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THE NATIONAL STRENGTH AND CONDITIONING ASSOCIATION POSITION
STATEMENT ON LONG-TERM ATHLETIC DEVELOPMENT
 --Manuscript Draft--

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Abstract:	There has recently been a growing interest in long-term athletic development for youth. Due to their unique physical, psychological and social differences, children and adolescents should engage in appropriately prescribed exercise programs that promote physical development to prevent injury and enhance fitness behaviours that can be retained later in life. Irrespective of whether a child is involved in organized sport or engages in recreational physical activity, there remains a need to adopt a structured, logical and evidence-based approach to the long-term development of athleticism. This is of particular importance considering the alarmingly high number of youth who fail to meet global physical activity recommendations and consequently present with negative health profiles. However, appropriate exercise prescription is also crucial for those young athletes that are physically underprepared and at risk of overuse injury due to high volumes of competition and an absence of preparatory conditioning. Whether the child accumulates insufficient or excessive amounts of exercise, or falls somewhere between these opposing ends of the spectrum, it is generally accepted that the young bodies of modern day youth are often ill-prepared to tolerate the rigors of sports or physical activity. All youth should engage in regular

	<p>physical activity and thus should be viewed as 'athletes' and afforded the opportunity to enhance athleticism in an individualized, holistic and child-centred manner. Due to the emerging interest in long-term athletic development, an authorship team was tasked on behalf of the National Strength and Conditioning Association (NSCA) to critically synthesize existing literature and current practices within the field and to compose a relevant position statement. This document was subsequently reviewed and formally ratified by the NSCA Board of Directors. Figure 1 provides a list of the 10 pillars of successful long-term athletic development, which summarize the key recommendations detailed within the consensus statement. With these pillars in place, it is believed that the NSCA can (i) help foster a more unified and holistic approach to youth physical development, (ii) promote the benefits of a lifetime of healthy physical activity, and (iii) prevent and/or minimize injuries from sports participation for all boys and girls.</p>
<p>Response to Reviewers:</p>	<p>Combined Reviewer Comments: General Comments</p> <p>This position stand is well-written and very informative. It is imperative to the field. The specific comments are minor. Response: Thank you very much for taking the time to review the manuscript and for the complimentary words. Please see the point-by-point responses to the reviewer comments below.</p> <p>Specific Comments</p> <p>Operational Terms: the authors include citations for 2 of the terms but not others. Perhaps citations for all definitions may be more appropriate. Response: accepted; however given that some of the definitions were novel to the paper, it seemed more appropriate to remove the two citations for a consistent approach to the operational definitions.</p> <p>Lines 129-133: I suggest dividing into 2 sentences. Response: accepted and text amended</p> <p>Line 133: I believe the term to be used is "underlie." Response: accepted and text amended</p> <p>Line 153: should be "Physically-active..." Response: accepted and text amended</p> <p>Line 159: I suggest starting a new sentence here with "Therefore..." Response: accepted and text amended</p> <p>Line 163: should be "data are..." Response: accepted and text amended</p> <p>Line 198: should be "well-being". Both spellings are used so the authors should pick one and be consistent. Response: accepted and text amended</p> <p>Line 254: should just be "drop out" - delete the word "out" here. Response: accepted and text amended</p> <p>Line 272: should be "time frame." Response: accepted and text amended</p> <p>Line 303: the authors should use brackets here within the parentheses. Response: accepted and text amended on lines 306 and 307. We have divided the sentence into two to avoid the use of multiple brackets.</p> <p>Line 416: should be "support." Response: accepted and text amended</p> <p>Line 421: should be "Overexposure." Response: accepted and text amended</p>

	<p>Line 527: should be "exist." Response: accepted and text amended</p> <p>Line 543: should be "indicate" as data are plural. Response: accepted and text amended</p> <p>Line 548: I would caution the authors on the use of the term "tightness" here as it can be ambiguous. Perhaps discomfort is a better term. Response: accepted and text amended</p> <p>Line 562: should be "are" after data. Response: accepted and text amended</p> <p>Line 564: should be "time frame." Response: accepted and text amended</p> <p>Line 584: should be "indicate" after data. Response: accepted and text amended</p> <p>Line 586: should be "two years of..." Response: accepted and text amended</p> <p>Line 649: should be "instill." Response: accepted and text amended</p>
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1 THE NATIONAL STRENGTH AND CONDITIONING ASSOCIATION POSITION

2 STATEMENT ON LONG-TERM ATHLETIC DEVELOPMENT

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26 **ABSTRACT**

27 There has recently been a growing interest in long-term athletic development for
28 youth. Due to their unique physical, psychological and social differences, children and
29 adolescents should engage in appropriately prescribed exercise programs that promote
30 physical development to prevent injury and enhance fitness behaviours that can be
31 retained later in life. Irrespective of whether a child is involved in organized sport or
32 engages in recreational physical activity, there remains a need to adopt a structured,
33 logical and evidence-based approach to the long-term development of athleticism.
34 This is of particular importance considering the alarmingly high number of youth who
35 fail to meet global physical activity recommendations and consequently present with
36 negative health profiles. However, appropriate exercise prescription is also crucial for
37 those young athletes that are physically underprepared and at risk of overuse injury
38 due to high volumes of competition and an absence of preparatory conditioning.
39 Whether the child accumulates *insufficient* or *excessive* amounts of exercise, or falls
40 somewhere between these opposing ends of the spectrum, it is generally accepted that
41 the young bodies of modern day youth are often ill-prepared to tolerate the rigors of
42 sports or physical activity. All youth should engage in regular physical activity and
43 thus should be viewed as ‘athletes’ and afforded the opportunity to enhance
44 athleticism in an individualized, holistic and child-centred manner. Due to the
45 emerging interest in long-term athletic development, an authorship team was tasked
46 on behalf of the National Strength and Conditioning Association (NSCA) to critically
47 synthesize existing literature and current practices within the field and to compose a
48 relevant position statement. This document was subsequently reviewed and formally
49 ratified by the NSCA Board of Directors. *Figure 1* provides a list of the 10 pillars of
50 successful long-term athletic development, which summarize the key

1 51 recommendations detailed within the consensus statement. With these pillars in place,
2 52 it is believed that the NSCA can (i) help foster a more unified and holistic approach to
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4 53 youth physical development, (ii) promote the benefits of a lifetime of healthy physical
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7 54 activity, and (iii) prevent and/or minimize injuries from sports participation for all
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9 55 boys and girls.

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14 57 **Key words:** *long-term athlete development, youth physical development, children,*
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17 58 *adolescents, health, fitness*

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76 ****Figure 1 near here****

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78 **OPERATIONAL TERMS**

79 Throughout this manuscript, the following operational terms are defined as:

- 80 • *Athleticism* is the ability to repeatedly perform a range of movements with
81 precision and confidence in a variety of environments, which require
82 competent levels of motor skills, strength, power, speed, agility, balance,
83 coordination and endurance.
- 84 • The term *long-term athletic development* refers to the habitual development of
85 ‘athleticism’ over time to improve health and fitness, enhance physical
86 performance, reduce the relative risk of injury, and develop the confidence and
87 competence of all youth.
- 88 • The terms *youth* and *young athletes* represent both children (up to the
89 approximate age of 11 years in girls and 13 years in boys) and adolescents
90 (typically including girls aged 12-18 years and boys aged 14-18 years).
- 91 • *Growth* is the most significant biological activity during the first two decades
92 of life and is defined as an increase in the size attained by specific parts of the
93 body, or the body as a whole.
- 94 • *Maturation* is defined as progress toward a mature state and varies in timing,
95 tempo and magnitude between different bodily systems.
- 96 • A *qualified professional* possesses (i) an appropriate understanding of
97 pediatric exercise science, exercise prescription, technique evaluation, and
98 testing methods, (ii) relevant coaching experience and a strong pedagogical
99 background, and (iii) a recognized strength and conditioning qualification, for

100 example, the Certified Strength and Conditioning Specialist (CSCS®)

101 certification.

