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The impact of child and adolescent obesity treatment interventions on physical activity: a systematic review

Dylan P. Cliff

University of Wollongong, dylanc@uow.edu.au

Anthony D. Okely

University of Wollongong, tokely@uow.edu.au

Philip Morgan

University of Newcastle, NSW, Australia

Rachel A. Jones

University of Wollongong, rachelj@uow.edu.au

Julie R. Steele

University of Wollongong, jsteele@uow.edu.au

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**RELATIONSHIPS BETWEEN FUNDAMENTAL MOVEMENT SKILLS AND OBJECTIVELY
MEASURED PHYSICAL ACTIVITY IN PRESCHOOL CHILDREN**

ABSTRACT

Gender differences in cross-sectional relationships between fundamental movement skill (FMS) sub-domains (locomotor skills, object-control skills) and physical activity were examined in preschool children. Forty-six 3- to 5-year-olds (25 boys) had their FMS video assessed (Test of Gross Motor Development II) and their physical activity objectively monitored (Actigraph 7164 accelerometers). Among boys, object-control skills were associated with physical activity and explained 16.9% ($p = 0.024$) and 13.7% ($p = 0.049$) of the variance in percent of time in moderate-to-vigorous physical activity (MVPA) and total physical activity, respectively, after controlling for age, SES and z -BMI. Locomotor skills were inversely associated with physical activity among girls, and explained 19.2% ($p = 0.023$) of the variance in percent of time in MVPA after controlling for confounders. Gender and FMS sub-domain may influence the relationship between FMS and physical activity in preschool children.

INTRODUCTION

1
2 Physical activity is important for all children because of the associated benefits to physical,
3 social and psychological health (31). Physical activity is often established during early childhood
4 (2 to 5 years of age) (14, 22) and was recently identified as an early risk factor for child obesity
5 (27). Current physical activity patterns of preschool children are cause for concern (26), and
6 strategies to promote physical activity should be based on scientific evidence of the correlates
7 and/or determinants of this behavior. A recent review of the correlates of physical activity in
8 preschool children found a paucity of studies in the area and indicated that further quality
9 research is required using validated physical activity measures (12). It is imperative, therefore, to
10 better understand factors that may influence the physical activity habits of children during the
11 preschool years.

12 One potential behavioral correlate of children's physical activity is their proficiency in
13 fundamental movement skills (FMS). FMS are the building blocks for more complex motor
14 skills and movement patterns and represent the underlying performance competency required for
15 participation in many forms of physical activity (23). They are often divided into two domains:
16 locomotor skills (e.g. run, hop and jump) and object-control skills (e.g. catch, throw and kick).
17 The development of FMS proficiency is prominent in early childhood and primary school
18 physical education curricula because of the importance FMS play in children's physical,
19 cognitive and social development (23). Further, there is evidence that FMS relate to health
20 outcomes in youth, with adolescents exhibiting greater FMS proficiency more likely to have
21 higher cardio-respiratory fitness (19) and less-likely to be overweight (21) than their peers.

22 Studies investigating the relationship between FMS and physical activity in children and
23 adolescents provide little consensus, with proficiency in FMS weakly (13, 20, 34) to moderately

1 (16) associated with physical activity and explaining as little as 3% (20) and as much as 25%
2 (16) of the variance in habitual physical activity. Differences in the strength of the reported
3 associations can likely be explained by differences in the age groups examined as well as in the
4 measurement of physical activity (self-/parent-report vs. objective measurement) and FMS
5 (product-oriented vs. process-oriented assessment). The relationship between FMS and physical
6 activity, however, has been investigated rarely in preschool children. Fisher et al. (8) examined
7 the relationship between FMS and physical activity in nearly 400 Scottish children aged 3 to 5.
8 They used an objective measure of physical activity and found a weak relationship with total
9 physical activity ($r = 0.10$) and with the percentage of time spent in moderate-to-vigorous
10 physical activity ($r = 0.18$). However the instrument used to assess actual competence was a
11 product-oriented battery, assessing skill outcome (motor abilities) rather than technique (process-
12 oriented). At lower or beginning levels of FMS proficiency, such as during the preschool years,
13 products or outcomes of performance are often inconsistent and low, and thus may not
14 adequately differentiate between individuals (4). Examining consistencies in movement patterns
15 or technique through process-assessment, irrespective of inconsistent performance outcomes, can
16 provide more useful information on FMS proficiency in young children (4).

