

Exercise is a great way for children to manage stress and ease feelings of anxiety and depression. Being physically active with your children is even better! It's healthy for your brain and body, and it can be a lot of fun for both of you!

Exercise is also a good way to fight the effects of toxic stress. It can reduce the risk of obesity and other health problems such as diabetes and heart disease. Daily physical activity for children can help improve behavior and concentration, boost the immune system, and reduce stress hormones—all are areas that can be affected by Adverse Childhood Experiences (ACEs).

Here are some ideas to help your children get enough exercise:

• Turn off the screens.

Encourage active play inside or outside. Make physical activities like a regular walk or a swim part of family life. Limit screen time, including phones, televisions and other screen devices, to 1 hour per day. For children under 18 months old, screen time other than video chatting (so that they can talk to family, friends or grandparents) should be discouraged. Children 18–24 months old should not watch screens alone.

• Plan ahead for play.

Make sure your child has a time and place to play. If exercise isn't a priority, it won't happen. Put it on your calendar and plan active family outings. Playing together will promote strong family health and also provide a great bonding opportunity!

Provide active toys.

Think balls and hula-hoops. Keep an eye out for used tricycles and ride-on toys. Just having these things around can help you and your child sneak in active time. Ask your HealthySteps Specialist for a list of nearby community parks and other resources that support active play.

SOURCES

American Academy of Pediatrics. (2018). Sleep. Retrieved from https://www.healthychildren.org/English/healthy-living/sleep/Pages/default.aspx
Burke Harris, N. (2018). The deepest well: Healing the long-term effects of childhood adversity. New York, NY: Houghton Mifflin Harcourt.
Noll, J. G., Trickett, P. K., Susman, E. J., & Putnam, F. W. (2006). Sleep disturbances and childhood sexual abuse. J Pediatr Psychol, 31(5), 469-480. doi:10.1093/jpepsy/jsj040
Wolfson, A. R., & Carskadon, M. A. (2003). Understanding adolescents' sleep patterns and school performance: a critical appraisal. Sleep Med Rev, 7(6), 491-506.
Wolke, D., & Lereya, S. T. (2014). Bullying and parasomnias: a longitudinal cohort study. Pediatrics, 134(4), e1040-1048. doi:10.1542/peds.2014-1295