102

103 INTRODUCTION

104 In an address at the University of Pennsylvania in 1940, the 32nd President of the

105 United States, Franklin D. Roosevelt delivered the adage “*we cannot always build the*

106 *future for our youth, but we can build our youth for the future.*” Conceptually, this

107 statement is a suitable philosophy for long-term athletic development. Ultimately, it is

108 impossible to truly determine whether a child will be involved in elite-level sport or

109 simply choose to engage in recreational physical activity later in life; however, it is

110 imperative that all children learn how and why various types of physical conditioning

111 are important to suitably prepare them for the physical and psychological demands of

112 a lifetime of sport and physical activity. While the development of *athleticism* has

113 traditionally been viewed as a goal for aspiring ‘young athletes’, it is crucial that

114 strength and conditioning coaches, personal trainers, teachers, parents and medical

115 professionals adopt a systematic approach to long-term athletic development for youth

116 of all ages, abilities and aspirations (143).

117

118 **1. Long-term athletic development pathways should accommodate for the highly**

119 **individualized and non-linear nature of the growth and development of youth.**

120 It is commonly stated that “children are not miniature adults” and due to their

121 immature physiological and psychosocial state, they should be prescribed appropriate

122 training programs commensurate with their technical ability and stage of development

123 (145). Children’s anatomy and physiology differs from that of adolescents, which in

124 turn is different from the physiology of adults. Clear differences between children and

125 adolescents/adults exist in muscle structure (133, 193), size (62, 139), activation
126 patterns (61, 62, 198, 259), and function (77, 262). These differences will typically
127 predispose children to reduced force-producing or force-attenuating capabilities,
128 which will have implications for absolute measures of physical performance and
129 relative risk of injury. Additionally, it is clear that children's metabolic profile is more
130 conducive to oxidative metabolism (211) and recovery rates from high-intensity
131 exercise are shorter in youth in comparison to adults (212, 250). [This](#) suggests that
132 aerobic and anaerobic exercise thresholds will likely vary according to the stage of
133 development. Combined, these examples underlie the potential age- or maturity-
134 related effects on differential physiology between youth and adults. Notwithstanding
135 other age-related and/or maturity-related differences in physiology (e.g. skeletal,
136 cardiovascular, respiratory or endocrine systems), practitioners must be cognizant of
137 the fact that these systems will develop during childhood and adolescence at different
138 rates and in a non-linear manner (157). This variance in physical development is most
139 notable when comparing a group of children of the same chronological age (23, 145,
140 154, 156), whereby individuals of the same chronological age can differ markedly
141 with respect to biological maturity (14, 145, 157). Biological maturation reflects the
142 process of progressing towards a mature state, and varies in timing and tempo, and
143 between different systems within the body (22). Significant inter-individual variance
144 exists for the extent (magnitude of change), timing (onset of change) and tempo (rate
145 of change) of biological maturation. In addition to these developmental incongruities
146 amongst youth, the manner in which they respond to, and recover from, training is
147 likely to differ between youth of the same age or maturation status (5, 15, 16, 147,
148 219). Indeed, a real challenge for sport and exercise scientists and practitioners

149 working with youth is to determine whether changes in performance are mediated
150 from training-induced or growth-related adaptations.

151

152 *Effects of sport and physical activity on growth and development*

153 Physically active children will typically outperform those that are inactive in most
154 indices of physical performance (155). Being inactive is associated with a high
155 probability of being overweight or obese during the growing years (179, 253).
156 Therefore, physical activity, exercise and sport should be viewed as key preventative
157 treatments for unfavourable weight status and an important precursor for healthy
158 growth and development (75, 76, 183). There exists a positive relationship between
159 motor skill competence and physical activity across childhood (214). Therefore, it is
160 essential that all youth are encouraged to enhance athleticism from an early age by
161 engaging with multi-faceted training inclusive of a range of different training modes
162 (142). Previous misconceptions regarding the impact of physical training on growth
163 and development trajectories are not supported with literature, especially as data are
164 often correlational and cross-sectional in nature (22, 156). While fears previously
165 existed surrounding the effect of physical training on eventual growth of youth
166 (especially in sports such as gymnastics), evidence now indicates that well-supervised
167 physical training does not impair the development of secondary sex characteristics
168 (153), does not delay age at menarche (160) and does not restrict eventual growth
169 height (22, 152). Moreover, when rest and training are prescribed systematically,
170 moderate-to-high intensity exercise is needed to help bone mineral accrual during
171 childhood and adolescence (3, 13, 87, 88, 116, 118, 267), which is of great benefit for
172 long-term skeletal health.

173

174 Owing to the unique physiology of children, it is clear that practitioners working with
175 youth require a sound understanding of pediatric exercise science in order to i)
176 prescribe training programs that are commensurate with the needs and abilities of the
177 individual, ii) distinguish between training-induced and growth-related adaptations in
178 performance (either positive or negative), and iii) understand the manner in which
179 growth, maturation and training interact to optimize the training response and the
180 development of athleticism.

181

182 **2. Youth of all ages, abilities and aspirations should engage in long-term athletic**
183 **development programs that promote both physical fitness and psychosocial**
184 **wellbeing.**

185 The development of physical fitness in youth is a complex process, which involves
186 the interaction of growth, maturation and training (5, 15, 16, 145, 219, 261).

187 Practitioners should appreciate the potential impact that other lifestyle factors will
188 have on physical fitness development and physical activity engagement, including
189 dietary behaviours (48, 52), educational stress (159), sleep patterns (95, 163),
190 psychosocial health (24) and unrealistic external pressures from significant others
191 such as parents or coaches (201, 251). Cumulatively, all these factors can impact the
192 engagement and enjoyment experienced by youth, adherence rates to training
193 programs, and consequently the magnitude and rate of development of physical
194 fitness.

