



Review

Effects of physical activity on executive functions, attention and academic performance in preadolescent children: a meta-analysis



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ABSTRACT

Objectives: The aim of this meta-analysis was to provide a systematic review of intervention studies that investigated the effects of physical activity on multiple domains of executive functions, attention and academic performance in preadolescent children (6–12 years of age). In addition, a systematic quantification of the effects of physical activity on these domains is provided.

Design: Systematic review and meta-analysis.

Methods: Searches of electronic databases and examining relevant reviews between 2000 and April 2017 resulted in 31 intervention studies meeting the inclusion criteria. Four subdomains of executive functions (inhibition, working memory, cognitive flexibility and planning), three subdomains of attention (selective, divided and sustained) and three subdomains of academic performance (mathematics, spelling and reading) were distinguished. Effects for different study designs (acute physical activity or longitudinal physical activity programs), type of physical activity (aerobic or cognitively engaging) and duration of intervention were examined separately.

Results: Acute physical activity has a positive effect on attention ($g = 0.43$; 95% CI = 0.09, 0.77; 6 studies), while longitudinal physical activity programs has a positive effect on executive functions ($g = 0.24$; 95% CI = 0.09, 0.39; 12 studies), attention ($g = 0.90$; 95% CI = 0.56, 1.24; 1 study) and academic performance ($g = 0.26$; 95% CI = 0.02, 0.49; 3 studies). The effects did depend on the subdomain.

Conclusions: Positive effects were found for physical activity on executive functions, attention and academic performance in preadolescent children. Largest effects are expected for interventions that aim for continuous regular physical activity over several weeks.

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1. Introduction

European preadolescent children (aged 6–12 years) spend 209 min/day (64%) of their school time in sedentary activities, while spending only 16 min/day (5%) in moderate to vigorous physical activity (MVPA).¹ This is concerning because apart from the clear physical health benefits of MVPA in children,^{2,3} an expanding body of literature shows that MVPA is positively associated with key cognitive functions that are important for success in school.⁴ Recently, many researchers have been focusing on the executive functions hypothesis.⁵ This hypothesis states that MVPA leads to

increased activity in selective parts of the brain structural network and especially improves executive functions.⁵ Executive functions are higher order cognitive functions that are responsible for initiating, adapting, regulating, monitoring, and controlling information processes and behavior.^{6,7} These functions are often thought of as an important prerequisite for successful learning in preadolescent children.⁷ Other researchers have focused on more lower-order cognitive tasks, with particular interest in attention.⁸ Attention is defined as a cognitive state in which a child focuses on a selection of available perceptual information.⁹ Although attention is closely related to executive functions,¹⁰ it can be seen as a lower order cognitive function and it is mostly measured with performance on reaction time or other simple decisional tasks.¹¹ Improvements in these cognitive functions as a result of increased physical activity may, in turn, improve children's academic performance.

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Within the preadolescent age range, previous meta-analyses have shown that enhanced cognitive functioning as a result of physical activity is most clearly seen in executive functions¹² and attention.⁸ These cognitive functions are indispensable for success throughout life and are often thought of as an important prerequisite for successful learning.⁷ Several underlying mechanisms might explain the effects of physical activity on cognitive functions. First, a single bout of physical activity (acute physical activity) is thought to immediately elevate the child's level of physiological arousal, which in turn facilitates the cognitive performance by an increased allocation of attention.^{13,14} From a psycho-physiological perspective, acute physical activity triggers an increase of neurotransmitters (e.g. epinephrine, dopamine, brain-derived neurotrophic factors), which are thought to enhance cognitive processes.^{15,16} Secondly, according to the cardiovascular fitness hypothesis, an intervention program that contains continuous aerobic physical activity over several weeks (longitudinal physical activity program) is thought to improve aerobic fitness and consequently improve cognitive performance.¹⁷ This hypothesis is supported by the argument that physical activity enhances the angiogenesis¹⁸ and neurogenesis¹⁶ in areas of the brain that support memory and learning, subsequently enhancing cognitive performance.¹⁹ More recently, other researchers argue that instead of 'simple' aerobic physical activity (i.e. physical activity that is intended to improve cardiovascular performance), cognitively engaging physical activity (i.e. physical activity that is cognitively challenging) is more beneficial for cognition.^{20–22} Cognitive engagement is the amount of both the allocation of attention and the cognitive effort that are needed for a certain activity.^{20,23} Physical activities with a relatively high cognitive engagement (e.g. tennis, where children have to plan strategically, focus attention, and so forth) are suggested to have more effect on executive functions, compared to physical activities with a relatively low cognitive engagement (e.g. long distance running, which involves more automated movements).^{20,22} These different underlying mechanisms suggest that the effects for physical activity to improve attention, executive functions and academic performance in children might depend on the duration or type (aerobic vs cognitively engaging) of physical activity chosen.

Previously, studies have mainly focused on the association between physical activity and overall cognitive functioning in children. The results from a previous meta-analysis showed a positive association between physical activity and overall cognitive functioning in children (effect size [ES] = 0.21; 8–10 years).²⁴ Meta-analyses on studies allowing the investigation of causal relationships showed significant positive effects of physical activity on children's executive functions (ES = 0.57; 6–12 years)¹² and academic performance (ES = 0.27; 3–18 years).⁴ In these previous meta-analyses only a few intervention studies investigated the causal effects in preadolescent children, especially those intervention studies that implemented a longitudinal physical activity program.¹² More recently, several randomized controlled trials have become available, aimed at investigating the effects of acute physical activity and longitudinal physical activity programs on cognitive functioning in preadolescent children.^{20,25,26}

The current meta-analysis updates and expands previous meta-analyses by including only studies that investigate the effects of acute physical activity or longitudinal physical activity programs with an appropriate control group. All correlational studies were excluded from the present meta-analysis, as these designs do not allow investigation of causal effects. In addition, uncontrolled studies were excluded, because these designs do not allow conclusions on whether the possible improvements would also have been found if the participants had been exposed to another intervention not involving physical activity.²⁷ The aim of the present meta-analysis is to provide a systematic review of all available studies that inves-

tigated the effects of physical activity on multiple domains of executive functions, attention and academic performance in preadolescent children. In addition, a systematic quantification of the effects of physical activity on these domains is provided.

2. Methods

The electronic databases PubMed, Web of Science, MEDLINE and ERIC were searched for studies that investigated the effects of physical activity on attention, executive functions and/or academic performance. Key search terms included the words physical activity, physical fitness, executive functions, cognition, academic performance and children. Medical Subject Headings (MeSH) terms, free text words and all possible equivalents were used (Table 1S, see Supplementary material). The current meta-analysis included all studies that: (a) investigated the effects of physical activity on executive functions, attention and/or academic performance, (b) were written in the English language and published between 2000 and April 2017, (c) focused on primary school children between the age of 6–12 years, (d) included a random assignment or matching with appropriate adjustments for any pre-test differences²⁸ and (e) included outcome variables measuring executive functions, attention or academic performance on interval- or ratio-level scale. Exclusion criteria for the current meta-analysis were: (a) studies targeting special populations (e.g. children with mental or cognition disorders, nervous system diseases or brain injuries), (b) studies without appropriate control conditions or groups²⁹ and (c) studies of which the intervention consisted of more than just specific physical activity (e.g. interventions that included physical active and cognitive tasks). The PRISMA-statement for reporting systematic reviews and meta-analysis was used as a guideline to conduct the review.³⁰ A trained research assistant screened the titles of all studies retrieved from the electronic databases for potentially suitable studies, after which the trained research assistant and the first author screened the abstracts of the selected studies. If there was a doubt about the suitability of the study based on the abstract, the authors assessed the eligibility based on the full text of the article. The reference list of relevant reviews were searched for additional studies. Lead authors from studies without details that allowed for the calculation of ESs were contacted by email to retrieve missing details.

After removing duplicates and adding 7 studies from previous reviews, our initial electronic search yielded 3032 studies that were reviewed based on their title (Fig. 1). Seventy five ($n = 75$) full-text articles were reviewed, after which 41 were excluded (Table 2S, see Supplementary material). Common exclusion reasons were: studies without appropriate control conditions or groups ($n = 9$), cognitive tests that did not explicitly assess executive functions ($n = 7$), ages of participants were (partly) outside of target age range ($n = 7$) or interventions that combined physical activity with academic assignments ($n = 6$). Finally, one study was excluded because additional details were needed to calculate an ES and we received no response on our email nor on our reminder.³¹ Thus, a total of 31 studies (4593 children) were included in the meta-analysis. The characteristics of the included studies can be found in Table 3S (see Supplementary material).

The study quality of the selected studies was assessed independently by a research assistant and the first author according to the Physiotherapy Evidence Database (PEDro) scale. The PEDro scale is an 11-item scale which has been used extensively in meta-analyses and reliably assesses randomization, blinding, intention-to-treat, between-group comparison and measures of variability.³² Scores on the PEDro scale range between 0 and 10 (one item pertains external validity and is not used to calculate the score). An adequate quality is defined as a study having an adequate generation

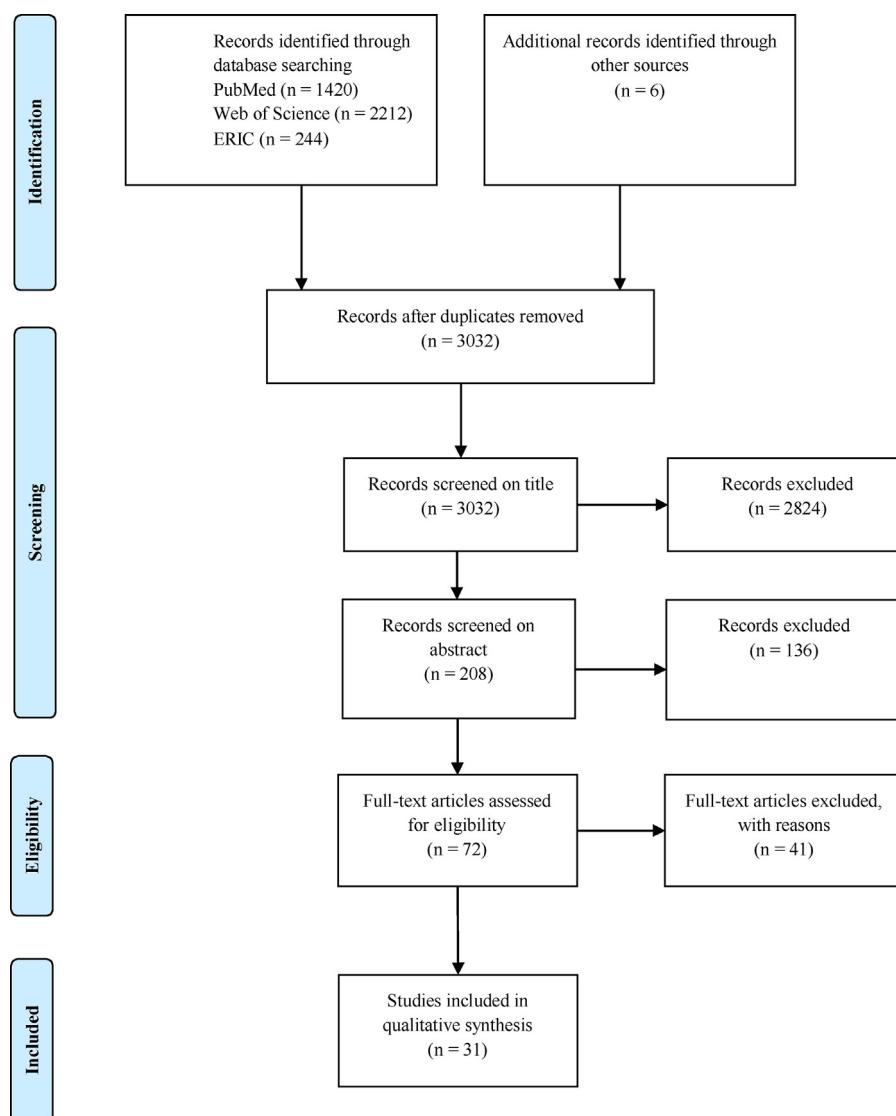


Fig. 1. PRISMA flow diagram of the selection of studies.

of random sequence, concealment of allocation and blinding of outcome assessors.³³ This is represented by a PEDro summary score of at least 5 points.³³ Discrepancies regarding study quality were discussed until consensus was reached.

