

Table 6.8: Select the level that best corresponds to the greatest number of selected categories.						
Color Code	Weight Level	Physical Activity Level	Cardio-respiratory Fitness Level	Muscular Strength and Endurance	Flexibility	Co-Morbidity, e.g. Asthma, Hypertension, Diabetes
Red	1 - Severe Obesity	Sedentary	Unfit	Poor	Poor	Uncontrolled or Severe
Yellow	2 - Obesity	Moderately Active	Moderately Fit	Average	Average	Controlled or Moderate
Green	3 - Overweight	Active	Fit	Good	Good	Well-controlled or Mild
Blue	4 - Healthy Weight	Very Active	Very Fit	Excellent	Excellent	No co-morbidities

Table 6.9: Initial 10-week Recommendations for Sedentary Severely Obese Youth (Level 1 [Red] [>99th % BMI])

Week	Type		Frequency	Duration	Intensity			Suggested Activities
	Non Weight Bearing	Weight Bearing	Days per Week	Minutes per Session	Light	Moderate	Moderate To Vigorous	
1	X	X	2	20	X			Archery Bowling Watering garden Setting the table Feeding animals Stretching Modified Yoga Tai Chi Darts Billiards Miniature golf (put put) Playing fetch with your dog Visit a museum, aquarium, zoo, etc. Seashell hunting Boat riding Playing pitch and catch with a friend Playing “dress up” – role play Cycling (indoor and outdoor) Swimming Water exercise Rowing (indoor and outdoor) Strength circuit training (seated)
2	X	X	2	20	X			
3	X	X	2	20-25	X			
4	X	X	2	20-25	X			
5	X	X	3	25-30	X			
6	X		3	25-30		X		
7	X		3	30-35		X		
8	X		3	30-35		X		
9	X		4	35-40		X		

								Stomach crunches
10	X		4	35-40		X		Horseback riding
11	X		5	40-45		X		Trip to the Waterslide
12	X		5	40-45		X		Jumping/diving into the pool
								Wrestling
								Stretching while seated*
								Seated aerobic dancing

Table 6.10: Initial 10-week Recommendations for Sedentary Obese Youth (Level 2 [Yellow] [>95th<99th % BMI])

Week	Type		Frequency	Duration	Intensity			Suggested Activities	
	Non Weight Bearing	Weight Bearing	Days per Week	Minutes per Session	Light	Moderate	Moderate to Vigorous		
1	Alternate between both non-weight bearing and weight bearing		2	20-25	X			Sailing Fishing Playing in the waves Springboard diving Light house-keeping Playing outside Nature walk Interactive computer game (wi-sports bowling or baseball) Croquet Ping Pong Kite flying Make a snowman Make a sand castle Stretching on the floor	
2			2	20-25	X				
3			3	25-30	X				
4			3	25-30		X			Laser Tag Snorkeling Water skiing Water ballet Snow sledding Interval walking Line dancing Ballroom dancing
5			3	25-35		X			
6			3	25-35		X			
7			4	30-40		X			

8		4	30-40		X		Low-impact aerobic dancing Gardening
9		4	35-45		X		Martial arts (karate, judo, etc.)
10		4	35-35		X		Circuit strength training Tumbling
11		5	40-50		X		Sliding Baseball Volleyball
12		5	40-50		X		Family biking trip Interactive computer game – wi fit Family flag football* Treadmill walking Aerobic circuit*

Table 6.11: Initial 10-week Recommendations for Sedentary Overweight Youth (Level 3 [Green] [>85th<95th % BMI])

Week	Type		Frequency Days per Week	Duration Minutes per Session	Intensity			Suggested Activities
	Non Weight Bearing	Weight Bearing			Light	Moderate	Vigorous	
1	X	X	2	20-30	X			Golf Shopping Swinging Badminton Interactive computer game (Rock Star or Guitar Hero) Tubing down the river Frisbee Walking the dog Pulling a wagon Stretching to music Skipping rocks on a lake Scavenger hunt Playing tag outdoors Climbing trees Yard work Skipping rope Mini trampoline Gymnastics Circuit strength training
2	X	X	2	20-35	X			
3	X	X	3	25-40		X		
4	X	X	3	25-40		X		
5	X	X	4	25-45		X		