195

196 Despite many factors impacting the training process of youth, there is often varying
197 levels of understanding and a lack of coordinated planning amongst those personnel
198 who are responsible for the long-term welfare and well-being of children and

199 adolescents. With these inconsistent approaches between key personnel in mind, from
200 a global perspective two primary corollaries are evident within the pediatric literature.
201 *Firstly*, the number of youth who are physically inactive, overweight or obese and
202 demonstrate poor standards of physical fitness, deficient levels of muscular strength
203 and inadequate motor skill competency follows an unfavourable trajectory (40, 44,
204 53-55, 105, 107, 175, 194, 195, 220, 257). Of note, the term exercise deficit disorder
205 (EDD) has been proposed to describe a condition characterized by reduced levels of
206 moderate-to-vigorous physical activity that negatively impact the health and well-
207 being of youth (75, 76). Importantly, children and adolescents who present with
208 symptoms or behavioural patterns reflective of EDD should be prescribed exercise
209 interventions geared towards the development of fundamental movement skills,
210 foundational strength and general athleticism (76). The prevalence of substandard
211 athleticism in modern-day youth will likely increase the prevalence of overweight or
212 obese youth (114, 115), but also increase the relative risk of injury for inactive youth
213 who eventually engage with physical activity or sports (25). *Secondly*, a growing
214 concern for practitioners is the number of youth reporting with sport-related injuries
215 as a consequence of over exposure to high volumes of sport-specific
216 training/competition in the absence of adequate rest and recovery (120).
217 Consequently, there are an increased number of young athletes experiencing non-
218 functional overreaching, overtraining, burnout and eventual drop out from sport (57,
219 162). Young athletes should be encouraged to participate in a variety of activities and
220 sports, avoid year-round training for a single sport, and should be carefully monitored
221 in a coordinated manner to prevent the risk of non-functional overreaching or
222 overtraining.

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224 Due to the multifactorial nature of physical fitness development and the current trends
225 linked with both insufficient and excessive (specialized) amounts of physical activity,
226 a long-term and structured approach to the development of athleticism in youth is
227 warranted. Irrespective of the population (e.g. youth, adult, seniors), it is generally
228 accepted that a structured training program will produce superior results than
229 unstructured training or no training at all (206). Long-term and systematically
230 progressed approaches to developing athleticism in youth, delivered by qualified
231 professionals, will enable more effective control over training variables, a reduction in
232 the risk of overtraining and an enhanced overall adaptation in physiology and
233 performance. While a number of authors have previously discussed the role of long-
234 term athletic development models in developing human performance or sporting
235 talent (9, 10, 49, 92, 142, 146), it is vital that practitioners acknowledge that the
236 constructs of long-term athletic development are appropriate for youth of all ages and
237 abilities (143). While a systematic approach to the development of athleticism is
238 required to prepare aspiring young athletes for the demands of sport (69), it is
239 imperative that all youth, including those that are inactive, underweight, overweight
240 or obese are afforded the same opportunity to engage in dynamic, integrated and
241 evidence-based training programs that promote the development of both health and
242 skill-related components of fitness (75, 143, 144, 180, 182).

243

244 *Performance versus participation pathways*

245 Despite existing models for the long-term development of athleticism providing
246 structure and guidance for practitioners, it should be noted that any model should not
247 be viewed as a stringent blueprint that can be superimposed on any participant, within
248 any environment. Rather, practitioners must ensure that wherever possible, long-term

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249 training programs are tailored to the needs of the individual and within the confines of
250 the unique demands of the training environment. This is a pertinent factor owing to
251 the highly individualised interaction effects of growth and maturation on the training
252 response of youth. Regardless of the model that a child enters, it is imperative that
253 they are able to transition between developmental pathways (143). Adolescence offers
254 a time in which young athletes are more likely to drop out of competitive sport (85),
255 but some individuals will subsequently remain involved in sport or physical activity at
256 a recreational level. Similarly, an adolescent may be identified by a sporting
257 organization as a talented athlete who has previously only participated in recreational
258 physical activities. In either event, the adolescent should be supported from a holistic
259 perspective. Physically, they should be prescribed suitable training that prepares them
260 for the demands of their sport or physical activity while enabling them to achieve
261 recommended exposure to daily physical activity (264). They should also be provided
262 with relevant support that encourages the development of a positive sense of self-
263 worth, self-confidence, motivation and enjoyment to foster a lifetime of engagement
264 in sport and physical activity.

265
266 **3. All youth should be encouraged to enhance physical fitness from early**
267 **childhood, with a primary focus on motor skill and muscular strength**
268 **development.**

269 Whether a child is engaged with competitive sport or simply participates in
270 recreational physical activity, a common philosophy of long-term athletic
271 development models is that engagement in physical activity during early childhood is
272 vital (143). The developmental time frame of brain maturation is associated with a
273 heightened degree of neural plasticity during childhood (37, 38, 181, 215). This stage

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274 of development involves the process of pruning and an overall strengthening of the
275 synaptic pathways (148, 237, 238, 241) and provides an opportunity to take advantage
276 of the motor skill potential of children. Existing models of long-term athletic
277 development indicate that training foci during the initial stages of childhood should be
278 based on the acquisition of rudimentary and fundamental motor skills in addition to
279 the development of foundational strength (10, 39, 143, 146). While correct execution
280 of fundamental motor skills requires coordinated sequencing of multi-muscle, multi-
281 joint, multi-planar movements, there will always be a requirement for complimentary
282 force production and force attenuation. Neuromuscular coordination and force
283 production are governed by neural activation and control, and thus it is optimal to
284 target the development of motor skills and muscular strength at a time when the
285 corticospinal tissue in children is highly ‘plastic’ (188). Practitioners should not view
286 coordination and muscular strength as separate entities, but rather synergistic
287 components of motor skill performance (39) and should therefore seek to develop
288 both qualities during early childhood. While youth should engage in multidimensional
289 strength and conditioning programs that use a range of training modes to develop both
290 health- and skill-related components of fitness, prioritizing neuromuscular training
291 that enhances both muscular strength and motor skill prowess, starting from early
292 childhood, is recommended for the long-term physical development of both children
293 and adolescents (70, 75, 142).

294

295 For the long-term enhancement of athleticism, developing a proficient physical
296 “vocabulary” of fundamental motor skills during early childhood should serve as the
297 foundations on which more advanced and complex specific motor skills can be later
298 developed (134, 142, 188). Specifically, fundamental motor skills encompass the

299 ability to perform locomotive, manipulative and stabilizing movements (149).
300 Complimenting motor skill training with muscular strength development during early
301 childhood is crucial as muscle strength is a key determinant of motor skill function
302 (70). Muscular strength is strongly associated with a multitude of physical qualities in
303 youth, [for example](#) speed and power (45). [Additionally](#), enhancing muscular strength
304 using resistance training can improve physical performance (15, 108, 141), improve
305 markers of health in obese and overweight youth (18, 19, 229-231, 247), and help
306 reduce the risk of sports-related injury (172, 180, 190, 256). Thus, a primary aim of
307 long-term athletic development programs should be to develop resilient, strong and
308 technically proficient youth, who can robustly maintain motor skill competence
309 within the demands of any sporting or recreational activity. This philosophy is of
310 particular importance considering recent trends in the neuromuscular fitness of youth
311 (44, 175, 220). A meta-analytical review of 34 training studies showed that pre- and
312 early-pubertal youth achieved resistance training-induced gains in motor skills that
313 were approximately 50% greater than adolescents (15), thus highlighting the
314 increased trainability of motor skills in children. Aside from the development of
315 athleticism, preparatory conditioning inclusive of motor skill and muscular strength
316 development provides an appropriate strategy for reducing the relative risk of injury
317 for youth during sport and physical activity later in life (69, 80, 111, 112, 190). Motor
318 skill competence, and indeed the perception of motor skill competence, is an
319 important antecedent of physical activity during childhood (42, 83, 107, 135, 214,
320 242) and adulthood (140, 149). Cumulatively, early engagement in developmentally
321 appropriate training during childhood is warranted for the optimization of athleticism,
322 lifelong health and wellbeing, and the reduction of relative risk of injury.