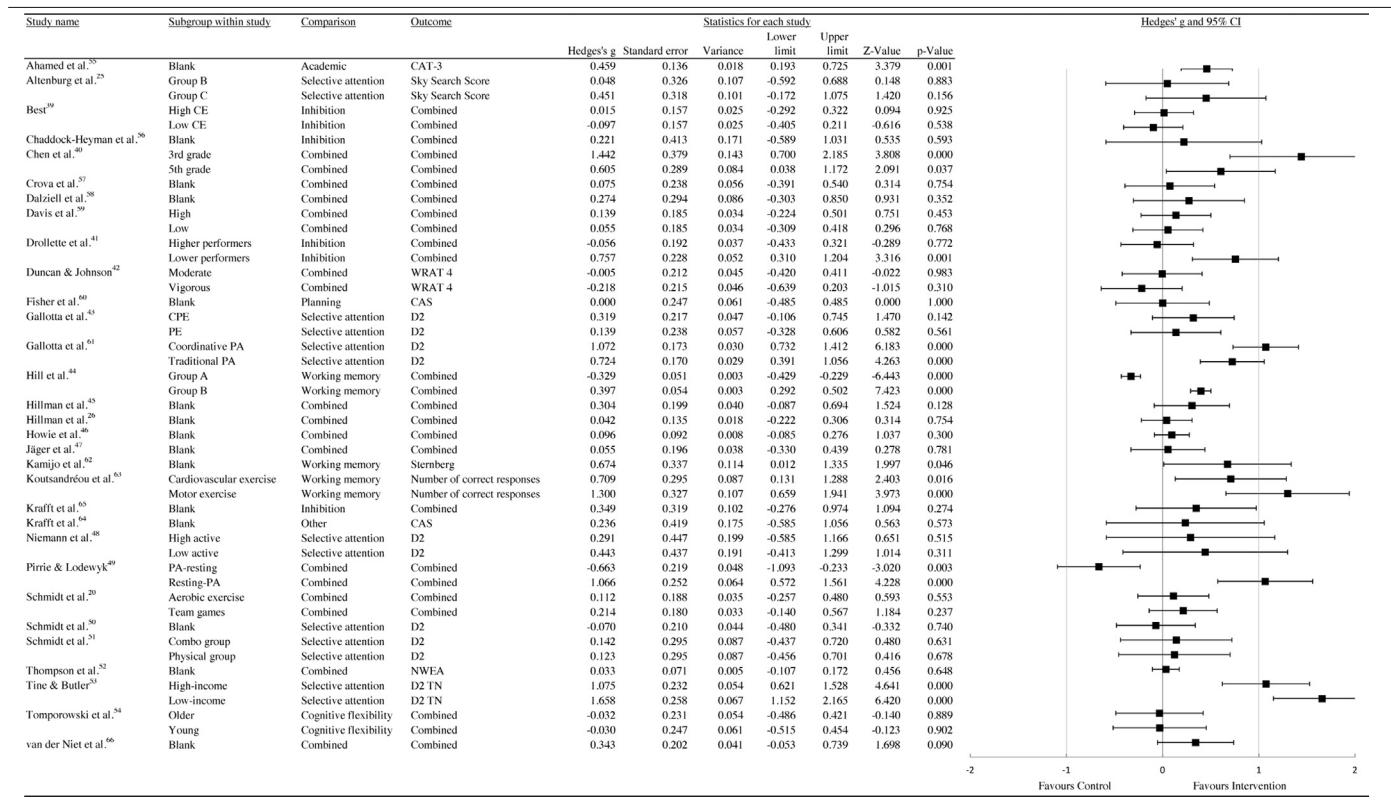
Statistical analysis was performed using Comprehensive Meta-Analysis (version 2.2). First, studies were coded in terms of study design, distinguishing between studies investigating acute physical activity or a longitudinal physical activity program. Secondly, primarily for the purpose of the aim, three separate meta-analyses were conducted for the domains executive functions, attention and academic performance. Third, a subgroup analysis was conducted for several subdomains. Four subdomains of executive functions were distinguished: inhibition, working memory, cognitive flexibility and planning. These subdomains were chosen because they are relatively easy to operationalize and are likely to be implicated in the performance of the tests used in most of the included studies.^{6,34,35} Three subdomains of attention were distinguished: selective, divided and sustained.³⁶ In addition, three subdomains of academic performance were distinguished: mathematics, spelling and reading. Fourth, two additional meta-analysis were conducted for aerobic and cognitively engaging physical activity. Last, a meta-regression was conducted to investigate the effects of duration for

acute physical activity (in minutes) and for the longitudinal physical activity program (in weeks).

No statistical comparisons were made between the domains and subdomains because data from multiple domains and subdomains came from the same children making it unlikely that the assumption of independence was true. To control for dependency between multiple outcome variables (e.g. accuracy and reaction time) within a subdomain (e.g. inhibition), a mean ES of the outcome variables was used. In case of multiple independent subgroups within a study (e.g. multiple intervention groups), subgroup was used as the unit of analysis. To adjust for respective sample sizes, Hedges' adjusted g was used and studies were weighted by the study inverse variance. The magnitude of Hedges' g was interpreted using Cohen's guidelines, distinguishing between small (<0.2), moderate (0.5), and large (>0.8) ESs.³⁷ We used a random effects approach to compute overall ESs.³⁸ Several studies collected data at multiple points. In such cases, only the baseline scores and the scores closest to the end of the intervention were used to calculate the ES. Heterogeneity of each effect was assessed using the I^2 and Q statistics.³⁸ The presence of a publication bias for executive functions, attention and academic performance was assessed by using a funnel plot, calculating the Rosenthal's fail-safe N and performing the Egger's linear regression method. The moderation effect of duration was inves-

Table 1

Individual effect sizes for each subgroup within the included studies.



tigated with a fixed effects meta-regression analysis. Statistical significance was adopted for all tests when $p < 0.05$.