17 The aim of this study was to examine the cross-sectional relationship between process-
18 measured FMS proficiency and objectively measured habitual physical activity in preschool
19 children, and to investigate if the relationship differed by gender and FMS sub-domain.

20

21

METHODS

22 **Participants and settings**

1 Data were collected as part of the Preschool Activity 'N' Dietary Adiposity (PANDA) study.
2 Participants were recruited from 11 randomly selected preschools within the city of Greater
3 Wollongong, (population = 0.3M) in New South Wales, Australia. The sampling frame included
4 all early childhood centres ($n = 130$), from which 30 centres were randomly selected using a
5 computer-generated program, and the first 20 centres were approached. Data were collected from
6 April to September 2004 and the study was approved by the University of Wollongong Human
7 Research Ethics Committee. Parent/guardian consent was obtained for each participating child.

8

9 **Measures**

10 **Demographic Data.** Children's sex and date of birth were parent-reported via a questionnaire.
11 Children's postcode of residence (equivalent to US ZIP code) was used as a proxy measure of
12 socioeconomic status (SES). Each postcode was allocated an Index of Relative Socioeconomic
13 Disadvantage (IRSD) score using the 2003 Australian Bureau of Statistics population census
14 database (1). Postcode of residence was not available for 11 subjects (24%) and they were
15 allocated the mode IRSD score (referred to hereafter as SES) for participants from their
16 preschool.

17

18 **Anthropometry.** Height was directly measured to the nearest millimetre, with portable
19 stadiometers (Mentone Educational Centre, Victoria, Australia) using the stretch stature method.
20 Weight was measured to the nearest 0.1kg using portable calibrated Tanita HD646 electronic
21 scales (Tanita Corporation of America Inc, Illinois, USA). Trained assessors took all
22 measurements. Shoes and heavy clothing were removed prior to measurements. BMI was
23 calculated from height and weight values, using the formula: $\text{weight (kg)}/\text{height (m)}^2$. Children's

1 z-BMI was calculated based on their age and sex using lmsGrowth (Medical Research Council,
2 United Kingdom) and the UK reference curves (6).

3

4 ***Fundamental Movement Skill Proficiency.*** FMS proficiency was assessed using the *Test of*
5 *Gross Motor Development–2nd Edition* (TGMD–2) (32). The measure is comprised of locomotor
6 (run, gallop, hop, leap, horizontal jump, and slide) and object-control (t-ball strike, stationary
7 basketball dribble, catch, kick, overhand throw, and underhand roll) subtests, each assessing six
8 skills. The TGMD-2 assesses the skill performance process (skill components) rather than the
9 outcome or product of performance, and has established validity and reliability in this age group
10 (32). Prior to the testing of each skill, participants were given a visual demonstration of the skill
11 by the researcher using the correct technique, but were not told what components of the skill
12 were being assessed. Participants were then called individually to perform the skill twice.
13 General encouragement but no verbal feedback on performance was given during or after the
14 tests. All skills were video-recorded and later assessed by one trained assessor who also
15 administered the tests. After viewing each trial, a number was placed in each of the boxes on the
16 examiner record form that corresponded with each skill component. A “1” indicated that the
17 component was present in the performance of the skill for that trial or, for continuous locomotor
18 skills, was performed consistently throughout the trial (e.g. Run component 1: Arms move in
19 opposition to legs, elbows bent); a “0” indicated the component was not present. After
20 completing this procedure for each of the 12 skills, the scores of the two trials were totalled to
21 obtain a raw score for each skill. Raw subtest scores were converted to age- and, for the object-
22 control sub-test, gender-adjusted standard scores using the appropriate conversion tables. Sub-
23 test standard scores were then summed and converted to calculate each child’s Gross Motor

1 Quotient (GMQ) (32).

2

3 ***Physical Activity.*** Physical activity was objectively assessed using ActiGraph 7164 uniaxial
4 accelerometers (MTI Health Services, Fort Walton Beach, FL, USA), which have established
5 validity in preschoolers (30). Parents received an information sheet detailing monitoring
6 protocol, as well as a monitoring log. Parents were asked to indicate on the log when the monitor
7 was placed on their child, and when the monitor was taken off and the reason for doing so.
8 Parents were instructed to keep the monitor on their child's right hip during waking hours, and to
9 take the monitor off during aquatic activities. A seven-day monitoring period was used, and
10 activity counts were accumulated and stored to the accelerometer over 1-minute epochs. Strings
11 of "0" counts ≥ 20 were considered periods of non-monitoring (7) and were removed from the
12 total minutes monitored for a day during data reduction. Participant data were included in
13 analyses if they recorded greater than 360 minutes (6 hours) of monitoring time each day, for at
14 least three days (24).

15 The raw activity output, or accelerometer counts per minute (cpm) averaged over the
16 monitoring period, was used in the analyses as a measure of total physical activity (mean cpm).
17 In addition, counts were converted to minutes of sedentary behavior using the validated cut-point
18 proposed by Reilly and colleagues (< 1100 cpm) (25). Minutes in moderate (MPA), vigorous
19 (VPA), and moderate-to-vigorous physical activity (MVPA) were calculated using the Sirard et
20 al. (30) definitions. The Sirard et al. MVPA definitions were validated against direct observation
21 in pre-school children, and are age specific. According to these definitions, MPA was defined as:
22 2460 to 4920, 3248 to 4936, and 3564 to 5016 cpm, VPA was defined as: > 4920 , > 4936 , and
23 > 5016 cpm, and MVPA was defined as: > 2460 , > 3248 and, > 3564 cpm, for 3-, 4-, and 5-year-

1 olds, respectively. To adjust for differences between children in the amount of monitoring time
2 per day, total minutes spent at each activity intensity were divided by the total minutes monitored
3 to calculate the percent of time spent in sedentary behavior, MPA, VPA, and MVPA.

5 **Statistical Analysis**

6 All analyses were conducted using SPSS version 16.0. Prior to analysis, normality of the data
7 were assessed using a Kolmogorov-Smirnov test (with Lilliefors' correction) and were visually
8 inspected using histogram plots. Characteristics (age, SES, and *z*-BMI) of subjects in the current
9 study sample (with complete FMS and physical activity data) were compared with those from the
10 larger sample (with incomplete data) using independent samples *t*-tests or Mann-Whitney *U*
11 tests, where appropriate. Means and standard deviations were calculated for all normally
12 distributed variables and median and interquartile ranges were calculated for those that were not
13 normally distributed. Percent of time in MPA, and for boys, percent of time in MVPA were
14 transformed (square root) to satisfy normality criteria. Independent samples *t*-tests were used to
15 compare differences between boys and girls on normally distributed variables. Mann-Whitney *U*
16 tests were used where variables were not normally distributed.

17 As research in older children has reported gender differences in associations between
18 FMS and physical activity (13, 16), analyses of association were conducted with the sample
19 stratified by gender. Pearson product-moment correlations were performed to examine
20 relationships where variables were normally distributed, and Spearman rank-order correlations
21 were carried out where variables were not normally distributed. Sex-specific hierarchical
22 regression models were then conducted to establish whether locomotor and/or object-control
23 standard scores accounted for a significant amount of incremental variance in percent of time in

1 MVPA and total physical activity (mean cpm), after controlling for age, SES, and child z-BMI.
2 Regression models were run only where FMS sub-domains were correlated to physical activity
3 outcomes ($p < 0.10$). Statistical significance was set at $p < 0.05$ for all other analyses.
4