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324 *Starting age*

325 Although there is not a single chronological age at which it is deemed acceptable for
326 youth to formally start training, recent guidelines recommended that any child
327 engaging in a form of resistance training is emotionally mature enough to accept and
328 follow directions and possesses competent levels of balance and postural control
329 (approximately 6-7 years of age) (134, 141, 189). However, children should engage
330 with exploratory and deliberate play from early childhood (from birth up to the age of
331 5-6 years) inclusive of activities designed to develop fundamental motor skills (138)
332 and foundational levels of strength (e.g. gymnastics or similar bodyweight
333 management activities) (143). If children are ready to engage with organized sports,
334 they are ready to participate in developmentally appropriate strength and conditioning
335 as part of a long-term approach to developing athleticism (189).

336
337 **4. Long-term athletic development pathways should encourage an early sport**
338 **sampling approach for youth that promotes and enhances a broad range of**
339 **motor skills**

340 *Sampling* refers to an approach that encourages youth to engage in a variety of sports
341 or activities and a number of positions within a given sport. Literature has stated that a
342 sampling approach does not restrict elite sporting development, but in fact, facilitates
343 longer sporting careers and increases the chance of sustained participation in physical
344 activity (50). Conversely, early *specialization* refers to the concept of a child
345 participating in year-round intensive training within a single sport or physical activity
346 at the exclusion of others (57, 265). Concerns exist regarding the adoption of an early
347 specialization approach in youth, largely due to the inherent associations with
348 increased risk of injury (36, 78, 79, 104, 119, 120, 187, 192, 235), the potential

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349 ‘blunting’ of an individual’s motor skill portfolio (57, 144, 176, 186), a reduced
350 standard of performance later in life (28, 84, 96, 174, 268), an increased risk of
351 overtraining or dropout from sport or physical activity (4, 35, 151, 187), and the non-
352 guarantee of achieving elite level performance (28, 101, 174).

353

354 *Effects of early specialization on physical performance*

355 Irrespective of the potential risks associated with early sport specialization, both
356 children and adolescents are being encouraged to engage earlier with sports often due
357 to the lure of a higher standard of performance, for example securing national team
358 selection, college scholarships or professional contracts. The assumption that earlier
359 specialization will lead to enhanced sports performance has largely been driven by the
360 incorrect extrapolation of data examining the development of expert musicians and
361 the proposed “10,000 hour rule” (66). The rule denotes that an individual must
362 acquire 10,000 hours of deliberate practice to attain mastery in a given sport or
363 activity, which could also be viewed as dedicating specific practice to the same sport
364 or activity for three hours a day for 10 years. However, in a recent editorial it was
365 suggested that their seminal work on expert performers had been misinterpreted and
366 that expert performance had been achieved by some with just 5,000 hours of practice
367 (65), which is more reflective of the training volumes reported for actual sports
368 performers (174). Consequently, practitioners should not subscribe to the hypothetical
369 10,000 hour rule, but instead value the *quality* of practice rather than a specific
370 *quantity* of practice.

371

372 The early specialization approach is particularly common when young children
373 display innate talent at a young age, leading to significant others (e.g. parents or

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374 coaches) seeking achievement by proxy distortion and going beyond normal ambition
375 for success (251). However, while it may be a common view that an accumulation of
376 greater volumes and intensities of sport specific practice at a young age will lead to
377 sporting success, existing data do not support this notion, with the number of
378 individuals transitioning from entry level to elite standard across a range of sports in a
379 linear fashion remaining small (101). For sports measured in centimetres, grams or
380 seconds (e.g. track and field, swimming or weightlifting), later specialization and
381 exposure to lower volumes of specific practice earlier in life are significant
382 determinants of elite performance in adulthood (174). Despite potential early
383 accomplishments, in general athletes who specialized at an earlier age experienced
384 less success as they became older (174). Furthermore, athletes who did achieve elite
385 sporting success were found to intensify their training towards the end of adolescence,
386 leading to greater volumes of training towards early adulthood. Similarly, adopting a
387 sampling approach and investing in multiple sports as opposed to specializing in a
388 single sport produced improved performances in gross motor coordination and
389 standing broad jump tests in 10-12 year old boys (84). In addition, the analysis of
390 retrospective data across a multitude of sports indicates that individuals who
391 participated in three sports or more between 11-15 years of age were more likely to
392 play national compared with club standard sport between 16-18 years (28).

394 *Effects of early specialization on injury risk*

395 The risks of overuse injury appear to increase as a result of early specialization due to
396 the repetitive sub-maximal loading on the musculoskeletal system in the absence of
397 sufficient recovery time for subsequent adaptation (57, 239). For example, data
398 showed that from a sample of female youth athletes, those who had specialized at an

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399 earlier age had a 1.5-fold greater risk of knee-related injury (104). The authors also
400 reported that diagnoses including patellar tendinopathy and Osgood Schlatter Disease
401 exhibited a 4-fold increased relative risk in single sport specialized versus multiple
402 sport athletes (104). In a similar study, data on 1,190 individuals showed that after
403 accounting for age and time spent playing sport, sports-specialized training was a
404 significant independent risk factor for acute and serious overuse injury (120).

405

406 The increased training volumes associated with early specialization are a pertinent
407 injury risk factor for youth (119). For example, high training volumes and competitive
408 workloads are strongly associated with an increased risk of overuse injury in
409 adolescent baseball pitchers (200). Additionally, high volumes of weekly running
410 mileage are significantly associated with increased risk of lower limb injury in
411 adolescent runners (248), while a high training volume was the most influential risk
412 factor for injury in a cohort of 2,721 high school athletes across a variety of sports
413 (216). Recently, Jayanthi et al. (120) revealed a heightened risk of injury when youth
414 participated in more hours of sports practice per week than their number of years in
415 age, or whereby the ratio of organized sports to free play time was in excess of 2:1.
416 Regardless of age, existing data support the notion that youth should not train in
417 excess of eight months per year in a single sport (120, 200), while the weekly training
418 volume of 16 hours marks a threshold above which the risk of injury increases (144,
419 187).

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421 Overexposure to a narrow range of specific movement patterns with insufficient rest
422 and recovery, and an ensuing blunted motor skill portfolio are common links to both
423 the reduced physical performance and higher risk of injury associated with early sport

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424 specialization. By exposing youth to different sports and activities and adopting a
425 movement variability approach to motor skill development within different
426 environments, they are less likely to chronically over stress specific regions of the
427 musculoskeletal system, therefore reducing their risk of overuse injury. Adopting a
428 movement variability philosophy will ensure that the point of force application will
429 constantly vary; thus promoting more global whole-body adaptation, facilitating
430 change in coordination, and reducing injury risk (12). With regards to physical
431 performance, developing a broad spectrum of fundamental motor skills will enable
432 more intricate and reactive global movements that are inherently witnessed in sports,
433 physical activity and free play to be developed (149). Qualified professionals should
434 focus on developing a wide breadth of movement skills as opposed to a depth of
435 mastery in a small range of skills to better enable the individual to produce effective
436 and efficient movements in a wide range of environments and to maximize their
437 overall athleticism.