3. Results

The ESs of the individual studies can be found in Table 1. The funnel plot resembled a funnel and the Egger's linear regression method was non-significant for executive functions, attention and academic performance indication that there was no evidence of publication bias. There were however considerable differences between the ESs derived from the individual studies [$I^2 = 84\%$; $Q = 286.87$; $p < 0.001$]. The mean PEDro score was 4.3 (below adequate) and had a range between 2 (below adequate) and 7 (adequate) (Table 3S, see Supplementary material).

Seventeen studies ($s = 17$) were included that examined the effects of acute physical activity on cognitive functions [$I^2 = 87\%$; $Q = 217.18$; $p < 0.001$], which resulted in a total of 29 comparisons ($k = 29$).^{25,39–54} Of these studies, 10 (59%) reported positive findings on at least one of the outcome measures,^{25,40–42,44–48,53} six studies (35%) reported no significant findings^{39,49–52,54} and one study (6%) reported a negative finding.⁴³ Overall, acute physical activity resulted in a small to moderate improvement of cognitive functions [Hedges' $g = 0.24$; 95% CI = 0.08, 0.40; $p = 0.004$] (Table 2).

No significant effect was found for acute physical activity on executive functions ($s = 9$, $k = 15$). When looking at the subdomains of executive functions, a small to moderate positive effect of acute physical activity was found for inhibition [Hedges' $g = 0.28$; 95% CI = 0.01, 0.56; $p = 0.042$]. No significant effect was found for working memory ($s = 4$, $k = 6$) or cognitive flexibility ($s = 5$, $k = 8$). No studies investigated the effects of acute physical activity on planning.

Six studies focused on the effects of acute physical activity on selective attention ($k = 11$),^{25,43,48,50,51,53} with considerable differ-

ences between the ESs [$I^2 = 76\%$; $Q = 41.31$; $p < 0.001$]. No studies focused on sustained or divided attention. Overall, acute physical activity resulted in a small to moderate improvement of selective attention [Hedges' $g = 0.43$; 95% CI = 0.09, 0.77; $p = 0.013$].

No overall significant effect was found for acute physical activity on academic performance ($s = 4$, $k = 5$), with minor differences between the studies [$I^2 = 26\%$; $Q = 5.39$; $p = 0.250$].^{42,45,46,52} Investigating each distinguished subdomain of academic performance, a small to moderate effect was found for spelling [Hedges' $g = 0.25$; 95% CI = 0.03, 0.48; $p = 0.030$] ($s = 2$, $k = 3$).^{42,45} No significant effects were found for mathematics ($s = 4$, $k = 5$)^{42,45,46,52} and reading ($s = 3$, $k = 4$).^{42,45,52}

Of the studies that investigated the effects of acute physical activity, 15 studies ($k = 24$) focused on the effects of aerobic physical activity, resulting in a small to moderate positive effect [Hedges' $g = 0.28$; 95% CI = 0.09, 0.46; $p = 0.004$].^{25,39–46,48,49,51–54} Five studies ($k = 5$) focused on the effects of cognitively engaging physical activity which showed no significant effect.^{39,43,47,50,51} To include all studies in the meta-regression, a correction on the standard errors (dividing the standard error by the square root of the number of comparisons) was applied for one study that used different durations of acute physical activity.⁴⁶ Duration (in minutes) had no significant influence on the effects of acute physical activity ($\beta < 0.001$; $p = 0.907$).

Fourteen included studies ($k = 18$) implemented a longitudinal physical activity program and examined the effects on cognitive functions [$I^2 = 65\%$; $Q = 48.46$; $p < 0.001$].^{20,26,55–66} Nine of these studies (64%) reported positive findings on at least one of the outcome measures,^{20,26,56,58,59,61–63,66} five studies (36%) reported no significant finding^{55,57,60,64,65} and no studies reported a negative finding. Longitudinal physical activity programs resulted in an overall small to moderate improvement of cognitive functions [Hedges' $g = 0.37$; 95% CI = 0.20, 0.55; $p \leq 0.001$].

Table 2

Meta-analytic results with potential moderators affecting the effects of physical activity on cognitive performance.