								Aerobic dancing Brisk walking Tennis
6	X	X	5	25-35		X		Modified field sports* (football, hockey, soccer, etc.)
7	X	X	5	35-50		X		Interactive computer game – Dance, Dance, Revolution Stair climber Elliptical
8	X	X	5	35-50			X	Water Polo Competitive swimming Synchroniz ed swimming
9	X	X	5	35-55			X	Ice skating Swing dancing African dancing
10	X	X	5	35-50			X	Jumping rope Jogging
11	X	X	6	40-60			X	Running Basketball Wall-climbing
12	X	X	6	40-60			X	Spinning class Fun-runs Field sports (Football, hockey, soccer, etc.)

*See lesson plans at the end of this chapter for ideas to modify field sports for overweight children.

Table 6.12: Initial 10-week Recommendations for Sedentary Healthy Weight Youth (Level 4 [Blue] [<85th% BMI])

Week	Type		Frequency	Duration	Intensity			Suggested Activities
	Non Weight Bearing	Weight Bearing	Days per Week	Minutes per Session	Light	Moderate	Moderate To Vigorous	
1	X	X	7	60		X		Family hike Salsa dancing Yoga Climbing on monkey bars Kick boxing Jazz, tap, ballet, hip-hop dancing Cheerleading
2	X	X	7	60		X		
3	X	X	7	60		X		
4	X	X	7	60		X		
5	X	X	7	60			X	Beach volleyball Cricket Swimming laps Shooting hoops Softball Dancing freestyle to your favorite tune Inline skating Windsurfing Ice hockey Racquetball, handball, squash Snow skiing (cross country or downhill)
6	X	X	7	60			X	
7	X	X	7	60			X	

8	X	X	7	60			X	Field sports (foot ball, soccer, hockey, etc. Surfing Wind-surfing Kite boarding Swing dancing Modern dance Sprinting Track and field events Long distance swimming Marathons Triathalons
9	X	X	7	60			X	
10	X	X	7	60			X	
11	X	X	7	60			X	
12	X	X	7	60			X	

Table 6.13: Patient Handout: Weekly Goal Setting Form and Exercise Record (Level 1 – Red)

Weekly Goal Setting Form and Exercise Record												
Patient Name: _____						Date: _____						
Level 1 (Red) (>99 th % BMI)												
Recommended Goals and Suggested Activities												
Week	1	2	3	4	5	6	7	8	9	10	11	12
Times per Week	2	2	2	2	3	3	3	3	4	4	5	5
Minutes per session	20	20	20-25	20-25	25-30	25-30	30-35	30-35	35-40	35-40	40-45	40-45
Intensity	Light					Moderate						
Suggested Activities	Archery Bowling Watering the garden Setting the table Feeding animals Stretching Modified Yoga Tai Chi Darts Billiards Miniature golf (put put) Playing fetch with your dog Visit a museum, aquarium, zoo, etc. Seashell hunting Boat riding Playing pitch and catch with a friend Playing “dress up” – role play					Cycling (indoor and outdoor) Swimming Water exercise Rowing (indoor and outdoor) Strength circuit training (seated) Stomach crunches Horseback riding Trip to the Waterslide Jumping/diving into the pool Wrestling Stretching while seated* Seated aerobic dancing						
Weekly Exercise Record Form												
Week No. ____ My goal this week is: ____ times per week; ____ minutes per session												
Day of the Week	I've written below what kind of exercise I did each day.										This is how many minutes I did the exercise each day	

Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

Table 6.14: Patient Handout: Weekly Goal Setting Form and Exercise Record (Level 2 – Yellow)

