124 - RELATED PHYSICAL FITNESS IN SCHOOL HEALTH PROGRAM MEMBERS OF ATHLETE OF THE FUTURE OF THE MUNICIPALITY OF ARAPIRACA/AL.

RAFAEL ANTÔNIO DA SILVA[1]
RUDDY SILVA BARBOSA[1]
CASSIO HARTMANN[2]
ARNALDO TENÓRIO DA CUNHA JUNIOR[3]
1,3 - LABORATÓRIO DE CINEANTROPOMETRIA, ATIVIDADE FÍSICA E PROMOÇÃO DA SAÚDE (LACAPS) – UFAL – CAMPUS ARAPIRACA-AL, BRASIL.
2 - DOUTORANDO EM MEDICINA DEL DEPORTE UNIVERSIDAD CATOLICA NUESTRA SENORA DE LA ASUNCION (U.CATOLICA) - DOCENTE DO INSTITUTO FEDERAL DE ALAGOAS (IFAL) – CAMPUS MARAGOGI-AL, BRASIL.
3 - DOUTOR EM CIÊNCIAS DA SAÚDE – UNIVERSIDADE FEDERAL DO RIO GRANDE DO NORTE (UFRN), DOCENTE DO CURSO DE EDUCAÇÃO FÍSICA - UNIVERSIDADE FEDERAL DE ALAGOAS (UFAL), CAMPUS ARAPIRACA-AL, BRASIL.
raphaelsylva.ufal@gmail.com

INTRODUCTION

In recent decades, numerous studies have been conducted with children and young adolescents in different cultural contexts and social environments, in order to gather valuable information about the fitness levels and health impacts associated with natural processes of growth, maturation and physical development.

Due to technological and scientific that has occurred since the last century, children and adolescents advances have adopted one inactive lifestyle; fewer humans depend on their physical capabilities to survive, reducing or even extinguishing your everyday regular physical activity frequentes intense and. As a result, students are becoming obese, as evidenced by various researchers in different regions of the country and world.

Monitoring the behavior of related growth, body composition and physical fitness levels of a given population constitute itself an important indicator of quality of life and health variables. Access to these indicators linked to the knowledge of the population about the benefits of physical / fitness exercises health can support different social actions in pursuit of prevention and intervention of chronic degenerative diseases such as stroke, cancer, dyslipidemia, hypertension artery, coronary artery disease, diabetes, osteoporosis and obesidade.

Over time, the definition of health has improved, becoming defined as a general state of equilibrium of the individual in its different aspects and systems that characterize it and not merely the absence of doenças. Thus, health is seen as a result of a continuum, with positive and negative poles. Between these poles are the high-risk behaviors (high-fat diet, physical inactivity, alcohol and drug abuse, high stress) and doenças.

In this sense, allow yourself to say that health can be maintained and promoted by avoiding such high-risk behaviors, thereby decreasing the risk of premature illness and early death.

According to Araújo et al., physical fitness is described as the ability to perform physical activities with energy and vigor without excessive fatigue and also as a demonstration of physical qualities and skills that will lead to a lower risk of developing diseases and functional disabilities.

As Bergmann et al.15 components and methods of physical fitness were first suggested in 1980 by the American Alliance for Health, Physical Education, Recreation and Dance (AAHPERD). Being chosen components of body composition, cardiorespiratory endurance, muscular strength and endurance and flexibility.

According to ACS, the main component of high risk to health is low physical fitness, which is a result of physical inactivity .

In adults it has been established a clear association between physical inactivity and chronic diseases, however, in children and adolescents this relationship is not yet established in the same proporção. However, a positive association between the effects of physical activity levels in healthy children and adolescents can be seen in the literature. Just as some studies, supported by clinical evaluations have hypothesized cardiovascular problems and its risk factors have start at some point in childhood or adolescence has its incubation period in childhood and adolescence.

Studies have shown that children and adolescents are less physically fit than their peers in previous decades , and most of them do not meet the desirable criteria for a recommended health-related physical fitness (ApFRS).