	Sample size	k	Meta-analytic effect size			Heterogeneity		
			Hedges' g	95% CI	p-value	I ²	Q	p-value
Acute physical activity	2827	29	0.24	[0.08, 0.40]	0.004	87.11	217.18	<0.001
<i>Domains</i>								
Executive functions	1384	15	0.20	[-0.04, 0.42]	0.096	91.03	156.02	<0.001
Inhibition	349	10	0.28	[0.01, 0.56]	0.042	77.64	40.25	<0.001
Working memory	1084	6	0.27	[-0.12, 0.66]	0.176	95.88	121.38	<0.001
Cognitive flexibility	458	8	0.30	[-0.14, 0.73]	0.182	88.29	59.80	<0.001
Planning	-	-	-	-	-	-	-	-
Attention	616	11	0.43	[0.09, 0.77]	0.013	75.79	41.31	<0.001
Academic performance	941	5	0.09	[-0.05, 0.22]	0.196	25.76	5.39	0.250
Mathematics	941	5	-0.18	[-0.48, 0.13]	0.254	84.27	25.42	<0.001
Reading	847	4	0.17	[-0.08, 0.41]	0.185	57.75	7.10	0.069
Spelling	56	3	0.25	[0.03, 0.48]	0.030	<0.01	0.52	0.772
<i>Type of physical activity</i>								
Aerobic	2472	24	0.28	[0.09, 0.46]	0.004	89.31	215.21	<0.001
Cognitively engaging	355	5	0.07	[-0.11, 0.25]	0.424	<0.01	1.95	0.745
Longitudinal physical activity	1766	18	0.37	[0.20, 0.55]	<0.001	64.92	48.46	<0.001
<i>Domains</i>								
Executive functions	1179	15	0.24	[0.09, 0.39]	0.001	34.00	21.21	0.096
Inhibition	688	7	0.19	[-0.04, 0.42]	0.097	49.72	11.93	0.063
Working memory	579	8	0.36	[0.10, 0.62]	0.007	56.79	16.20	0.023
Cognitive flexibility	556	4	0.18	[0.01, 0.35]	0.040	4.79	3.15	0.369
Planning	394	4	0.12	[-0.08, 0.32]	0.224	<0.01	0.78	0.855
Attention	299	2	0.90	[0.56, 1.24]	<0.001	51.49	2.06	0.151
Academic performance	565	4	0.26	[0.02, 0.49]	0.032	38.84	4.91	0.179
Mathematics	231	2	0.09	[-0.17, 0.35]	0.490	<0.01	<0.01	0.983
Reading	277	3	0.15	[-0.15, 0.46]	0.316	35.31	3.10	0.213
Spelling	46	1	0.34	[-0.23, 0.92]	0.243	-	-	-
<i>Type of physical activity</i>								
Aerobic	1231	12	0.29	[0.13, 0.45]	0.001	43.23	19.38	0.055
Cognitively engaging	535	6	0.53	[0.14, 0.92]	0.008	78.87	23.67	<0.001

Note: k = number of comparisons.

A small to moderate positive effect was found for longitudinal physical activity programs on executive functions [Hedges' $g = 0.24$; 95% CI = 0.09, 0.39; $p = 0.001$] ($s = 12$, $k = 15$).^{20,26,56–60,62–66} Investigating the subdomains of executive functions, a small to moderate positive effect was found for working memory [Hedges' $g = 0.36$; 95% CI = 0.10, 0.62; $p = 0.007$] ($s = 6$, $k = 8$).^{20,57,58,62,63,66} and a small positive effect was found for cognitive flexibility [Hedges' $g = 0.18$; 95% CI = 0.01, 0.35; $p = 0.040$] ($s = 3$, $k = 4$).^{20,26,66} No significant effects of longitudinal physical activity programs were found for inhibition ($s = 6$, $k = 7$)^{20,26,56,57,65,66} and planning ($s = 4$, $k = 4$).^{59,60,64,66}

One study ($k = 2$) found a large positive effect of a longitudinal physical activity program on selective attention [Hedges' $g = 0.90$; 95% CI = 0.56, 1.24; $p < 0.001$].⁶¹ No studies focused on sustained or divided attention.

Three studies ($k = 4$) focused on the effects of a longitudinal physical activity program on academic performance, with minor differences between the studies [$I^2 = 39\%$; $Q = 4.91$; $p = 0.179$].^{55,58,59} An overall small to moderate positive effect was found on academic performance [Hedges' $g = 0.26$; 95% CI = 0.02, 0.49; $p = 0.032$]. However, investigating each distinguished subdomain of academic performance, no significant effects of longitudinal physical activity were found for mathematics ($s = 1$, $k = 2$),⁵⁹ reading ($s = 2$, $k = 3$)^{58,59} and spelling ($s = 1$, $k = 1$).⁵⁸

Investigating the type of physical activity within studies that implemented a longitudinal physical activity program, 11 studies ($k = 12$) focused on aerobic physical activity^{20,26,55,56,59–65} and five studies ($k = 6$) focused on cognitively engaging physical activity.^{57,58,61,63,66} A small to moderate positive effect was found for aerobic [Hedges' $g = 0.29$; 95% CI = 0.13, 0.45; $p = 0.001$] and a moderate to large positive effect for cognitively engaging physical activity [Hedges' $g = 0.53$; 95% CI = 0.14, 0.92; $p = 0.008$]. Duration

(in weeks) had no significant influence on the effects of longitudinal physical activity programs ($\beta < 0.001$; $p = 0.952$).

4. Discussion

The current meta-analysis investigated the effects of physical activity on executive functions, attention and academic performance in preadolescent children based on the outcome data of 31 studies. The meta-analysis showed that acute physical activity has a positive small to moderate effect on attention ($ES = 0.43$), while longitudinal physical activity programs has a positive small to moderate effect on executive functions ($ES = 0.24$), a positive large effect on attention ($ES = 0.90$) and a positive small to moderate effect on academic performance ($ES = 0.26$).

This meta-analysis expanded the evidence by examining the results of 9 recent studies that aimed to investigate the effects of acute physical activity on executive functions in preadolescent children. For acute physical activity (i.e. a single bout of physical activity), no effect was found in the current meta-analysis, while a moderate to large positive effect ($ES = 0.57$; $s = 2$) was found in Verburgh et al.¹² The reason for this difference is likely due to the inclusion of a larger number of studies in the current meta-analysis ($s = 9$) which may reflect a more reliable result. Despite the inclusion of a large number of studies, still large ES differences between studies were found. The effects largely depend on different moderators, such as outcome measure,^{40,41,45,49} duration,⁴⁶ or effects were only found in a subgroup.^{39,41,44} The positive small to moderate effect of acute physical activity on attention ($ES = 0.43$) is comparable with the small to moderate effect found in the meta-analysis by Chang et al.⁸ ($ES = 0.42$). These findings are in accordance with the hypothesis that acute physical activity immediately facilitates the cognitive performance by increasing the allocation of attention.^{13,14} The combined finding that acute physical activity

has an effect on attention and inhibition ($ES = 0.28$), while no effect on other domains of executive functions (e.g. working memory, cognitive flexibility and planning) supports the hypothesis that attentional problems in children are related with specific domains of executive functions, particularly with inhibition.¹⁰ In addition, the positive effects on attention are expected to increase the time children are engaged in academic subjects,⁶⁷ with better academic performance in the long term.

