The Nordic Physiotherapist Associations recommend that physiotherapists should be an integrated part of school healthcare.

Core skills of physiotherapists in school healthcare:
• Lead and supervise health promotion in schools, regarding physical and mental health
• Identify and support children with special needs to be physically active
• Prevent the growing number of musculoskeletal disorders in children
• Improve the ergonomic environment in schools for children

Physiotherapy – a health promoting profession
Physiotherapists have the knowledge and expertise to promote and implement physical activity across all ages including children, thereby improving health and well-being. These competencies are valued within the healthcare system but there is a need for implementation in the school healthcare system. As physiotherapists are skilled in assessing and treating motor skills in children as well as promoting learning through physical activity, it seems advantageous that they should be an integrated part of the school system.

Benefits of physical activity
Physical activity promotes good health regardless of age, gender, ethnicity, socioeconomic background and body-composition. Regular physical activity through childhood has a positive effect on basic motor skill; cognitive development; bone-mass density and mental health and can reduce the risk of becoming overweight or obese in adolescence and adulthood. In addition, maintaining good health and activity in children with chronic health conditions for example asthma and cerebral paresis is vital for preserving high quality of life. Finally, there is growing evidence that physical activity and physiotherapy influence positively on children with stress symptoms and poor mental health.

An alarming future
The general recommendation is that children should be physically active for at least one hour every day. However, studies found that only a minority of children meet this recommendation.
In the Nordic countries, less than 50% of the 11-years old are adequately active on a daily basis (OECD). This degree of inactivity is alarming, since a sedentary lifestyle increases the risk of overweight and obesity, cardiovascular diseases and poor fitness\(^1\), and we know that this pattern of inactivity will carry on into later life.

<table>
<thead>
<tr>
<th>Table 1: 11-year-olds who report at least 60 minutes of physical activity daily</th>
</tr>
</thead>
<tbody>
<tr>
<td>Finland</td>
</tr>
<tr>
<td><img src="chart.png" alt="Bar chart showing physical activity levels across countries" /></td>
</tr>
</tbody>
</table>

Source: Growing up unequal: gender and socioeconomic differences in young people’s health and well-being (OECD 2016)

**Motor skills and learning**
Being inactive not only increases the risk of poor health. It also has negative effects on motor skills, self-esteem and learning skills. Up to two-thirds of children at the age of six have motor skill deficiencies, which makes it harder to learn to read, do maths and acquire new knowledge.\(^2\),\(^3\)

**Musculoskeletal health**
An increasing number of children experience pain in the back, neck, hip or knees.\(^4\) Inactivity and poor ergonomics in schools are often the cause of this pain. Moreover, mental health problems may manifest as musculoskeletal pain. The high prevalence of musculoskeletal pain in children is alarming since pain lead to reduced physical activity, disturbed sleep, absence from school, increased use of painkillers and a need of treatment.

**School-based interventions**
Evidence shows that school-based interventions aiming to increase the level of physical activity among children have many positive effects. Physiotherapists know how to implement these interventions.
In conclusion, the Nordic Physiotherapist Associations call upon the responsible politicians and administrators to make physiotherapists an integral part of the school healthcare.

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\(^1\) The Professional Association for Physical Activity (YFA) in Sweden (2017).
\(^2\) Geertsen, S. S et.al. (2016).
\(^3\) Ericsson I, Karlsson MK. (2014).
\(^4\) Vidensråd for forebyggelse (2014)