Because of the importance of physical fitness for proper health, researchers from different parts of the world, among them AAHPERD, Davis & Cowie, Guedes & Guedes Nahas and suggest proposals for inclusion in school curricula of ApFRS. As the National Curricular Parameters of Física Education ApFRS is also contemplated in the general objectives of this course for elementary and secondary education.

However, there is a dearth of studies on the ApFRS school in the State of Alagoas.

In view of the foregoing and the relevance of the topic, this study aims to evaluate the ApFRS of children and adolescents Athlete members of the Future Program (FAP) in the city of Arapiraca-AL.

METHODOLOGY

Population and Sample

This is a cross-sectional study, in which only one measurement for further analysis, characteristic of research that assesses the current state of the sample (Thomas & Nelson, 2002) occurs.

This study was approved by the Ethics Committee in Research of the Federal University of Alagoas with protocol number 003360/2011-75.

The sample consisted of 44 male students, with the age group 11-14 years, were randomly selected from students enrolled in the Athlete of the Future Program (FAP) in the city of Arapiraca- AL, in 2012.

Due to the rules of the sports program (PAF) 30, students must be classified into categories according to the level of development: students aged between 11 and 12 participating in the SPORT 1 (E1) and students aged between 13 and 14 participate SPORT 2 (E2).

Instruments and procedures

Data were collected at the Gymnasium Multisport Pope John Paul II in the city of Arapiraca- AL, by academics UFAL of

Physical Education - Campus Arapiraca, linked to Kinanthropometry Laboratory, Physical Activity and Health Promotion (LACAPS), all properly trained and trained to implement the battery of tests.

To describe the health-related fitness (ApFRS) used the following tests: Body composition (BMI and sum of triceps and subscapular skinfolds); Cardiorespiratory Fitness (test run/walk 6 min) Power/Abdominal Strength (number of abdominal/min) and flexibility (sit and reach test)

To determine body mass, a duly calibrated and tested, Techline BAL- Balance ® 150PA whose precision is 100 grams and the scale ranging from 0 to 150 kg was used. In the evaluation of the stature Sanny stadiometer ® compact portable model, graduated in cm was used. The measurements were taken following proposed by Alvarez and Pavan31 protocol.

From these data the body mass index (BMI) was calculated as the ratio of body mass (kg) by the square of height (m2). Have to classify BMI for age and gender tables proposed by PROESP - BR32 were used.

In assessing the triceps skinfolds and subscapular a portable compass Cescorf ® brand was used with accuracy 0.1mm, having as reference the qualifying Protocol Lohman.

To determine the flexibility , we used the sit and reach test, applied to the use of stock of Wells Sanny® brand, measuring about 38 cm .

Abdominal test lasting a minute, in which the appraised should run the maximum number of repetitions that time interval was used to assess the strength/resistance abdomen. The result was expressed by the number of complete movements performed in 1 minute (PROESP BR - 2012).

To determine the cardiorespiratory fitness/general resistance opted for the use of the run/ walk test in 6 minutes according to what determines PROESP - BR.

In rating the percentage of fat boys second Lohman, it was established that those who were in the levels of "the Great Moderately High" would be in the healthy zone (ZS). While those schools ranked in body fat levels "Low, High, and Very High" were considered in health risk (ZR) zone.

For the classification of the APFs of school benchmarks of PROESP - BR were used. From the establishment of cutoff points that stratified by age and sex to allow the physical education teacher to assess children and adolescents on a categorical scale of two degrees: Health Risk Zone (ZR) or Healthy Fitness Zone (ZS).

Statistical treatment

In order to characterize the study sample statistics of central tendency and dispersion values (mean and standard deviation) was used.

Results and Discussion

For body composition analysis of school results for the assessment of body mass index (BMI) and also the sum of triceps and subscapular (SDC).

Table 1. Classification of absolute and relative frequency of BMI (PROESP-BR 2012) and SDC (LOHMAN, 198, 1992) of male students in categories E1 and E2 in ZR or ZS.