438
439 **5. Health and wellbeing of the child should always be the central tenet of long-**
440 **term athletic development programs.**

441 Health can be defined as “a condition of wellbeing free of disease or infirmity and a
442 basic and universal human right” (227). Huppert et al. (117) defined wellbeing as a
443 positive and sustainable state that enabled an individual, group or nation to thrive and
444 flourish. Participation in sports has been acknowledged as a viable means to promote
445 wellbeing in youth (59, 63, 240); however the International Olympic Committee
446 stated that while youth should engage with sports, the process should be both
447 pleasurable and fulfilling in order to sustain participation and success at all levels (21,
448 177). Collectively, these philosophies should apply to all forms of physical activity

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449 for youth, inclusive of well-rounded strength and conditioning programs (69, 196).

450 Irrespective of whether a child is involved with competitive sports or recreational

451 physical activity, health and wellbeing should at all times be a key priority of any

452 long-term athletic training program.

453

454 *Psychosocial factors in health and wellbeing*

455 Youth should be exposed to positive experiences through sport and physical activity

456 to maximize wellbeing. The primary reason that children initially engage with sport

457 and physical activity is for fun, enjoyment and to experience different activities (2).

458 Similarly a lack of fun and enjoyment is commonly the main cause of dropout from

459 sport (32, 51). To promote wellbeing in youth, practitioners should seek to develop (i)

460 a growth mind-set, (ii) self-determined motivation, (iii) perceived competence, (iv)

461 confidence and (v) resilience (196). Specifically, a *growth mind-set* will foster the

462 belief that effort, purposeful practice and guidance from qualified professionals will

463 lead to development and success; while *self-determined motivation* reflects a state of

464 mind that leads to a child participating in sport or physical activity for its interest,

465 enjoyment, inherent satisfaction and sense of challenge (221). *Perceived competence*

466 is an important attribute to develop in youth, as it is strongly associated with

467 participation in physical activity (140, 214), especially during adolescence where the

468 use of social comparison among youth and the role of peer support becomes more

469 influential (30, 222, 223). *Confidence* is strongly related to reduced anxiety, positive

470 emotions and successful performance (260), while *resilience* is defined as the ability

471 of an individual to retain stability or recover quickly under significant adverse

472 conditions (137). To enhance wellbeing, qualified professionals should integrate a

473 combination of strategies, including the use of mental skill training, process-oriented

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474 goals, clear and positive feedback, while maintaining a fun agenda to all sessions.

475 Similarly, qualified professionals should foster a training environment in which

476 developmentally appropriate activities are prescribed, encouragement is reinforced

477 and whereby task failure is viewed as a positive aspect of the learning process.

478

479 *Physical factors in health and wellbeing*

480 Youth should engage with developmentally appropriate, well-rounded strength and

481 conditioning programs from an early age that prioritize a long-term view to the

482 development of athleticism. Therefore, chronic and sustainable adaptations should be

483 the ultimate goal of youth training provision as opposed to acute gains in

484 performance. Welfare is closely associated with the basic human rights of the child

485 and will aid in the promotion of wellbeing (197). Training should at all times respect

486 these rights and be commensurate with the technical competency, training history, and

487 stage of growth and development of the child (178). Under no circumstance should

488 physical exertion be forced that could be deemed abusive practice within a youth

489 training program (129). Examples may include exercise programs which could be

490 injurious activities that are not in any way beneficial, or prescription that could be

491 viewed as a form of punishment (129). Forced physical exertion, prescribed as a form

492 of physical punishment, can have severe physical consequences such as that which led

493 to a 12-year old boy being hospitalized with exertional rhabdomyolysis (41); a

494 situation that is unethical and entirely unacceptable. Training prescription should be

495 balanced with adequate rest to enable recovery and growth processes to occur and to

496 avoid the risks of accumulated fatigue and associated risks of overtraining (57, 162).

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498 **6. Youth should participate in physical conditioning that helps reduce the risk of**
499 **injury to ensure their on-going participation in long-term athletic**
500 **development programs.**

501 While it is impossible to completely eliminate sport- and physical activity-related
502 injuries, developmentally appropriate training can reduce the relative risks of injury in
503 youth (21, 74, 109, 141, 190, 217, 236, 245, 256). More specifically, when youth
504 participate in well-rounded strength and conditioning programs, inclusive of
505 resistance training, motor skill and balance training, speed and agility training and
506 appropriate rest, the likelihood of experiencing an injury can be reduced by as much
507 as 50% (172, 256). The cause for the reduction in injury incidence, or injury risk
508 factors, is likely due to improved movement biomechanics, increased muscle strength
509 and enhanced functional abilities (74, 110, 158, 184). From a long-term athletic
510 development perspective, it is imperative that youth, and those that are responsible for
511 their developmental programming, realize the importance of following strength and
512 conditioning programs that suitably prepare them for the demands of sport and
513 physical activity. For example, early engagement in neuromuscular training is likely
514 to result in a reduced risk of anterior cruciate ligament injury later in life in female
515 athletes (190). The authors speculated that this finding was likely attributable to a
516 window of opportunity for developing sound motor skills and concomitant strength
517 levels prior to the onset of puberty which is known to be a developmental stage where
518 youth experience significant alterations in movement biomechanics (81, 113), force
519 attenuation capabilities (207) and lower limb strength ratios (208). It should also be
520 recognized that sports participation alone does not provide a sufficient stimulus to
521 develop high levels of athleticism in youth, as many sporting practices fail to provide
522 adequate exposure to recommended daily physical activity guidelines (100, 136), nor

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523 does it allow for individual needs to be addressed such as muscle imbalances or
524 reduced ranges of motion (144).
525
526 *'Underuse' as a risk factor for injury*
527 While an abundance of data now exist that supports the inclusion of preparatory
528 conditioning for young athletes (21, 64, 123, 190, 246, 256), the long-term
529 development of athleticism must also be viewed as a valuable injury prevention tool
530 for non-athletic youth. Physical inactivity is a major risk factor for activity-related
531 injuries in children (25, 243) and global statistics indicate that levels of inactivity in
532 modern day youth remain worryingly high (191, 252, 254). Intuitively, much like
533 young athletes who are often ill prepared for the high volumes of sport-specific
534 practice and competitions, inactive youth are also unlikely to be suitably prepared for
535 the demands of competitive/recreational sports or even general physical activity. For
536 example, overweight and obese youth are twice as likely to suffer an injury during
537 sports or recreational physical activity in comparison to their normal weight peers
538 (165). Thus, 'underuse' is likely the most dangerous risk factor for a number of youth,
539 which highlights the critical importance of appropriately designed long-term athletic
540 development models.