5 RESULTS

6 Of the 20 centres originally approached, 14 declined participation. Two centres were able to be
7 replaced from the 10 additional centres that were randomly selected and an additional three were
8 able to be replaced from an extra list of 10 randomly selected centres. Replacements were unable
9 to be found for nine of these centres within the study timeframe. In all, 33 centres were
10 approached and 11 agreed to participate (response rate = 33%). The majority of the centres
11 declined to participate because they did not feel comfortable with research being conducted in
12 their setting. The response rate for children was 58% (144/249). Six children were either absent
13 from the day of testing or refused testing, leaving 138 children who completed anthropometric
14 assessments.

15 Time and budget restrictions prevented one school ($n = 19$) from completing FMS
16 assessments. Five children with anthropometric data were <3 y and did not have their FMS
17 assessed because the TGMD-2 has not been validated in children <3 y of age. Further, seven
18 children who completed anthropometric assessments chose not to participate in the FMS tests
19 and five children who began the FMS assessments did not complete the battery of tests. As such,
20 complete FMS data were collected from 102 children. Of those, 46 also had complete physical
21 activity data and these participants comprised the current study sample. Physical activity data
22 were not available in other study participants due to: non-consent to physical activity monitoring
23 ($n = 27$), data not meeting inclusion criteria ($n = 22$), or monitor malfunction ($n = 7$). The sample

1 for the current study did not differ from the larger recruited sample in regards to age, SES or z-
2 BMI (all $p > 0.05$).

3 The sample consisted of 25 boys and 21 girls [mean age = 4.3 ± 0.7 y, mean height =
4 105.2 ± 6.1 cm, median BMI = 15.9 (15.4, 16.8) kg/m^2 , and median z-BMI = 0.23 (-0.13, 0.78)
5 units], who were of slightly higher SES according to their IRSD score [median = 990.2 (969.7,
6 999.8)] than the greater City of Wollongong (IRSD = 980.9) (1). The mean duration of physical
7 activity monitoring was 4.1 ± 1.0 days and 641.0 ± 95.9 minutes/day, and the sample spent
8 approximately 23.0 (15.0, 44.2) minutes/day in MVPA. Participating boys and girls did not differ
9 on demographic, anthropometric or physical activity outcomes (all $p > 0.05$) (Table 1). Girls'
10 mean locomotor subtest raw score was higher than boys' (26.4 vs. 20.2, $p = 0.009$), although no
11 differences were found for the object control raw score (22.0 vs. 20.6, $p = 0.467$). As the object-
12 control score standard score is adjusted for gender (32), girls scored higher than boys on both the
13 locomotor (9.9 vs. 7.9, $p = 0.003$) and object-control standard scores (10.1 vs. 8.6, $p = 0.026$),
14 and subsequently the GMQ (99.7 vs. 88.2, $p < 0.001$).

15 For both boys and girls, z-BMI and SES were not found to relate to physical activity
16 outcomes (Table 2). Age, however, was negatively associated with percent of time in MPA for
17 boys ($r = -0.48$, $p = 0.015$) and girls ($r = -0.47$, $p = 0.032$). Amongst boys, locomotor standard
18 score was marginally related to percent of time in MVPA ($r = 0.34$, $p = 0.098$); object-control
19 standard score was related to percent of time in MPA ($r = 0.52$, $p = 0.008$) and MVPA ($r = 0.48$,
20 $p = 0.015$); and was marginally related to total physical activity ($r = 0.37$, $p = 0.070$).
21 Subsequently, GMQ was marginally related to percent of time in MVPA ($r = 0.38$, $p = 0.061$)
22 and total physical activity in boys ($r = 0.39$, $p = 0.056$), and was related to their percent of time
23 in VPA ($r = 0.46$, $p = 0.020$). For girls, object-control standard score was not related to physical

1 activity outcomes. Both locomotor standard score and GMQ were negatively related to percent
2 of time in MPA ($r = -0.52, p = 0.015$ and $r = -0.44, p = 0.047$, respectively) and MVPA ($r = -$
3 $0.50, p = 0.022$ and $r = 0.46, p = 0.038$, respectively) for girls.