	(E1)		(E2)	
	ZS	**ZR**	**ZS**	**ZR**
IMC	16	03	21	04
(peso/est²)	(84,21%)	(15,79%)	(84,00%)	(16,00%)
ΣDC	14	05	19	06
(tri+sub)	(73,68%)	(26,32%)	(76,00%)	(24,00%)

Legend: BMI - Body Mass Index; SDC - sum of triceps and subscapular skinfolds; ZS - healthy zone ZR - health risk zone.

Source: Own survey data 2012

Regarding BMI, the results show that 84.21% of children are classified as E1 ZS. While in E2 was observed that 84.00% of these showed the same classification.

These findings are similar to those found in the exploratory study conducted by Bergmann et al.; in which it was observed that 65% of boys are in the ZS, while 32% are in the ZR.

On the results of the sum of triceps and subscapular skinfolds (SDC), it is observed that 73.68% of students achieved the rank of E1 in ZS. For the E2 results show that 76.00% were classified in ZS.

In transverse Junior et al. study conducted in the state of Paraná, was found similar results to the present study, the vast majority of children and adolescents investigated stood in ZS for both BMI (~ 83%) and for SDC (~ 64%).

Although the results of this survey indicate that most school shows values within the healthy zone, other studies conducted in different regions of the country, showed that children and adolescents are greater fat accumulation than generations passadas. Thus showing that overweight/obesity continues to evolve in the juvenile population.

Excess fat is associated with problems such as stroke, diabetes, high cholesterol, various cancers, hypertension, and psychological problems and ortopédicos. In addition, during childhood and adolescence obesity affects the physical capacity and quality of life.

Table 2 shows the rank values of the absolute and relative frequency of school, for each of the components of physical fitness related issues are presented: Run/Walk 6 minutes, Flexibility and Strength of Abdominal E1 and E2 , according to the criteria adopted - " Healthy Fitness Zone Physical Fitness (ZS) " or " Health Risk Zone (ZR) " - by reference proposed by PROESP - BR.

Table 2. Classification of absolute and relative frequency of the components of physical fitness for health (AC, FLEX, ABD) of male students in categories E1 and E2 in ZR or ZS (PROESP BR-2012).

	(E1)		(E2)	
	ZS	ZR	ZS	ZR
AC	10	09	10	15
(m)	(52,63%)	(47,37%)	(40,00%)	(60,00%)
FLEX	05	14	14	11
(cm)	(26,32%)	(73,68%)	(56,00%)	(44,00%)
ABD	02	17	01	24
(rep./min.)	(10,53%)	(89,47%)	(4,00%)	(96,00%)

(Caption: AC - cardiorespiratory fitness, FLEX - flexibility, ABD - abdominal strength).
Source: Own survey data, 2012.

When analyzing the results for cardiorespiratory fitness (AC) shown in Table 2, we find that 52.63 % of students were ranked in the E1 ZS, while 60% of E2 ranked within the ZR. It is also possible to observe a high percentage of students, the two categories, ranked in ZR, regarding the results of the tests the capabilities of flexibility and abdominal strength. This high percentage of male school located below the cutoff levels was also observed by Junior et al., when transverse study assessed the physical fitness and health in school children from low socioeconomic Cambé - PR.

The results of this study are consistent with those presented in the study by Bergmann et al. conducted in 10 cities of Rio Grande do Sul, where it was observed that for AC, 48% of boys were classified within the ZR. While for FLEX and ABD 53% and 53%, respectively, of male students were located below the ZS.

These results for the components of physical fitness for health are worrisome because it was higher the percentage of students below the healthy areas. Notably actions are needed to promote health by encouraging the practice of sports and recreational activities, raising their intensity and volume, besides creating healthy eating habits.

Basing on Marques & Gaya, you need that children and adolescents feel pleasure in physical activity and to develop motor skills, giving them the perception of Self-Competence and motivation for this practice.

Thus it is expected that the school environment, specifically in physical education classes, children and adolescents have several motor opportunities, expanding its engine acquis by adopting a new vision of the possibilities of moving, thus creating a physically active life style.

Table 3. Mean and standard deviation of anthropometric variables (BMI and SDC) and physical fitness for health (AC, FLEX, ABD) of male students in categories E1 and E2.

