

**5-11  
YEARS**



This leaflet is for families whose children are affected by blood cancer. It promotes an active, safe, and adapted lifestyle during treatment.

## Perspective

Being active is essential for children to properly develop as they grow. From 5 to 11 years old, children begin to learn structured games and sports such as soccer, hockey, dance, basketball, and others. At this stage of development, physical activity is all about maintaining strength, endurance, and bodyweight. It can also contribute to better recovery after treatments and facilitate re-integration to school.

Keeping your child active can decrease fatigue, improve quality of life, maintain heart health, improve functional abilities, maintain or improve flexibility, and support bone health.

It's important to have fun: play soccer or hockey together, dance to their favourite song, do some no-contact karate (even if you're not exactly a blackbelt)—set some goals! Creating an obstacle course with your child can be a really fun way to get them moving.





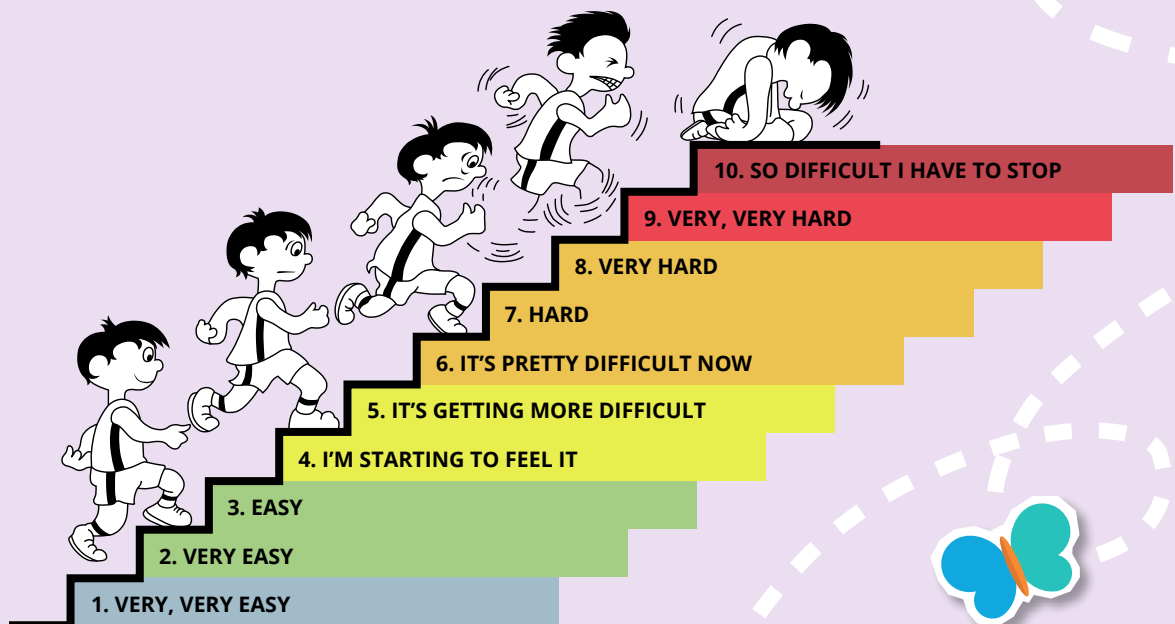
## Recommendations


Children at this age should be active 60 minutes a day if possible. This can be divided into several short periods throughout the day.

The intensity of the activity can vary from moderate to vigorous. Use the following scale to help you measure fatigue.

## Borg Rating of Perceived Exertion Scale (0-10)<sup>3</sup>

10	<i>exhaustion</i>
9	<i>very, very hard</i>
8	<i>very hard</i>
7	<i>hard</i>
6	<i>somewhat hard</i>
5	<i>moderate</i>
4	<i>fairly light</i>
3	<i>light</i>
2	<i>very light</i>
1	<i>very, very light</i>
0	<i>at rest</i>





Another easy way to assess intensity is by paying attention to breathing and ability to speak during exercise:

- Is it easy to speak during the activity?  
That means the intensity level is moderate.
- Is it hard to hold a conversation?  
That means the intensity level is high.

High-intensity exercise is important, but it should be briefer and less frequent. Moderate-intensity exercise can be done every day.



## Safety

Physical activity during treatment is not harmful if you pay attention to specific signs. Stop and postpone physical activity if your child shows evidence of:

- Nausea
- Onset or increase in pain
- Vertigo or dizziness
- Palpitations or chest pain

### Exercise caution:

#### Children with low platelet levels:

Avoid activities where there is a risk of falling or the child must catch things. Instead:

- Choose games played on the ground
- Roll objects slowly

#### Children with a low level of neutrophils:

Avoid cloth toys, wash toys before play, and wash the child's hands after play. Instead:

- Choose plastic toys

#### Children with low hemoglobin

Avoid high-intensity games and activities where they must bend over or hold their breath. Instead:

- Promote games where the child doesn't move all around or is seated
- Watch for signs of fatigue and allow for rest periods

#### Children with low blood sugar levels

who cannot eat (blood tests, etc.):

- Choose very low-intensity activities
- Postpone the activity until after they have eaten

## Make every step count

Adding brisk movement is one way of increasing children's daily amount of physical activity (walking, climbing stairs, cycling, etc.).



## Minimize sedentary activities

Seated activities should be limited at 2 hours a day when possible. For example: games on tablets or cell phones, shows and movies, reading, and others.



## Sleep

Especially during growth periods, children need lots of sleep—even in the daytime.

## Drinking water is important

Always have a water bottle on hand. Children must be kept well hydrated if they are active, especially during treatment.



## Doctor's guidance

It is important to talk with the attending physician about other recommendations for your child and adapt the level and type of physical activity your child can do.

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**Sources:** 1. Canadian 24-Hour Movement Guidelines for Children and Youth. Guideline Development Report 2016: An Integration of Physical Activity, Sedentary Behavior, and Sleep. Canadian Society for Exercise Physiology. 2. Duhamel, G. *et al.* 2020. Systematic Review of Physical Activity Prescription with Pediatric Oncology Patients Towards Recommendations. Accepted before publication. 3. Lazaar, N. *et al.* 2004. Modalities of Submaximal Exercises on Ratings of Perceived Exertion by Young Girls: A Pilot Study. *Perceptual and Motor Skills*, 99 (3\_suppl), 1091–1096. <https://doi.org/10.2466/pms.99.3f.1091-1096>



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