For longitudinal physical activity programs (i.e. continuous regular physical activity over several weeks), a positive small to moderate effect on executive functions ($ES = 0.24$) was found, which is slightly lower than the positive small to moderate effect on executive functions ($ES = 0.46$) found in a previous meta-analysis including both children and adolescents.²² Verburgh et al.¹² found no significant effect of longitudinal physical activity programs ($s = 3$), which might be explained by the inclusion of a larger number of studies in the current meta-analysis ($s = 12$). With regard to academic performance, a small to moderate effect of longitudinal physical activity programs was found ($ES = 0.26$). These effects are similar with the small to moderate effects found by Fedewa and Ahn⁴ ($ES = 0.27$). There is an increasing pressure to reduce time in the school curriculum for physical education, in order to make room for learning academic skills such as spelling, mathematics and reading. It is therefore important to acknowledge the positive effect of physical activity on academic performance.⁶⁸ Interestingly, the meta-analysis by Fedewa and Ahn⁴ found the highest effect on mathematics and closely followed by reading, while no effect was found on any of the subdomains (mathematics, reading and spelling) in the current meta-analysis. It seems unlikely that this difference is explained because of an age difference, since Fedewa and Ahn⁴ found the highest ESs on academic performance for children at the elementary school level, compared with the middle and high school levels. By focusing only on preadolescent children, the number of studies per subdomain of academic performance in the current meta-analysis was low. Therefore, the results of the subdomains of academic performance should be interpreted with caution and possibly explaining the differences between the current results and the ones found by Fedewa and Ahn.⁴

Interestingly, the longitudinal physical activity programs that focused on cognitively engaging physical activity ($s = 11$) showed a moderate to large positive effect ($ES = 0.53$), while aerobic physical activity showed a small to moderate positive effect ($ES = 0.29$). For cognitively engaging physical activity, a child has to allocate a high amount of attention and cognitive effort.²³ It is thought that by specifically selecting physical activities with a relatively high cognitive engagement, performance on cognitive functions will increase. Although both types of physical activity showed beneficial effects, the current findings suggests that physical activity with a higher cognitive engagement has more effect on executive functions compared to aerobic physical activity. This finding is supported by the recent meta-analysis that compared the effects of different types of longitudinal physical activity programs on cognitive functioning in children and adolescents.²² This makes cognitively engaging physical activity an interesting focus for future intervention programs.

Some limitations should be considered before drawing conclusions. First, although different types of moderators that might have influenced the size of the effects of physical activity were investigated, there are additional moderators not included in the current meta-analysis that might have an effect on the physiological responses of physical activity. For example, it is recommended that future studies test different exercise intensities and initial fitness levels. It has been suggested that there is an inverted-U effect with MVPA showing the largest effect on cognition, whereas light and vigorous physical activity showing smaller effects.⁶⁹ Nevertheless, almost all studies that focused on the effects of physical activity on cognitive performance in children were conducted with mod-

erate to vigorous intensities.²¹ Secondly, the current meta-analysis only included studies that were published after 2000 and that contained a control condition with no or a lower amount of physical activity. Although this resulted in excluding only a small amount of studies, the inclusion of these studies would limit the generalizability of our findings. Including different types of control conditions would require additional comparisons, for which we would like to refer to a recent meta-analysis by Vazou et al.²²

5. Conclusions

Based on the results of the current meta-analysis positive effects were found for both acute physical activity as well as for longitudinal physical activity programs on cognitive functions (in the current study a combined effect of the domains executive functions, attention and academic performance) in preadolescent children. The positive effects of acute physical activity were only found for attention, while the positive effects of longitudinal physical activity programs were consistent for all domains. The results indicate that benefits are largest for continuous cognitively engaging physical activity over several weeks.

Practical implications

- Single bout of physical activity can be a successful strategy to stimulate attention, but not executive functions or academic performance in children between the age of 6 and 12 years.
- Intervention programs that implement continuous regular physical activity over several weeks are more likely to improve executive functions and academic performance than a single bout of physical activity.
- Interventions programs over several weeks that include cognitively challenging physical activities seem to be more effective in improving cognitive performance than aerobic physical activity.

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Appendix A. Supplementary data

Supplementary data associated with this article can be found, in the online version, at <https://doi.org/10.1016/j.jsams.2017.09.595>.

References¹

1. van Stralen MM, Yıldırım M, Wulp A et al. Measured sedentary time and physical activity during the school day of European 10- to 12-year-old children: the ENERGY project. *J Sci Med Sport* 2014; 17(2):201–206.
2. Bailey DP, Boddy LM, Savory LA et al. Associations between cardiorespiratory fitness, physical activity and clustered cardiometabolic risk in children and adolescents: the HAPPY study. *Eur J Pediatr* 2012; 171(9):1317–1323.
3. Boddy LM, Murphy MH, Cunningham C et al. Physical activity, cardiorespiratory fitness, and clustered cardiometabolic risk in 10- to 12-year-old school children: the REACH Y6 study. *Am J Human Biol* 2014; 26(4):446–451.
4. Fedewa AL, Ahn S. The effects of physical activity and physical fitness on children's achievement and cognitive outcomes: A meta-analysis. *Res Q Exerc Sport* 2011; 82(3):521–535.
5. Colcombe SJ, Kramer AF. Fitness effects on the cognitive function of older adults: a meta-analytic study. *Psychol Sci* 2003; 14(2):125–130.

¹ Asterisks have been added to those references referring to studies included in the current meta-analysis.