4 Stepwise multiple hierarchical regression analysis indicated that object-control standard
5 score was independently associated with boy's percent of time in MVPA and explained an
6 additional 16.9% of the variance after controlling for age, SES, and z -BMI (Table 3). In contrast,
7 the model for girls indicated that locomotor standard score was inversely associated with percent
8 of time in MVPA and explained an additional 19.2% of the variance after accounting for
9 background (confounding) variables. Among boys, object-control skills were independently
10 associated with total physical activity and explained 13.7% of the variance after accounting for
11 age, SES, and z -BMI.

12

13

DISCUSSION

14 In this study sample and setting, boys and girls were found to be equally proficient at performing
15 object control skills, although girls scored higher than boys for locomotor skills and subsequently
16 for the gross motor quotient. FMS were positively correlated with objectively measured habitual
17 physical activity in preschool boys and negatively correlated to habitual physical activity in
18 preschool girls. For boys, object control skills held stronger positive associations with physical
19 activity outcomes (percent of time in MPA and MVPA, and total physical activity) than
20 locomotor skills. While for girls, locomotor skills held stronger negative associations with
21 habitual physical activity outcomes (percent of time in MPA and MVPA) than object-control
22 skills.

1 The theoretical basis explaining the mechanisms of a positive association between FMS
2 and physical activity, as was found amongst boys in the current study, purports that proficiency
3 in movement skills provides the behavioral competency required for participation in a variety of
4 physical activities (23), and may influence other determinants of behaviour, such as perceptions
5 of competence (2) and positive affect (e.g. enjoyment or satisfaction) (18). Without the
6 prerequisite movement competence, children may opt out of opportunities for physical activity or
7 may have preference for more sedentary pursuits (18).

8 This explanation, however, assumes that FMS are the cause rather than the consequence
9 of physical activity, which cannot be inferred from the cross-sectional analyses reported in
10 previous studies in the area and in the current examination. Greater physical activity
11 opportunities might also provide the context to improve FMS proficiency, which is important to
12 consider when examining early childhood populations where FMS and motor coordination are at
13 the earliest stages of development (10). Longitudinal (15) and experimental studies (5, 28) have
14 generally been unable to provide evidence of a causal relationship between FMS and physical
15 activity in youth. Recent evidence in older children, however, indicates that movement
16 competency in childhood predicts self-reported physical activity in adolescence (3), suggesting
17 that, at some stage of child and adolescent development, proficiency in movement skills plays a
18 causal role in determining physical activity behavior.

19 Studies comparing the relationship between FMS/motor proficiency and physical activity
20 amongst boys and girls provide inconsistent conclusions; some indicate similar relationships (8,
21 33, 34) while others suggest a stronger relationship amongst boys (13, 16). Comparisons between
22 studies are made difficult by methodological heterogeneity, particularly in FMS measures. Using
23 the same measures as in the current study but in an overweight sample, Morgan et al. (16) also

1 found the positive relationship between FMS and physical activity to be stronger among boys.
2 FMS proficiency possibly plays a more influential role in popular forms of physical activities
3 participated in by boys (17), whereas other psychosocial or environmental factors might be more
4 strongly related to physical activity in girls (12). Despite using a validated age-appropriate FMS
5 measurement battery that assesses a wide range of both locomotor and object control skills, the
6 stronger relationship found in boys could also be due in part to the particular FMS measured in
7 the current study. That is, proficiency in movement skills other than those assessed in the current
8 study, such as balance and movement to a rhythm (17), may be more strongly associated with
9 physical activity in young girls. Likewise, the stronger positive associations between FMS and
10 physical activity found for boys in the current study and that by Morgan and colleagues (16),
11 compared with previous examinations (8, 34), might be due to the ability of the movement skills
12 measured to more closely represent the competencies used in popular physical activities for boys,
13 along with the method of measurement (product-assessment vs. process-assessment).