	(E1)	(E2)	Sig. P
IMC (peso/est²)	18,65 ± 3,98	19,59 ± 4,11	
SDC (tri+sub)	27,74 ± 13,16	28,74 ± 12,62	
AC (m)	963,00 ± 156,67	962,42 ± 196,42	
FLEX (cm)	25,32 ± 5,08	28,26 ± 4,00	
ABD (rep./min.)	28,05 ± 8,80	30,42 ± 4,17	

(Legend: BMI - body mass index; SDC - sum of triceps and subscapular/AC skinfolds - cardiorespiratory fitness, FLEX – flexibility, ABD - abdominal strength). (*) Sig. $p \leq 0.05$.
Source: Own survey data, 2012.

CONCLUSION

The results of this study with respect to meeting the health criteria indicated that BMI and were SDC components ApFRS where more individuals were classified within the healthy zone (ZS), but still, one can observe a small percentage of individuals with indicators of overweight and obesity, yes, within the area of risk to health (ZR).

The motor components of APRs, the results pointed to cardiorespiratory fitness and abdominal strength/endurance, 54.55% and 93.18%, respectively, of schoolchildren are below the ZS, which becomes evident that these individuals need to be encouraged and encouraged to participate in frequent sports and/or recreational activities, whether inside or outside the school, making them aware of the benefits of this practice for healthy living.

In short, the results obtained for the motor components were alarming, demonstrating the need for effective action of physical education teachers the sports program, and the need for the implementation of public policies for health education already in the early stages of basic education.

REFERENCES

1.Junior HS, Rodrigues AR, Cyrino ES, Ronque EV, Oliveira SRS, Simões AC. Aptidão relacionada à saíde em escolares de baixo nível socioeconômico do município de Cambe/PR. Revista da Educação Física/ UEM. Maringá, v.16, n.1, p.5-11, 1 set. 2005.

2.Guedes DP, Guedes JERP. Crescimento, Composição Corporal e Desempenho Motor de Crianças e Adolescentes. São Paulo: CLR Baileiro; 1997.

3 Guedes DP, Guedes JERP. Crescimento e Desempenho Motor em Escolares do Município de Londrina, Paraná, Brasil. Cad Saúde Pública 1993;9:S1: 58-70.

4.Silva RJS. Características de Crescimento, Composição Corporal e Desempenho Físico Relacionado à Saúde em Crianças e Adolescentes de 07 a 14 anos da Região do Cotinguiba – Se. [Dissertação de Mestrado em Educação Física]. Florianópolis-SC: Universidade Federal de Santa Catarina; 2002.

5.Pitanga FJG. Epidemiologia, atividade física e saúde. Rev Brás Ciênc Mov 2002;10(3): 49-54.

6.Hallal PC, Dumith SC, Bastos JP, Reichert FF, Siqueira FV, Azevedo MR. Evolução da pesquisa epidemiológica em atividade física no Brasil: revisão sistemática. Rev Saúde Pública 2007;41(3):453-60.

7Abrantes MM, Lamounier JA, Colosimo EA. Prevalência de sobrepeso e obesidade em crianças e adolescentes das regiões Sudeste e Nordeste. Jornal de Pediatria - Vol. 78, Nº4, 2002.

8.Soar C, Vasconcelos FAG, Assis MAA, Grosseman S, Luna MEP. Prevalência de sobrepeso e obesidade em escolares de uma escola pública de Florianópolis, Santa Catarina. Rev. Bras. Saúde Matern. Infant., Recife, 4 (4): 391-397, out. / dez., 2004.

9.Rech RR, Halpern R, Costanzi CB, Bergmann MLA, Alli LR, Mattos AP, Trentin L, Brum LR. Prevalência de obesidade em escolares de 7 a 12 anos de uma cidade Serrana do RS, Brasil. Rev Bras Cineantropom Desempenho Hum 2010, 12(2):90-97.

10. Silva LCB, Hartmann C, Cunha Júnior AT. Níveis de sobrepeso e obesidade em crianças e adolescentes da rede pública municipal de ensino de Arapiraca-AL. The FIEP Bulletin, v. 82, p. 622-625, 2012.

11. Guedes DP, Guedes JERP, Barbosa DS, Oliveira JA. Aptidão física relacionada à saúde e fatores de risco predisponentes às doenças cardiovasculares em adolescentes. Revista Portuguesa de Ciências do Desporto, 2002, vol. 2, nº 5 [31–46].

12. Glaner MF. Crescimento físico e aptidão física relacionada à saúde em adolescentes rurais e urbanos. 2002a. Tese (Doutorado) - Universidade Federal de Santa Maria, Santa Maria.

13. Glaner MF. Importância da aptidão física relacionada à saúde. Rev Bras Cineantropom Desempenho Hum 2003, 5(2):75-85.

14. Araújo SS, Oliveira ACC. Aptidão física em escolares de Aracaju. Rev. Bras.Cineantropom. Desempenho Hum. 2008;10(3):271-276.

15. Bergmann GG, Araújo MLB, Garlipp DC, Lorenzi TDC, Gaya A. Alteração anual no crescimento e na aptidão física relacionada à saúde de escolares. Rev Bras Cineantropom Desempenho Hum 2005;7(2):55-61.

16.ACSM – American College of Sports Medicine. (1996). Manual para teste de esforço e prescrição de exercício. 4. ed. Rio de Janeiro, RJ: Ed. revinter Ltda.

17. Pollock, M.L. & Wilmore, J.H. (1993). Exercício na saúde e na doença: avaliação e prescrição para prevenção e reabilitação. 2. ed. São Paulo, SP: MEDSI.

18. Shephard, R.J. (1995). Custos e benefícios dos exercícios físicos na criança. Revista Brasileira de Atividade Física e Saúde. (1)1, 66-84.

19. Pellanda LC, Echenique L, Barcellos LMA, Maccari J, Borges FK, Zen BL. Doença cardíaca isquemia: a prevenção inicia durante a infância. Jornal de Pediatria, v. 78, n.2, p. 91-96, 2002.

20. Hayman LL, Willians CL, Daniel RS, Steimberg J, Paridon S, Dennison BA, MacCrindle BW. Cardiovascular Health Promotion in the Schools: A Statement for Health an Education Professionais and Child Health Advocates from the Committee on Atherosclerosis, Hipertension, and Obesity in Youth (AHOY) of the Council on Cardiovascular Disease in the Young, American Heart Association. Circulation, v.110, p.2266-2275, 2004.

21. Blair, S.N. (1992). Are american children and youth fit? Research Quarterly for Exercise and Sport. (63)2, 120-123.

22. Guedes DP. Crescimento, composição corporal e desempenho motor em crianças e adolescentes do município de Londrina (PR), Brasil. 1994. Tese (Doutorado) . Escola de Educação Física e Esporte, Universidade de São Paulo, São Paulo. HILL, J.D. Physical activity, body weight, and body fat distribution. In: LEON, A.S. (Ed.). Physical activity and cardiovascular health: a national consensus. Champaign: Human Kinetics, 1997.

23. Mayer, L.C.R. & Böhme, M.T.S. (1996). Verificação da validade de normas (em percentis) da aptidão física e de medidas de crescimento físico e composição corporal após 8 anos de elaboração. Revista Brasileira de Atividade Física e Saúde. (1)4, 5-18.

24. Dollman, J.; Olds, T.; Norton, K. & Stuart, O. (1998). Trends in the health-related fitness of Australian children: 1985-1997. Australian Conference of Science and Medicine in Sport. Disponível em: <http://ausport.gov.au>. Acesso em: 14 out. 2013.

25. AAHPERD. (1988). Physical best. Reston, VA: American Alliance for Health, Physical Education, Recreation and Dance.

26.Davis, R. & Cowie, N. (1992). Developing partnerships around the physical education curriculum – the sports council's role. The British Journal of Physical Education. (23)2, 31-35.

27. Nahas, M.V. (2001). Atividade física, saúde e qualidade de vida: conceitos e sugestões para um estilo de vida ativo. 2. ed. Londrina, PR: Midiograf.

