Questions: Are school based physical therapists recognized as having a role in promoting health, obesity prevention and physical activity in the preschool population? Are physical therapists promoting or willing to promote health in the preschool population?

Clinical Bottom Line

1. Health promotion (HP) is part physical therapists’ (PTs) practice but there is a lack of general public knowledge among those caring for preschoolers (teachers and parents) of the role of PTs in pediatric HP.
2. There exists an opportunity for PTs to become more involved in HP.
3. There is a general lack of awareness of the relationship between physical activity (PA) and health among parents of preschoolers.
4. PTs were not participating in pediatric health promotion programs or if involved there was a lack of knowledge on the part of the general public about PT involvement and abilities for health promotion.

Summary of Key Evidence

1. Study design: qualitative
2. Setting: Three randomly selected private preschool programs and 2 randomly selected daycare centers in two zip codes in southwest Ohio. Public preschool teachers, child care teachers, parents and all pediatric PTs within the two zip codes received surveys.
3. Procedure: A pencil and paper survey developed by the authors, consisting of 7 demographic items and 21 attitudinal items, was used to identify attitudes regarding the role of PTs in pediatric HP.
   The survey was delivered to administrators at the facilities along with self-addressed envelopes; included was a letter describing the study and survey instructions which served as informed consent.
   A total of 618 surveys were distributed to all staff and to each parent of a preschool child who were then asked to return the completed survey to a sealed drop box. Respondents were given two weeks to complete the survey and after one week a reminder letter was sent out.
   Survey results were analyzed using PASW Statistics.
   Descriptive statistics were used to analyze demographic information.
   Non parametric statistics, such as Kruskal-Wallis test, were used to analyze responses based on participant and select demographic participant characteristics.
4. Outcomes: Paper and pencil survey with 7 demographic items and 21 attitudinal items that were rated on a Likert scale.
5. Results: Participants were to choose who the most knowledgeable person was regarding health promotion (HP), obesity prevention (OP) and physical activity (PA) for preschoolers out of a field consisting of dieticians, nurses, parents, PTs, physicians or teachers.
   a. Majority of parents and teachers indicated dieticians and physicians as most knowledgeable.
b. Majority of PTs chose PTs as most knowledgeable.
c. Majority of parents indicated parents or teachers as most appropriate to educate.
d. Majority of child care teachers chose parents, dieticians or teachers as most appropriate to educate.
e. Majority of public preschool teachers chose PTs or teachers as most appropriate to educate.
f. PTs chose PTs as most appropriate to educate. All PTs, most preschool teachers and most child care teachers agreed that PTs were willing to educate teachers on how to include HP/OP/PA into preschool.
g. When forced to use a Likert scale, majority of respondents agreed that PTs were appropriate to educate teachers and parents on HP/OP/PA.
h. All PTs, most preschool teachers and most child care teachers agreed that PTs were willing to educate teachers on how to include HP/OP/PA into preschool.
i. Majority of PTs disagreed that PTs in their area were currently involved in HP/OP/PA.

Appraisal and Application

Strengths:

1. A variety of teachers, all parents and all pediatric PTs employed within two zip codes in Ohio were chosen to participate, representing a diverse group of those involved in the care of preschool children.
2. The 3 public school early-childhood programs, 3 private preschool programs and 2 daycare centers were all randomly selected.
3. The reliability of the attitudinal items on the survey was checked using Cronbach coefficient and strong internal consistency was noted.
4. For validation of the survey the wording and order of the questions underwent expert review by faculty from Indiana, Ohio and Tennessee.
5. Descriptive statistics were used to analyze demographic information.
6. Nonparametric statistics were used to analyze the differences in participant responses and some select demographic data.

Threats:

1. Participants were from two zip codes in Ohio and so the results cannot be generalized.
2. Participants were a convenience sample and were not randomized.
3. A more diverse geographic sample of participants would have been desirable and strengthened the study, allowing for generalization of the findings.
4. Participant bias could not be ruled out such as those most interested in HP may have been the ones most likely to respond.
5. Close ended questions limited the participants’ ability to provide more information on their choices and it is not known why choices were made.
6. HP/OP/PA were treated as a single variable which may have biased participant choices.
Other Elements:

1. Only select questions from the survey were provided and so replication of the study would be challenging.
2. Preschool age for the children, health and physical activity were not operationally defined.
3. Return rate was 42% and considered very good return rate (260 out of 618 surveys). Strength!
4. The results have limited generalizability secondary to the population being caregivers of preschoolers, the limitation in geographic location and the potential bias of respondents. Threat/application
5. Strong internal consistency (Cronbach coefficient, α=.84, .29 error variance).
   The study design lacks rigor leading to a lower grade and level of evidence

Citations:
