

Exercise for children with CF

Being active is important for children to grow good habits for life. It has physical, social and mental health benefits, and can reduce the impact of CF by helping in the following areas:

- Lung function
- Airway clearance
- Balance and flexibility
- Muscle and bone strength
- Appetite
- Bone density

How much and what types of activity?

All children, with or without CF, should be physically active every day, including a wide variety of activities like running, jumping and ball games. For younger children, physical activity should be fun as this is the time when good exercise habits are created.

Toddlers 1-2 years

Try to spend at least 50% of your child's awake time being active. Activities might include walking, pushing a toy, running, jumping, twirling or bouncing.

Pre-School 3-5 years

Try to spend up to 3 hours a day moving/being active. This might be standing, walking or playing. Around 60 minutes of this activity should be more energetic, such as dancing, swimming, trampoline time or playing at the park.

Some of these exercise options can also be incorporated with airway clearance, e.g. combining bubble blowing with a trampoline session, or setting up an obstacle course in between sets of PEP.



Children 6-17 years

Children this age should be doing 60 minutes of energetic activities, including some vigorous activities like basketball, netball, tennis and swimming. They should also do exercises that help to strengthen muscle and bone, at least 3 times a week, such as running and jumping.

Coughing

Exercise may cause your child to cough, and this is normal for some children with CF. Encourage your child to perform huffs during and especially after exercise as this will help clear more mucus and make their physio more effective. If you are concerned about coughing during exercise, talk with their CF team. Sometimes children with CF can benefit from using an inhaler before or during exercise.

Physical activity considerations

Physical activity should always be discussed with your child's CF team. Some things to consider are:

Dehydration

Salt and fluid are important before, during and after physical activity, particularly in summer. Dehydration can result in increased tiredness, heat exhaustion or other problems such as cramping. Encourage your child to always have a water bottle nearby during physical activity.

Nutrition

Most children with CF have higher energy needs. Regular physical activity can increase energy needs further, so it is important to discuss your child's activity levels with their CF dietitian and physio to ensure they are eating a suitable diet to maintain a healthy weight.

Infection Prevention

Try to make sure shared equipment is clean and teach your child to wash their hands before and after sport. As always, encourage them to keep their distance from people who may be visibly unwell.

CF Related Diabetes

Children with CFRD will need to monitor blood sugar levels during and after exercise. They may need to increase carbohydrate intake on the days they exercise and carry a short acting carbohydrate with them. Speak with their dietitian or doctor about their individual needs.

Continence

Some children with CF have weakened pelvic floor muscles due to coughing and/or recurrent constipation, and may experience incontinence with physical activity. If this is an issue, you can speak with their CF physio who can offer advice and a referral to a continence advisor if required.

Exercise support

CFWA offer an annual [Family Support Subsidy](#) which can be used toward costs of community sport or physical activity. Some families may also be eligible for [KidSport](#) which enables you to access up to \$500 annually.

Our [Community Support Workers](#) can also assist with exercise motivation at home.

Useful resources

- [CF Physio 4 Kids](#)
- [Beam CF Youth](#)