28.PARÂMETROS CURRICULARES NACIONAIS DE EDUCAÇÃO FÍSICA. (1996). Disponível em:<http://bibvirt.futuro.usp.br>. Acesso em: 10 out. 2013.

29. Thomas, J. R. e Nelsom, J. K. Métodos de pesquisa em atividade física. Porto Alegre: Artmed, 2002.

30. PAF-SESI, Serviço Social da Indústria. Departamento Nacional. Diretrizes técnicas e de gestão: PAF-SESI - Programa Atleta do Futuro – Brasília, 2010.

31. Alvarez BR, Pavan AL. Alturas e comprimentos. In: Petroski, EL, editor. Antropometria: Técnicas e Mensurações. 2 ed. Santa Maria: Palotti; 2003, p. 31-45.

32. PROESP-BR. Projeto Esporte Brasil. Manual de Aplicação de Medidas e Testes, Normas e Critérios de Avaliação, 2012. Porto Alegre – RS, Gaya A. C. A. (ed.) Disponível em: <www.proesp.ufrgs.br>, Acesso em: Outubro de 2013.

33. LOHMAN, T. G. The use of Skinfold to Estimate Body Fatness on Children and Youth. 1987; JPERD; 58(9) 98-103.

34. LOHMAN, T. G. Advances in Body Composition Assessment. Champaign, IL: Human Kinetics Publishers, 1992.

35. Bergmann G, Lorenzi T, Garlipp D, Marques AC, Araújo M, Lemos A, Machado D, Silva G, Silva M, Torres L, Gaya A. Aptidão física relacionada à saúde de crianças e adolescentes do Estado do Rio Grande do Sul. Revista Perfil, 2005.

36.Balaban G, Silva GAP, Motta MEFA. Prevalência de sobrepeso e obesidade em escolares de diferentes classes socioeconômicas. Rev. Bras. Saúde Matern. Infant., Recife, 5 (1): 53-59, jan. / mar., 2005.

37. Batista Filho M, Rissin A. A transição nutricional no Brasil: tendências regionais e temporais. Cad. Saúde Pública, Rio de Janeiro, 19(Sup. 1):S181-S191, 2003.

38. Fonseca VM, Sichieri R, Veiga GV. Fatores associados à obesidade em adolescentes. Rev. Saúde Pública, 32 (6): 541-9, 1998.

39. Marques AT, Gaya A. Atividade Física, aptidão física e educação para a saúde; estudos na área pedagógica em Portugal e no Brasil. Revista Paulista de Educação Física, São Paulo, v.13, n.1, p.83-103,1999.

ENDEREÇO: RUA FREI DAMIÃO, Nº 280
BAIRRO: CENTRO - CEP: 57625-000
CIDADE: ESTRELA DE ALAGOAS/ALAGOAS
EMAIL: raphaelsylva.ufal@gmail.com

RELATED PHYSICAL FITNESS IN SCHOOL HEALTH PROGRAM MEMBERS OF ATHLETE OF THE FUTURE OF THE MUNICIPALITY OF ARAPIRACA/AL.

ABSTRACT

The present study aimed to analyze the levels of health-related physical fitness in school Athlete of the members of the city of Arapiraca Future/AL Program. The sample consisted of 44 boys enrolled in the Athlete of the Future Program. The variables studied were: body mass index (BMI), triceps skinfold and subscapular (DCT + DCS); overall strength (measured by running test/caminhada 6 min); force/abdominal strength (average of the abdominal test 1 min), and flexibility (as measured by the sit and reach). The results were obtained from the normative tables proposed by Lohman and the benchmarks (ZS and ZR) adopted for the assessments ApFRS correspond to those used by Project Sport Brazil. For the treatment of statistical data of central tendency and dispersion values (mean and standard deviation) was used. The results regarding the distribution of boys in ZS and ZR, indicate that for cardiorespiratory fitness and abdominal strength/endurance, 54.55% and 93.18 %, respectively, of schoolchildren are below the ZS, while in BMI, 15.90% are situated in the ZR.

KEYWORDS: Physical Fitness, Health, School.