541

542 *Influence of growth and maturation on injury risk*

543 Current data indicate that the risk of injury, in particular to the lower limb, peaks
544 around the time of the adolescent growth spurt (33, 58, 113, 185, 258). During this
545 period of rapid development, there are disproportionate growth rates between
546 structural tissues, with bone growing earlier and at a faster rate than both muscle and
547 tendon, which lag behind (130). The growth differential between these tissues can

1 | 548 lead to [discomfort](#) and reduced flexibility around joints (130); however, it is the
2 | 549 marked increase in growth rate during this stage of development which leads to
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4 | 550 increases in body mass and height of centre of mass in the absence of corresponding
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7 | 551 adaptations in strength and power, which can lead to excessive loading of the
8 |
9 | 552 musculoskeletal system during dynamic and reactive actions (111, 130, 185, 258). For
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11 | 553 example, the rapid increases in both stature and body mass in female adolescents
12 |
13 | 554 places them at increased risk of knee injury due to the increased stature developing
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15 | 555 without concomitant increases in hip and knee strength (185). The development of
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17 | 556 muscular imbalances around the pubertal growth spurt is also a viable risk factor, with
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19 | 557 longitudinal data in adolescent females showing that hamstring-to-quadriceps strength
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21 | 558 ratios decrease from pre-pubertal to pubertal stages (208). This muscle imbalance is
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23 | 559 of particular concern as when fatigued, both young and adult females utilize a less
24 |
25 | 560 favourable activation strategy (56, 128, 167, 202), reducing their ability to
26 |
27 | 561 appropriately dissipate aberrant knee loads indicative of an anterior cruciate ligament
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29 | 562 injury mechanism (112, 132). Although mechanistic data [are](#) required for young
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31 | 563 males, recently it has been suggested that the adolescent growth spurt is a
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33 | 564 developmental time_frame in which the risk of traumatic injury in pubertal males is
34 |
35 | 565 intensified (228, 258). Finally, bone mineralization typically lags behind linear bone
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37 | 566 growth during the pubertal spurt, thus leading to increased bone porosity and
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39 | 567 exposing the bone to a heightened risk of fracture (8). Consequently, irrespective of
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41 | 568 participation in competitive sports or non-competitive recreational physical activity,
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43 | 569 all youth should participate in long-term training programs to promote the level of
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45 | 570 athleticism required to withstand the physical demands associated with their chosen
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47 | 571 activity and to offset growth- and maturity-associated risk factors.
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573 **7. Long-term athletic development programs should provide all youth with a**
574 **range of training modes to enhance both health- and skill-related components**
575 **of fitness**

576 *Trainability of youth*

577 *Trainability* refers to the responsiveness of youth to a given training stimulus at
578 various stages of development. As the field of pediatric exercise science continues to
579 evolve, practitioners will gain a greater understanding of how responsive youth are to
580 different modes of training. Our understanding of trainability typically emanates from
581 largely discrete, cross-sectional interventions, and these combined data [indicate](#) that
582 both children and adolescents can make significant and worthwhile changes in motor
583 skills (15, 67, 98), muscle strength and power (16, 68, 141), running speed (121, 219),
584 agility (122, 171) and endurance performance (5, 161, 168). Recent data indicates that
585 continual exposure to various training methods can benefit both children and
586 adolescents (125, 126, 224). Of the longer-term interventions, [two](#) years of strength
587 training have produced significant improvements in relative lower body strength
588 (125); faster change of direction speed (126); and 30 meter sprint speed (224). Despite
589 showing the many benefits of strength training on measures of physical performance
590 in youth, these studies did not account for the influence of maturation or sex on rate
591 and magnitude of change. Thus, the interaction of growth, maturation and training
592 during childhood and adolescence remains unclear and warrants further research.

593

594 Whereas strong evidence indicates that worthwhile gains in physical performance are
595 achieved with strength and motor skill developmental models, limited evidence is
596 available relative to the mode of exercise that should be prioritized at specific stages
597 of development. Previous models of long-term athletic development have promoted

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598 the theory of ‘windows of opportunity’ that provide youth with specific time periods
599 in which to train specific components of fitness (10), and failure to train specifically
600 during these windows limiting performance capacity later in life (10). While this
601 theory attempted to bridge our understanding of growth, maturation and training, this
602 concept has since been challenged largely owing to a lack of supporting longitudinal
603 empirical data (82). Combined with existing pediatric training literature, it becomes
604 clear that both children and adolescents can make worthwhile improvements in all
605 components of fitness irrespective of their stage of development (69, 70, 142, 143),
606 and consequently long-term training programs should seek to develop athleticism
607 throughout the developmental period of childhood and adolescence.

608

609 While both children and adolescents can make significant improvements in various
610 physical fitness qualities (e.g. strength, motor skills, speed and power), the most
611 efficacious training modes used to acquire these adaptations may complement the
612 physiological adaptations occurring as a result of growth and maturation, a process
613 recently termed ‘synergistic adaptation’ (69, 147). Specifically, a meta-analysis
614 examining the effects of different training methods on sprint speed development in
615 male youth showed that boys who were pre-peak height velocity made the greatest
616 improvements in sprinting following plyometric training, while boys who were post-
617 peak height velocity responded more favorably to combined strength and plyometric
618 training (219). Similar findings were recently reported in a 6-week training
619 intervention that showed boys who were either pre- or post-peak height velocity were
620 all able to make significant improvements in jumping and sprinting following various
621 6-week resistance training programs (147). Plyometric training will promote similar
622 neural adaptations that are occurring naturally as a result of growth and maturation

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623 prior to puberty, while combined strength and plyometric training will likely stimulate
624 both neural and structural adaptations commonly seen after the pubertal growth spurt.
625 Longitudinal research is now required to substantiate these claims of synergistic
626 adaptation and to determine optimal training prescription for youth of different stages
627 of development.

628

629 **8. Practitioners should use relevant monitoring and assessment tools as part of a**
630 **long-term athletic development strategy**

631 For the welfare and wellbeing of youth, long-term training prescription should be
632 complimented with appropriate monitoring and assessment tools. In the absence of
633 careful monitoring, youth may be at an increased risk of excessively demanding
634 training loads, insufficient opportunities for rest and regeneration, or contraindicating
635 training methods (144). It is suggested that the training of youth should be monitored
636 by qualified professionals to reduce the risks of excessive training (4, 57, 177) and
637 accumulated fatigue (106), which in severe cases can lead to non-functional
638 overreaching or overtraining (127, 144, 162, 210). Those personnel responsible for
639 the athletic development of youth should adopt a co-ordinated approach to the
640 monitoring process. Wherever possible, qualified professionals should also attempt to
641 educate the child and their parents and raise awareness of the risks and symptoms of
642 non-functional overreaching and related injuries or illnesses. The child and parents
643 should also understand the roles of basic self-reporting monitoring strategies (sleep
644 patterns, nutritional behaviour, physical activity exposure outside of the training
645 environment) and the potential impact of appropriate remedial strategies.

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5 647 Qualified professionals will typically use monitoring and assessment tools to
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7 648 determine training for effectiveness, to aid in program design, determining
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9 649 mechanisms of adaptation, to instill motivation within the child or adolescent, or to
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11 650 further knowledge and understanding about the physiological demands of a sport or
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13 651 physical activity. However, various testing and assessment strategies are also used for
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15 652 the purposes of talent identification (204). Although a goal of identifying future
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17 653 potential talent is perhaps appealing, the process of identifying and subjectively
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19 654 selecting talent from a very early age typically favours early maturing, while
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21 655 excluding later maturing youth (31, 43, 91, 164, 225). Additionally, a comprehensive
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23 656 talent identification process is often time-consuming, expensive and, crucially, the
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25 657 success rates of identified children transferring through to elite level adult sport is
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27 658 questionable (255).