14 Partitioning FMS into sub-domains in the current study and others (13, 16), has suggested
15 that object-control skills relate most strongly to boys' habitual physical activity, and this is
16 plausible considering their role in popular activities participated in by elementary/primary school
17 aged boys (eg. soccer, cricket, basketball, Australian football) (17). The negative association
18 found in the current study between locomotor skills and physical activity for girls is more
19 difficult to explain considering that, in older children, this sub-domain of skills has been shown
20 to relate positively and more strongly to physical activity outcomes (13, 16). One study in
21 preschool children indicated that no association or a weak relationship might be more likely in
22 this age group (8). Analyses by Williams and colleagues (33), however, suggested that locomotor
23 skills might relate more strongly to objectively measured physical activity than object control

1 skills in 4-year-olds. Like the current study, Williams et al. (33) assessed a comprehensive range
2 of movement skills, but in contrast, their findings did not indicate gender differences in the
3 relationship between motor proficiency and physical activity. The generalizability of our finding
4 for girls should be investigated in larger cross-sectional studies as the limited sample in this
5 preliminary investigation may have influenced the results. Likewise, it is possible that this
6 finding could be the consequence of multiple correlations, which may have created alpha
7 inflation and resulted in Type 1 error.

8 The use of an objective measure of physical activity and video assessments of FMS using a
9 validated, process-oriented measure, were methods that reduced measurement bias in the current
10 study. Further, both the physical activity and FMS measures were able to differentiate behaviors
11 into meaningful sub-categories, allowing for a unique examination of the relationship between
12 these outcomes in a population where our understanding of the correlates of physical activity is
13 limited (12). Analyses also controlled for confounding variables, in order to examine the unique
14 variance in habitual physical activity explained by FMS sub-domains.

15 Physical activity assessments in the current study may have been limited by the use of a
16 uniaxial accelerometer, a 1-minute epoch, and the inclusion criteria of at least 3 days and 360
17 minutes/day of usable data. Although uniaxial accelerometers set to collect data at 1-minute
18 epochs may theoretically underestimate the multi-directional and sporadic physical activity
19 behavior of preschool children, the magnitude of the effects on estimates of physical activity
20 require further examination (29). It is plausible that the epoch used in this study could potentially
21 underestimate time spent in VPA and MVPA (29). The physical activity data inclusion criteria
22 used in the current study, while possibly not optimal, has been shown to provide adequately
23 reliable estimates of habitual physical activity in this age group (24). The assessments may have

1 underestimated children's true activity levels because accelerometers are insensitive to some
2 physical activities, such as bicycle riding, and the particular accelerometer used was not
3 waterproof, and consequently could not capture aquatic activities. Furthermore, as physical
4 activity was assessed during autumn, winter, and spring in the southern hemisphere, the data may
5 also have been confounded by seasonal and weather-related variations. Research in this age
6 group, however, suggests that the effects of both weather and season on objectively-measured
7 physical activity might be small and not biologically meaningful (9). Findings from studies in
8 older children suggest that the association between physical activity and motor development
9 might be most relevant at the extremes of the distribution (34). For example, it may only be
10 individuals at the highest quartile of motor skills that are the most physically active rather than a
11 linear association. The small sample size meant that there was inadequate power to examine such
12 relationships in this study. The generalizability of the findings from this preliminary
13 investigation require investigation in larger cross-sectional studies, as the small sample and
14 missing data may have influenced the associations between outcomes for both boys and girls.
15 Likewise, longitudinal analyses are required, beginning in the preschool years, to better examine
16 causal associations between FMS and physical activity in children. Future studies that use the
17 preschool as the sampling unit for participants should be adequately powered to adjust analyses
18 for clustering (11); that is the likelihood that children from the same school are more similar to
19 each other than to children from other schools in terms of their movement skill proficiency and
20 physical activity patterns. Our inability to control for such effects in the current study is
21 recognized as a limitation that should be considered when interpreting the findings.