6. Miyake A, Friedman NP, Emerson MJ et al. The unity and diversity of executive functions and their contributions to complex frontal lobe tasks: a latent variable analysis. *Cogn Psychol* 2000; 41(1):49–100.
7. Diamond A. Executive functions. *Annu Rev Psychol* 2013; 64:135–168.
8. Chang Y, Labban J, Gapin J et al. The effects of acute exercise on cognitive performance: a meta-analysis. *Brain Res* 2012; 1453:87–101.
9. Gerrig RJ, Zimbardo PG. *Psychology and life*, Boston, USA, Pearson Education, 2010.
10. Friedman NP, Haberstick BC, Willcutt EG et al. Greater attention problems during childhood predict poorer executive functioning in late adolescence. *Psychol Sci* 2007; 18(10):893–900.
11. Purdy MH. Executive functions: theory, assessment, and treatment, in *Cognitive communication disorders*, 1st ed., Kimbarow ML, editor, San Diego, CA, Plural Publishing cop, 2011, p. 77–93.
12. Verburgh L, Königs M, Scherder EJ et al. Physical exercise and executive functions in preadolescent children, adolescents and young adults: a meta-analysis. *Br J Sports Med* 2014; 48(12):973–979.
13. Tomporowski PD. Effects of acute bouts of exercise on cognition. *Acta Psychol* 2003; 112(3):297–324.
14. Audiffren M. Acute exercise and psychological functions: a cognitive-energetic approach, in *Exercise and cognitive function*, 1st ed., McMorris T, Tomporowski PD, Audiffren M, editors, Oxford, Wiley Online Library, 2009, p. 3–39.
15. Roig M, Nordbrandt S, Geertsen SS et al. The effects of cardiovascular exercise on human memory: a review with meta-analysis. *Neurosci Biobehav Rev* 2013; 37(8):1645–1666.
16. Dishman RK, Berthoud H, Booth FW et al. Neurobiology of exercise. *Obesity* 2006; 14(3):345–356.
17. Etnier JL, Salazar W, Landers DM et al. The influence of physical fitness and exercise upon cognitive functioning: a meta-analysis. *J Sport Exerc Psychol* 1997; 19:249–277.
18. Isaacs KR, Anderson BJ, Alcantara AA et al. Exercise and the brain: angiogenesis in the adult rat cerebellum after vigorous physical activity and motor skill learning. *J Celeb Blood Flow Metab* 1992; 12(1):110–119.
19. Hillman CH, Buck SM, Themanson JR et al. Aerobic fitness and cognitive development: event-related brain potential and task performance indices of executive control in preadolescent children. *Dev Psychol* 2009; 45(1):114–129.
20. *Schmidt M, Jäger K, Egger F et al. Cognitively engaging chronic physical activity, but not aerobic exercise, affects executive functions in primary school children: a group-randomized controlled trial. *J Sport Exerc Psychol* 2015; 37(6):575–591.
21. Pesce C. Shifting the focus from quantitative to qualitative exercise characteristics in exercise and cognition research. *J Sport Exerc Psychol* 2012; 34(6):766–786.
22. Vazou S, Pesce C, Lakes K et al. More than one road leads to Rome: a narrative review and meta-analysis of physical activity intervention effects on cognition in youth. *Int J Sport Exerc Psychol* 2016;1:1–26.
23. Tomporowski PD, McCullick B, Pendleton DM et al. Exercise and children's cognition: the role of exercise characteristics and a place for metacognition. *J Sport Health Sci* 2015; 4(1):47–55.
24. Sibley BA, Etnier JL. The relationship between physical activity and cognition in children: a meta-analysis. *Pediatr Exerc Sci* 2003; 15(3):243–256.
25. *Altenburg TM, Chinapaw MJ, Singh AS. Effects of one versus two bouts of moderate intensity physical activity on selective attention during a school morning in Dutch primary schoolchildren: a randomized controlled trial. *J Sci Med Sport* 2016; 19(10):820–824.
26. *Hillman CH, Pontifex MB, Castelli DM et al. Effects of the FITKids randomized controlled trial on executive control and brain function. *Pediatr* 2014; 134(4):e1063–e1071.
27. Diamond AB. The cognitive benefits of exercise in youth. *Curr Sports Med Rep* 2015; 14(4):320–326.
28. Slavin RE, Lake C, Groff C. Effective programs in middle and high school mathematics: a best-evidence synthesis. *Rev Educ Res* 2009; 79(2):839–911.
29. Harris KC, Kuramoto LK, Schulzer M et al. Effect of school-based physical activity interventions on body mass index in children: a meta-analysis. *CMAJ* 2009; 180(7):719–726.
30. Moher D, Liberati A, Tetzlaff J et al. Preferred reporting items for systematic reviews and meta-analyses: the PRISMA statement. *PLoS Med* 2009; 6(7):e1000097.
31. Ellemborg D, St-Louis-Deschênes M. The effect of acute physical exercise on cognitive function during development. *Psychol Sport Exerc* 2010; 11(2):122–126.
32. Maher CG, Sherrington C, Herbert RD et al. Reliability of the PEDro scale for rating quality of randomized controlled trials. *Phys Ther* 2003; 83(8):713–721.
33. Armijo-Olivo S, da Costa BR, Cummings GG et al. PEDro or Cochrane to assess the quality of clinical trials? A meta-epidemiological study. *PLoS One* 2015; 10(7):e0132634.
34. Diamond A, Barnett WS, Thomas J et al. Preschool program improves cognitive control. *Science* 2007; 318(5855):1387–1388.
35. Miller EK, Cohen JD. An integrative theory of prefrontal cortex function. *Annu Rev Neurosci* 2001; 24(1):167–202.
36. Janssen M, Toussaint HM, van Mechelen W et al. Effects of acute bouts of physical activity on children's attention: a systematic review of the literature. *Springer-Plus* 2014; 3(1):410.
37. Cohen J. *Statistical power analysis for the behavioral sciences*, 2nd ed. Hillsdale, NJ, Lawrence Erlbaum Associates, 1988.
38. Higgins J, Thompson SG. Quantifying heterogeneity in a meta-analysis. *Stat Med* 2002; 21(11):1539–1558.