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31 660 Although a wealth of monitoring and assessment tools are available for practitioners,
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33 661 the number and sophistication of tools included within any long-term athletic
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35 662 development program should be dependent upon the efficacy and relevance of the
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37 663 tests, their associated measurement error, the availability of time, equipment and
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39 664 facilities, and the degree of the practitioner's expertise. Importantly, practitioners
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41 665 should select tests that are accurate, reliable, and valid and provide meaningful data.
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43 666 Similarly, at all times it is essential that practitioners adhere to the ethics of pediatric
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45 667 testing, clearly explain all protocols to both children and parents, and collect both
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47 668 parental consent and participant assent prior to any testing (244, 266).
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56 670 *Monitoring growth and maturation*
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671 Due to the influence of growth and maturation on measures of physical performance
672 (22, 261), relative risk of injury (81, 113, 258) and the propensity for early maturing
673 youth to be selected in sports teams as a result of the relative age effect (89, 93, 226),
674 it seems plausible that practitioners should attempt to monitor physical growth
675 throughout childhood and adolescence. Recent reviews have provided summaries of
676 existing methods for the identification, or at least estimation, of biological maturation
677 (145, 156). It is acknowledged that the invasive methods have their own strengths and
678 weaknesses, while non-invasive methods of estimating maturity require further
679 validation especially within different ethnicities (154, 156). Despite the need for
680 further research, it is recommended that where practitioners are working with youth
681 for a prolonged period of time, quarterly assessments of stature, limb length and body
682 mass are taken to allow the analysis of growth curves. This information can be
683 collected and provide practitioners with relevant information to help explain
684 fluctuations in performance and aid in the identification of youth who are
685 experiencing rapid growth, which may potentially place them “at-risk” of growth-
686 related injury (145).

687

688 *Monitoring physical performance*

689 There are a myriad of existing test protocols for assessing physical capacities, such as
690 muscle strength and power (72, 73, 86, 141, 173), running speed (170, 218), aerobic
691 capacity (6, 11, 263), or motor skill competency (46, 47, 60) and practitioners should
692 adopt those that are most viable for their particular environment. For example, it may
693 be feasible for practitioners within elite youth sports teams to assess kinetics and
694 kinematics using force plate diagnostics and motion capture systems (184), whereas a
695 primary school teacher may only be able to test a child’s performance on a standing

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696 broad jump (7) and collect some data on how subjectively difficult training sessions
697 were by using a child-modified version of the rating scale of perceived exertion (RPE)
698 (99). Both scenarios are likely to provide valuable information related to athletic
699 development and subsequent training prescription. Qualified professionals should
700 appreciate that when assessing physical capacities in youth, it is important to value
701 both the process of performance (i.e. how technically proficient an individual
702 performs a jumping movement) and the product of performance (i.e. how far do they
703 jump).

704

705 *Monitoring psychosocial wellbeing*

706 While practitioners may instinctively focus on assessing and monitoring measures of
707 physical performance, for the holistic development of youth, it is imperative that
708 consideration also be given to psychosocial wellbeing (197). Various wellbeing
709 monitoring tools have been reported in the literature; a modified version of the Profile
710 of Mood States questionnaire has previously been shown to be a valid tool for
711 assessing mood in adolescents (249), the recovery-stress questionnaire has been used
712 to identify non-functional overreaching in youth (29), the acute recovery and stress
713 scale has been shown to be a sensitive and valid tool to monitor recovery stress
714 imbalances (131), while researchers recently showed how a simple wellbeing
715 questionnaire (166) was able to detect perceived wellbeing in a group of adolescents
716 (199). The wellbeing questionnaire consists of five key items (fatigue, sleep quality,
717 general muscle soreness, stress levels and mood) in which youth provide a score on a
718 rating scale of 1 (least positive response) to 5 (most positive response) in 0.5
719 increments (166, 199). While psychosocial wellbeing is multifactorial, it is suggested
720 that practitioners utilize some form of monitoring system to help identify youth that

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721 are potentially “at risk” of low wellbeing and to ensure that children and adolescents
722 remain motivated to participate in sports or physical activity. Where practitioners are
723 unable to directly monitor or record data, they should have an awareness of the
724 warning signs of reduced wellbeing. For example Matos et al. (162) identified the
725 most prevalent symptoms of overtraining in youth as: a loss of appetite, increased
726 frequency of injury, frequent tiredness, inability to cope with training loads, frequent
727 respiratory infections, heavy and stiff muscles and disrupted sleep patterns.

728

729 **9. Practitioners working with youth should systematically progress and**
730 **individualize training programs for successful long-term athletic development**

731 When working within a long-term athletic development pathway, it is imperative
732 wherever possible, for qualified professionals to adopt a progressive, individualized
733 and integrated approach to the programming of strength and conditioning activities.
734 Regardless of whether a practitioner is working with an overweight prepubertal boy
735 who is re-engaging with physical activity, or a talented adolescent girl with eight
736 years of high quality training experience, there should be a clear goal commensurate
737 with the needs of the individual. While existing athletic development models provide
738 generic guidelines for qualified professionals to consider for the long-term
739 development of athleticism (142, 143), the process of designing, implementing and
740 refining youth training programs should be dictated by the needs of the individual,
741 their technical competency, and the needs of the relevant sports or activities. Also,
742 program design and delivery should accommodate for other influential factors such as
743 the time and facilities available for training, the pressures of academic work, and the
744 need for socializing with family and friends.

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746 *Challenges associated with programming for youth*

747 Periodization represents the theoretical framework for developing a training program
748 (203) and involves planning sequential blocks of training to maximize the overall
749 training response. However, in the event of insufficient time allowance for rest and
750 recovery, fatigue will accumulate and potentially lead to non-functional over-reaching
751 or in extreme cases, overtraining or burnout (169). Fatigue management and the
752 prevention of overtraining are recognized as key determinants of successful
753 programming (206), and the long-term development of athleticism in youth is
754 predicated by balancing exposure to training with sufficient time for rest, recovery
755 and growth. Much like adults, failure to accommodate for periods of rest will
756 undoubtedly make children more susceptible to the negative consequences of
757 overtraining or overuse injury (36, 162). Planning for rest and recovery to enable
758 natural growth processes to occur is a key moderator that differentiates youth
759 programming from that of adults.

760
761 The challenge of balancing training stimuli with recovery time becomes even more
762 difficult where youth are engaged with multiple sports or activities in successive
763 seasons (e.g. a fall, a winter and a summer sport), or play for multiple teams within a
764 single season (e.g. youth who play soccer at club, regional and national level).
765 Dismissing the need for adequate rest and recovery blocks will likely predispose
766 youth to decrements in physical and psychological function (36). Therefore, when
767 designing programs practitioners should prescribe rest and recovery periods as
768 mandatory blocks of the overall training plan, irrespective of pressures from sports
769 coaches or parents. In order to optimize physical development and minimize
770 accumulated fatigue, practitioners should also consider the scheduling of training

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771 versus competitions. For young children entering a long-term athletic development
772 pathway, researchers suggest that a large proportion of time should be devoted to
773 general preparatory training with a focus on development of fundamental movement
774 skills and foundational strength; then as the child becomes older, a greater amount of
775 time could then be devoted to their chosen sport or physical activity (103).
776 Practitioners should also be cognizant of the risks associated with prolonged
777 competitions and the amount of rest between, and leading up to, competition (187).
778 Intensive competitions lasting 6 hours or more with insufficient rest are a risk factor
779 for injury (27); while researchers also advocate that in the event of multiple
780 competitions taking place on the same day, youth should be allowed adequate and
781 pre-determined rest intervals between repeated bouts of activity (20). In the lead up to
782 a sporting event, it has also been suggested that youth should be afforded at least 48
783 hours of rest prior to a competition and encouraged to sleep for longer than 7 hours
784 per night (150) due to the negative effects of insufficient sleep on health, learning and
785 physical performance (21, 34, 90).