RÉSUMÉ

La présente étude visait à analyser les niveaux de condition physique liée à la santé dans l'athlète de l'école des membres de la ville de programme Arapiraca avenir/AL. L'échantillon était composé de 44 garçons inscrits dans l'athlète du futur programme. Les variables étudiées sont: l'indice de masse corporelle (IMC), le pli cutané tricipital et sous-scapulaire (DCT + DCS); force globale (mesurée par l'exécution du test/caminhada 6 min); force/force abdominale (moyenne de l'essai abdominale 1 min) , et la flexibilité (tel que mesuré par le sit et portée). Les résultats ont été obtenus à partir des tableaux normatifs proposés par Lohman et les repères (ZS et ZR) adoptées pour les évaluations ApFRS correspondent à ceux utilisés par le projet Sport Brésil. Pour le traitement des données statistiques de tendance centrale et de dispersion (valeurs d'écart moyen et standard) a été utilisé. Les résultats concernant la répartition des garçons dans ZS et ZR, indiquent que, pour la condition cardiorespiratoire et abdominale force/endurance, 54,55% et 93,18%, respectivement, desécoliers sont en dessous de la ZS, tandis que l'IMC, 15,90 % sont situés dans la ZR.

MOTS-CLÉS: conditionnement physique, santé, école.

RESUMEN

El presente estudio tuvo como objetivo analizar los niveles de condición física relacionada con la salud en la escuela Atleta de los miembros de la ciudad de Arapiraca Futuro Programa/AL. La muestra estuvo conformada por 44 niños matriculados en el Atleta del Programa Futuro. Las variables estudiadas fueron: índice de masa corporal (IMC), pliegue tricipital y subescapular (DCT + DCS), fuerza global (medido mediante la ejecución de pruebas / caminhada 6 min), la fuerza /resistencia abdominal (promedio de la prueba abdominal 1 min) y flexibilidad (según lo medido por la sentada y alcance). Los resultados se obtuvieron a partir de los cuadros normativos propuestos por Lohman y los puntos de referencia (ZS y ZR) adoptados por las evaluaciones ApFRS corresponden a los utilizados por el Proyecto Deporte de Brasil. Para el tratamiento de los datos estadísticos de tendencia central y valores de dispersión (desviación media y estándar) se utilizó. Los resultados en cuanto a la distribución de los niños en ZS y ZR, indican que para la aptitud cardiorrespiratoria y abdominal fuerza/resistencia, 54,55 % y 93,18%, respectivamente, de los escolares están por debajo de la ZS, mientras que en el índice de masa corporal , 15,90 % se encuentran en la ZR .

PALABRAS CLAVE: Bienestar Físico, Salud, Escuela.

APTIDÃO FÍSICA RELACIONADA À SAÚDE EM ESCOLARES INTEGRANTES DO PROGRAMA ATLETA DO FUTURO DO MUNICIPIO DE ARAPIRACA/AL.

RESUMO

O presente estudo teve como objetivo foi analisar os níveis de aptidão física relacionados à saúde em escolares integrantes do Programa Atleta do Futuro do município de Arapiraca/AL. A amostra foi composta por 44 meninos inscritos no Programa Atleta do Futuro. As variaveis estudadas foram: índice de massa corporal (IMC); dobras cutâneas de tríceps e subescapular (DCT+DCS); resistência geral (medida pelo teste de corrida/caminhafa de 6 min); força/resistência abdominais (media pelo teste de abdominais em 1 min); e flexibilidade (medida pelo sentar e alcançar). Os resultados foram obtidos a partir das tabelas normativas propostas por Lohman e pelos critérios de referência (ZS e ZR) adotados para as avaliações da ApFRS correspondem aos utilizados pelo Projeto Esporte Brasil. Para o tratamento dos dados foi utilizada a estatística de tendência central e valores de dispersão (média e desvio padrão). Os resultados obtidos com relação a distribuição dos meninos na ZS e ZR, indicam que, para aptidão cardiorrespiratória e força/resistência abdominal, 54,55% e 93,18%, respectivamente, dos escolares avaliados estão abaixo da ZS, enquanto no IMC, 15,90% estão situados na ZR.

PALAVRAS-CHAVES: Aptidão física; Saúde; Escolares.