39. *Best JR. Exergaming immediately enhances children's executive function. *Dev Psychol* 2012; 48(5):1501–1510.
40. *Chen A, Yan J, Yin H et al. Effects of acute aerobic exercise on multiple aspects of executive function in preadolescent children. *Psychol Sport Exerc* 2014; 15(6):627–636.
41. *Drollette ES, Scudder MR, Raine LB et al. Acute exercise facilitates brain function and cognition in children who need it most: an ERP study of individual differences in inhibitory control capacity. *Dev Cogn Neurosci* 2014; 7:53–64.
42. *Duncan M, Johnson A. The effect of differing intensities of acute cycling on preadolescent academic achievement. *Eur J Sport Sci* 2014; 14(3):279–286.
43. *Gallotta MC, Emerenziani GP, Franciosi E et al. Acute physical activity and delayed attention in primary school students. *Scand J Med Sci Sports* 2015; 25(3):e331–e338.
44. *Hill L, Williams JH, Aucott L et al. Exercising attention within the classroom. *Dev Med Child Neurol* 2010; 52(10):929–934.
45. *Hillman CH, Pontifex MB, Raine LB et al. The effect of acute treadmill walking on cognitive control and academic achievement in preadolescent children. *Neuroscience* 2009; 159(3):1044–1054.
46. *Howie EK, Schatz J, Pate RR. Acute effects of classroom exercise breaks on executive function and math performance: a dose-response study. *Res Q Exerc Sport* 2015; 86(3):217–224.
47. *Jäger K, Schmidt M, Conzelmann A et al. Cognitive and physiological effects of an acute physical activity intervention in elementary school children. *Front Psychol* 2014; 5:1473.
48. *Niemann C, Wegner M, Voelcker-Rehage C et al. Influence of acute and chronic physical activity on cognitive performance and saliva testosterone in preadolescent school children. *Ment Health Phys Act* 2013; 6(3):197–204.
49. *Pirrie AM, Lodewyk KR. Investigating links between moderate-to-vigorous physical activity and cognitive performance in elementary school students. *Ment Health Phys Act* 2012; 5(1):93–98.
50. *Schmidt M, Egger F, Conzelmann A. Delayed positive effects of an acute bout of coordinative exercise on children's attention. *Percept Mot Skills* 2015; 121(2):431–446.
51. *Schmidt M, Benzing V, Kamer M. Classroom-based physical activity breaks and children's attention: cognitive engagement works! *Front Psychol* 2016; 7:1474.
52. *Thompson HR, Duvall J, Padrez R et al. The impact of moderate-vigorous intensity physical education class immediately prior to standardized testing on student test-taking behaviors. *Ment Health Phys Act* 2016; 11:7–12.
53. *Tine MT, Butler AG. Acute aerobic exercise impacts selective attention: an exceptional boost in lower-income children. *Educ Psychol* 2012; 32(7):821–834.
54. *Tomporowski PD, Davis CL, Lambourne K et al. Task switching in overweight children: effects of acute exercise and age. *J Sport Exerc Psychol* 2008; 30(5):497–511.
55. *Ahamed Y, Macdonald H, Reed K et al. School-based physical activity does not compromise children's academic performance. *Med Sci Sports Exerc* 2007; 39(2):371–376.
56. *Chaddock-Heyman L, Erickson KI, Voss MW et al. The effects of physical activity on functional MRI activation associated with cognitive control in children: a randomized controlled intervention. *Front Hum Neurosci* 2013; 7(72):1–13.
57. *Crova C, Struzzolino I, Marchetti R et al. Cognitively challenging physical activity benefits executive function in overweight children. *J Sports Sci* 2014; 32(3):201–211.
58. *Dalziell A, Boyle J, Mutrie N. Better movers and thinkers (BMT): an exploratory study of an innovative approach to physical education. *Eur J Psychol* 2015; 11(4):722–741.
59. *Davis CL, Tomporowski PD, McDowell JE et al. Exercise improves executive function and achievement and alters brain activation in overweight children: a randomized, controlled trial. *Health Psychol* 2011; 30(1):91–98.
60. *Fisher A, Boyle JM, Paton JY et al. Effects of a physical education intervention on cognitive function in young children: randomized controlled pilot study. *BMC Pediatr* 2011; 11:97.
61. *Gallotta MC, Emerenziani GP, Iazzoni S et al. Impacts of coordinative training on normal weight and overweight/obese children's attentional performance. *Front Hum Neurosci* 2015; 9:577.
62. *Kamijo K, Pontifex MB, O'Leary KC et al. The effects of an afterschool physical activity program on working memory in preadolescent children. *Dev Sci* 2011; 14(5):1046–1058.
63. *Koutsandreu F, Wegner M, Niemann C et al. Effects of motor versus cardiovascular exercise training on children's working memory. *Med Sci Sports Exerc* 2016; 48(6):1144–1152.
64. *Krafft CE, Schwarz NF, Chi L et al. An 8-month randomized controlled exercise trial alters brain activation during cognitive tasks in overweight children. *Obesity* 2014; 22(1):232–242.
65. *Krafft CE, Pierce JE, Schwarz NF et al. An eight month randomized controlled exercise intervention alters resting state synchrony in overweight children. *Neuroscience* 2014; 256:445–455.
66. *van der Niet AG, Smith J, Oosterlaan J et al. Effects of a cognitively demanding aerobic intervention during recess on children's physical fitness and executive functioning. *Pediatr Exerc Sci* 2016; 28(1):64–70.
67. Duncan GJ, Dowsett CJ, Claessens A et al. School readiness and later achievement. *Dev Psychol* 2007; 43(6):1428.
68. Wilkins J, Graham G, Parker S et al. Time in the arts and physical education and school achievement. *J Curriculum Stud* 2003; 35(6):721–734.
69. McMorris T, Hale BJ. Differential effects of differing intensities of acute exercise on speed and accuracy of cognition: a meta-analytical investigation. *Brain Cogn* 2012; 80(3):338–351.