22 This study indicates that the relationship between FMS and physical activity in preschool
23 children may differ by gender, by movement skill sub-domain, and by physical activity intensity.

1 The relationship, at least for boys, might be stronger than has previously been reported in this
2 population. Longitudinal studies are warranted that are adequately powered to stratify by gender
3 and that can examine sub-categories of FMS, to better understand the causal nature of the
4 relationship and to provide a stronger rationale for the development of FMS and the promotion
5 of physical activity in early childhood.

6

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1 **Table 1 Demographic, anthropometric, physical activity and fundamental movement skill**
 2 **descriptive statistics for boys and girls**

Variable	Boys (<i>n</i> = 25)	Girls (<i>n</i> = 21)	<i>t/z</i>	<i>p</i>
Demographic				
Age (years), mean \pm SD	4.24 \pm 0.69	4.35 \pm 0.64	-0.57	0.570
SES, median (IQ range)	993.2 (946.8, 999.8)	987.4 (977.4, 1005.6)	-0.31	0.755
Anthropometry				
Height (cm), mean \pm SD	105.1 \pm 5.7	105.3 \pm 6.6	-0.11	0.910
Weight (kg), median (IQ range)	17.7 (16.1, 18.7)	17.3 (15.6, 20.1)	-0.20	0.843
BMI (kg/m ²), median (IQ range)	15.86 (15.09, 16.64)	16.03 (15.59, 17.14)	-0.61	0.544
<i>z</i> -BMI, median (IQ range)	0.21 (-0.54, 0.60)	0.25 (-0.09, 0.99)	-0.87	0.384
Physical Activity				
Mean accelerometer CPM, mean \pm SD	882.53 \pm 264.48	864.49 \pm 159.13	0.29	0.777
% of time in sedentary behavior, mean \pm SD	81.82 \pm 6.66	83.20 \pm 3.50	-0.90	0.373
% of time in MPA, mean \pm SD	2.57 (1.72, 4.95)	2.46 (1.40, 3.61)	-1.33	0.182
% of time in VPA, mean \pm SD	1.63 \pm 1.28	1.54 \pm 3.50	0.28	0.781
% of time in MVPA, median (IQ range)	3.37 (2.23, 7.85)	4.00 (2.25, 5.61)	-0.88	0.378
MVPA (mins/day), median (IQ range)	23.25 (14.00, 57.75)	22.67 (15.00, 35.75)	-1.05	0.295
Fundamental Movement Skills				
Locomotor raw score (range: 0-48), mean \pm SD	20.24 \pm 7.72	26.38 \pm 7.5	-2.72	0.009
Locomotor standard score (range: 1-20), mean \pm SD	7.92 \pm 2.12	9.86 \pm 2.08	-3.11	0.003
Object-control raw score (range: 0-48), mean \pm SD	20.60 \pm 6.14	22.0 \pm 6.8	-0.73	0.467
Object-control standard score (range: 1-20), mean \pm SD	8.60 \pm 2.18	10.05 \pm 2.08	-2.31	0.026
Gross Motor Quotient (range: 64-160), mean \pm SD	88.24 \pm 10.13	99.71 \pm 10.47	-3.77	< 0.001

Note. SES, Socioeconomic Status; BMI, body mass index; CPM, counts per minute; MPA, moderate physical activity; VPA, vigorous physical activity, MVPA, moderate-to-vigorous physical activity. Normal data are presented as mean \pm SD and independent samples *t*-test (*t*, *p*); Non-normal data are presented as median (interquartile range) and Mann Whitney *U* test (*z*, *p*).