Weekly Goal Setting Form and Exercise Record												
Patient Name: _____						Date: _____						
Level 2 (Yellow) (>95<99th% BMI)												
Recommended Goals and Suggested Activities												
Week	1	2	3	4	5	6	7	8	9	10	11	12
Times per Week	2	2	3	3	3	3	4	4	4	4	5	5
Minutes per session	20-25	20-25	25-30	25-30	25-35	25-35	30-40	30-40	35-45	35-45	40-50	40-50
Intensity	Light			Moderate								
Suggested Activities	Sailing Fishing Playing in the waves Springboard diving Light housekeeping Playing outside Nature walk Interactive computer game (wi-sports bowling or baseball) Croquet Ping Pong Kite flying Make a snowman Make a sand castle Stretching on the floor			Laser Tag Snorkeling Water skiing Water ballet Snow sledding Interval walking Line dancing Ballroom dancing Low-impact aerobic dancing Gardening Martial arts (karate, judo, etc.) Circuit strength training Tumbling Sliding Baseball Volleyball Family biking trip Interactive computer game – wi fit Family flag football* Treadmill walking Aerobic circuit*								
Weekly Exercise Record Form												
Week No. ____ My goal this week is: ____ times per week; ____ minutes per session												
Day of the Week	I've written below what kind of exercise I did each day.						This is how many minutes I did the exercise each day					

Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

Table 6.15: Patient Handout: Weekly Goal Setting Form and Exercise Record (Level 3 – Green)

Weekly Goal Setting Form and Exercise Record												
Patient Name: _____						Date: _____						
Level 3 (Green) (>85 th <95 th % BMI)												
Recommended Goals and Suggested Activities												
Week	1	2	3	4	5	6	7	8	9	10	11	12
Times per Week	2	2	3	3	4	5	5	5	5	5	6	6
Minutes per session	20-30	20-35	25-40	25-40	25-45	25-45	35-50	35-50	35-55	35-50	40-60	40-60
Intensity	Light		Moderate					Moderate to Vigorous				
Suggested Activities	Golf Shopping Swinging Badminton Interactive computer game (Rock Star or Guitar Hero) Tubing down the river Frisbee Walking the dog Pulling a wagon Stretching to music Skipping rocks on a lake Scavenger hunt		Playing tag outdoors Climbing trees Yard work Skipping rope Mini trampoline Gymnastics Circuit strength training Aerobic dancing Brisk walking Tennis Modified field sports* (football, hockey, soccer, etc.) Interactive computer game – Dance, Dance, Revolution Stair climber Elliptical					Water Polo Competitive swimming Synchronized swimming Ice skating Rock and roll dancing African dancing Jumping rope Jogging Running Basketball Wall-climbing Spinning class Fun-runs Field sports (football, hockey, soccer, etc.)				
Weekly Exercise Record Form												
Week No. ____ My goal this week is: ____ times per week; ____ minutes per session												

Day of the Week	I've written below what kind of exercise I did each day.	This is how many minutes I did the exercise each day
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

Table 6.16: Patient Handout: Weekly Goal Setting Form and Exercise Record (Level 4 – Blue)

Weekly Goal Setting Form and Exercise Record												
Patient Name: _____						Date: _____						
Level 4 (Blue) (<85 th BMI)												
Recommended Goals and Suggested Activities												
Week	1	2	3	4	5	6	7	8	9	10	11	12
Times per Week	7	7	7	7	7	7	7	7	7	7	7	7
Minutes per session	60	60	60	60	60	60	60	60	60	60	60	60
Intensity	Moderate				Moderate to Vigorous							
Suggested Activities	Family hike Salsa dancing Yoga Climbing on monkey bars Kick boxing Jazz, tap, ballet, hip-hop dancing Cheerleading Beach volleyball Cricket Swimming laps Shooting hoops Softball Dancing freestyle to your favorite tune				Inline skating Windsurfing Ice hockey Racquetball, handball, squash Snow skiing (cross country or downhill) Field sports (foot ball, soccer, hockey, etc.) Surfing Wind-surfing Kite boarding Swing dancing Modern dance Sprinting Track and field events Long distance swimming Marathons Triathalons							
Weekly Exercise Record Form												
Week No. ____ My goal this week is: ____ times per week; ____ minutes per session												
Day of the Week	I've written below what kind of exercise I did each day.										This is how many minutes I did the exercise each day	
Sunday												

Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		