786

787 *Influence of growth and maturation on programming*

788 Due to the fact that development in youth occurs in a non-linear fashion, practitioners
789 need to be flexible and responsive to inter-individual variations in the timing, tempo
790 and magnitude of physical maturation, differences in psychosocial maturation, and
791 differences in rates and styles of learning. For example, during the growth spurt a
792 child may experience temporary disruption in motor control and whole-body
793 coordination, commonly termed ‘adolescent awkwardness’ (205, 209). In such an
794 instance, practitioners may need to adjust the training program by prescribing
795 opportunities to modify existing motor patterns with reduced loadings (145). This

1 796 scenario highlights the importance of qualified professionals working with youth to
2 797 not only possess a sound understanding of the training process and an ability to
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4 798 observe and correct technique, but also an understanding of key pediatric exercise
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7 799 science principles.

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11 801 **10. Qualified professionals and sound pedagogical approaches are fundamental**
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14 802 **to the success of long-term athletic development programs**

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16 803 While a clear understanding of pediatric exercise science and training principles are
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18 804 fundamental to the long-term development of athleticism in youth, a strong grounding
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21 805 in pedagogy and coaching skills is also a necessity in order for the practitioner to
22
23 806 effectively communicate and interact with youth of all ages and abilities (71, 142,
24
25 807 144). Practitioners should be able to call on a wide range of teaching strategies to
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27 808 ensure that all youth are exposed to mentally engaging and physically challenging
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29 809 training programs that foster a motivational climate and inspire holistic development
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31 810 from both a physical and psychosocial perspective. The ability to promote a
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33 811 motivational learning climate, in which all youth are able to participate in a variety of
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35 812 developmentally appropriate activities, engage in personal reflection, experience
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37 813 success and enhance competence (102), is an essential tool for practitioners in order to
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39 814 maximize the development of athleticism. From a holistic perspective, practitioners
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41 815 should seek to promote intrinsic motivation in youth as this will encourage a child or
42
43 816 adolescent to be interested in participating, improving and developing skills, while
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45 817 also reducing the risk of youth being solely driven by external rewards, such as
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47 818 trophies or scholarships. Cultivating an environment that promotes intrinsic
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49 819 motivation and enjoyment while minimizing the negative effects of stress will result
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820 in the best outcome for youth who need to learn and understand that successful
821 performance emanates from effort, hard work and desire (26, 124, 232-234).
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823 Within the motivational climate, practitioners should demonstrate, explain, cue and
824 modify exercises in a developmentally appropriate manner. While in the initial stages
825 of developing athleticism a practitioner may need to provide guidance and feedback to
826 teach basic motor patterns, in most instances a combination of visual demonstration
827 with concise external cues should be prioritized to maximize the learning and
828 feedback processes (17, 94). Recent evidence shows the benefits of using external as
829 opposed to internal cues in the performance of rotational jumping techniques in young
830 gymnasts (1), with researchers suggesting that attentional focus is improved when
831 using externally oriented cueing. The effective management of children and
832 adolescents, either within a competitive sporting or recreational physical activity
833 environment, will also require clear and well prepared session structures (144),
834 effective use of instruction (97), behaviour management strategies (213), the use of
835 empowerment, varied use of projection and tone of voice, and a teaching style that
836 inspires youth to continually engage in a lifetime of physical activity.

837

838 **Summary**

839 It is clear that the field of long-term athletic development has progressed over recent
840 years; however, owing to the current lack of longitudinal and well-controlled
841 empirical studies, further research is required. Specifically, a better understanding of
842 the training process in youth, the manner in which training interacts with growth and
843 maturation, and how long-term approaches to athletic development influence physical
844 performance, health and wellbeing and injury risk are key areas that require further

1 845 study. This new research is also required to validate existing practices amongst
2 846 qualified professionals and to ensure that youth are provided with evidence-based
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4 847 practice at all times. All youth should be afforded training programs commensurate
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7 848 with their individual needs, which foster a fun and motivational training environment.
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9 849 However, above all else, it is imperative that qualified professionals adhere to the
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11 850 words of President Franklin D. Roosevelt and help to build our youth for a lifelong
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14 851 future of healthy and enjoyable engagement with sports and physical activity.
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TITLE:

THE NATIONAL STRENGTH AND CONDITIONING ASSOCIATION POSITION
STATEMENT ON LONG-TERM ATHLETIC DEVELOPMENT

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Figure 1. The 10 pillars for successful long-term athletic development

1. Long-term athletic development pathways should accommodate for the highly individualized and non-linear nature of the growth and development of youth.
 2. Youth of all ages, abilities and aspirations should engage in long-term athletic development programs that promote both physical fitness and psychosocial wellbeing.
 3. All youth should be encouraged to enhance physical fitness from early childhood, with a primary focus on motor skill and muscular strength development.
 4. Long-term athletic development pathways should encourage an early sampling approach for youth that promotes and enhances a broad range of motor skills.
 5. Health and wellbeing of the child should always be the central tenet of long-term athletic development programs.
 6. Youth should participate in physical conditioning that helps reduce the risk of injury to ensure their on-going participation in long-term athletic development programs.
 7. Long-term athletic development programs should provide all youth with a range of training modes to enhance both health- and skill-related components of fitness.
 8. Practitioners should use relevant monitoring and assessment tools as part of a long-term physical development strategy.
 9. Practitioners working with youth should systematically progress and individualize training programs for successful long-term athletic development.
 10. Qualified professionals and sound pedagogical approaches are fundamental to the success of long-term athletic development programs.
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To whom it may concern,

This is a cover letter for the manuscript entitled:

- **THE NATIONAL STRENGTH AND CONDITIONING ASSOCIATION POSITION STATEMENT ON LONG-TERM ATHLETIC DEVELOPMENT**

As the first author and author for correspondence I would like to state that:

- **The manuscript has been read and approved by all the listed co-authors and meets the requirements of co-authorship as specified in the Authorship Guidelines for the Journal of Strength and Conditioning Research”**
- **This manuscript contains material that is original and not previously published in text or on the Internet, nor is it being considered elsewhere until a decision is made as to its acceptability by the Journal of Strength and Conditioning Research Editorial Review Board.**
- **I can confirm that all listed authors have contributed to the production of the manuscript, and no other academics, researchers, affiliations or funding has had any association with the project.**
- **I can confirm that there are no conflicts of interest to acknowledge**

I would like to thank you for considering publishing the manuscript and look forward to hearing from you in the near future.

Sincerely

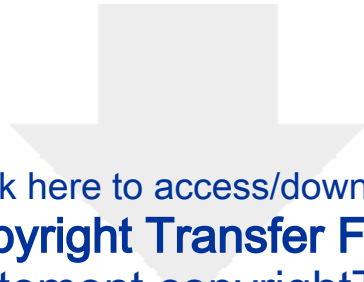


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