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1 **Table 2 Correlations between physical activity, background variables and fundamental movement skills for boys and girls**

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	Mean CPM			%SB			%MPA ^a			%VPA			%MVPA ^a		
	<i>r</i>	<i>p</i>		<i>r</i>	<i>p</i>		<i>r</i>	<i>p</i>		<i>r</i>	<i>p</i>		<i>r</i>	<i>p</i>	
Boys															
Age	-0.197	0.344	0.327	0.110	0.110	0.481	0.015*	-0.080	0.703	-0.374	0.066				
SES ^b	0.091	0.664	-0.138	0.509	0.141	0.502	0.260	0.210	0.329	0.203	0.329				
z-BMI ^b	0.303	0.141	-0.366	0.072	0.298	0.147	0.088	0.674	0.215	0.257	0.215				
Fundamental Movement Skills															
Locomotor standard score	0.322	0.116	-0.152	0.469	0.306	0.137	0.304	0.139	0.098	0.339	0.098				
Object-control standard score	0.368	0.070	-0.296	0.151	0.519	0.008*	0.246	0.236	0.015*	0.482	0.015*				
Gross Motor Quotient	0.387	0.056	-0.194	0.352	0.320	0.119	0.463	0.020*	0.380	0.061	0.061				
Girls															
Age	0.089	0.701	0.050	0.831	-0.469	0.032*	0.067	0.773	-0.365	0.103					
SES ^b	0.197	0.392	-0.081	0.727	0.022	0.926	-0.041	0.859	-0.026	0.910					
z-BMI	-0.051	0.826	0.034	0.883	-0.215	0.350	-0.103	0.658	-0.263	0.250					
Fundamental Movement Skills															
Locomotor standard score	-0.162	0.482	0.066	0.776	-0.521	0.015*	-0.233	0.309	-0.497	0.022*					
Object-control standard score	-0.176	0.445	0.170	0.462	-0.218	0.343	-0.233	0.309	-0.274	0.229					
Gross Motor Quotient	-0.199	0.386	0.138	0.550	-0.438	0.047*	-0.275	0.228	-0.456	0.038*					

Note. CPM, counts per minute; SB, sedentary behavior; MPA, moderate physical activity; VPA vigorous physical activity, MVPA, moderate-to-vigorous physical activity; SES, Socioeconomic Status; BMI, body mass index.

^aTransformed (sqr root), ^bAnalysed using Spearman rank-order correlations.

* denotes statistically significant correlation ($p < 0.05$).

Table 3 Hierarchical regression models predicting physical activity

<i>Criterion Variable: % of time in MVPA^a for Boys</i>									
Variable	<i>B</i>	SEB	<i>B</i>	<i>p</i>	Δ Adj r^2	r^2	Adj r^2		
Step 1					-	0.229	0.119		
Age	-0.158	0.263	-0.121	0.556					
SES	0.006	0.003	0.326	0.085					
z-BMI	0.291	0.162	0.326	0.088					
Step 2					0.169	0.407	0.288		
Object-control standard score	0.209	0.085	0.504	0.024					
<i>Criterion Variable: % of time in MVPA for Girls</i>									
Variable	<i>B</i>	SEB	<i>B</i>	<i>p</i>	Δ Adj r^2	r^2	Adj r^2		
Step 1					-	0.312	0.190		
Age	-0.095	0.755	-0.025	0.902					
SES	-0.013	0.008	-0.329	0.105					
z-BMI	-1.104	0.508	-0.430	0.045					
Step 2					0.192	0.506	0.382		
Locomotor standard score	-0.568	0.227	-0.496	0.023					
<i>Criterion Variable: Mean accelerometer CPM for Boys</i>									
Variable	<i>B</i>	SEB	<i>B</i>	<i>p</i>	Δ Adj r^2	r^2	Adj r^2		
Step 1					-	0.137	0.014		
Age	13.935	84.214	0.036	0.870					
SES	1.241	1.085	0.225	0.267					
z-BMI	104.189	51.765	0.399	0.058					
Step 2					0.137	0.292	0.151		
Object-control standard score	57.143	27.269	0.471	0.049					

Note. *B*, β coefficients; SEB, SEs of *B*; *B*, standardized coefficients; r^2 , coefficients of determination; MVPA, moderate-to-vigorous physical activity; CPM, counts per minute.

^aTransformed (sqr root).

Model for mean accelerometer CPM for girls not conducted because locomotor and object-control skill standard scores were not significant correlates ($p > 0.10$)