a fatty liver, and kidney diseases.

-Children are just like adults when it comes to diabetes and they experience the same symptoms.

-**Type 2 diabetes** is genetic as well as environmental and so it **can be prevented**.

-There can be a very long silent period before diabetes is diagnosed, for kids as well as for adults (11-12 years!).

-All established and published guidelines for physical activity for children indicate that they should have **60 minutes per day of activity!**

-And they should take **9,000 steps per day!**

-Kids prefer to do 5-10 minutes of physical activity at a time.

-**Target heart rate** during physical activity is generally an increase of 20-30 beats beyond BAR (beats at rest),

-Or “Walk and Talk” at the same time.

-**PHYSICAL THERAPISTS SHOULD BE THE PROFESSIONALS TO IMPROVE HEALTH OF OUR POPULATION, REGARDLESS OF THE SETTING WE PRACTICE IN!** **-The rest of our treatment team (Occupational Therapists) should assist in this endeavor!**

**So…..What must we do?**

-Calculate the BMI for students we suspect are clinically obese, including kids in wheelchairs. There are multiple phone apps as well as CDC online calculators for BMI for children.

-Observe the fat pattern in the kids: an abdominal pattern or upper body fat pattern is associated with metabolic syndrome and with diabetes.

-**Refer kids for blood work to their physicians to rule out diabetes Type 2** and associated diseases.

-Take blood pressure for our kids we treat as well as their resting heart rates in order to calculate the target heart rate for exercise.

-**Include treatment for obesity in our plans of care**: to prevent this disease, slow or halt the progression of this disease, and to manage this disease.

-**Work with classroom teachers and the physical education teachers to create walking programs for their students- 9000 steps, and 60 minutes of any physical activity per day!**

-Physically involved students, in addition to all students, should not remain sedentary for greater than 90 minutes in succession! **Everyone gets up**!

-Physically involved students will increase their metabolic energy expenditure with the appropriate change in their position: the lowest is with prone or supine positioning, and then erect sitting with legs in a dependent position is better, and the best position is in erect standing.

-**Address intensity of activity in your therapeutic exercise treatment** for students on your caseload: moderate to vigorous intensity with strengthening components (aerobic and anaerobic components), at the point where the student can still easily talk while exercising.

-It is so important to have knowledge of the diagnosis of diabetes because strenuous exercise can cause a hypoglycemic episode, and clinically obese students should exercise at a lower intensity!

-**General guidelines** are always: proper foot wear should be worn, proper exercise clothes should be worn (cotton blends), include a warm up and a cool down period, and hydrate!!!!

-**Develop Home Exercise Programs** that include movement activities in short bouts with functional components that are fun?!

(References are available upon request)