



## Twelve Month Follow-up of Motor Skill Intervention on Fundamental Motor Skills in the Preschoolers



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### ABSTRACT

**Background:** The present study aims to determine whether motor skill intervention children sustained fundamental motor skill proficiency after one year of follow-up. **Methods:** The study was carried out among 39 girls ( $5.31 \pm 0.23$  yrs.) and boys ( $5.23 \pm 0.2$  yrs.) preschoolers without any previously-identified health problems. Participations were randomized to motor skill intervention with physical education specialists ( $n=19$ ) and control group that performed ordinary preschool physical activity ( $n=20$ ). The TGMD-2 was used to measure children's FMS. The intervention was implemented 2 days a week for 12 months. Data were collected and analyzed in 12 months' follow-up to examine the long-term effect of motor skill intervention on FMS. **Results:** Using repeated measure MANCOVA with gender covariate showed that participation in motor skill intervention were more improvement in locomotor and object control skills during both post-test and follow-up. In the control group, children developed locomotor skills, but object control in this group did not improve significantly ( $p>0.01$ ). **Conclusions:** The results of this study illustrate that FMS not only requires natural growth and maturity for its development but also requires constant interaction with the stimuli coming from the educational program and especially environmental object control skills equipment in preschools.

### 1. Introduction

Motor development is the process of continuous, age-related change in movement, also because of the interacting constraints (or factors) within the individual, environment, and task that drive these changes (Robinson & Goodway, 2009). supported this view, motor development isn't only hooked in to and suffering from growth and maturity but also influenced by the precise environmental context (Zeng et al., 2019). The early childhood years comprise a vital period for motor development and experts recommend that children should take part in substantial amounts of physical activity through play (Mak et al. 2021). Fundamental motor skills (FMS) an organized series of basic movements that involve the combination of movement patterns of two or more body segments. FMS are considered to be the foundation skills that lead to specialized movement sequences required for participation in many organized and non-organized physical activities for children and adolescents (Morgan et al. 2013). Findings suggest that children's participation in motor skills interventions improves their motor development as well as FMS (Robinson et al., 2018). In a recent review, showed that the most successful motor skills interventions were those using FMS, led by an expert teacher because early childhood educators who are adequately trained and enabled with knowledge are ideally placed to promote physical activity engagement amongst their pupils (Mak et al. 2021).

However, less is known about whether participation in a motor skill intervention would elicit positive changes in preschoolers' FMS after the cessation of the intervention (Palmer et al., 2019). Although the

findings suggest that the intervention improves FMS in healthy children, care should be taken in interpreting them because not only is there no quality evidence in this regard, but only the immediate effects after the intervention have been examined and no long-term follow-up has been done in this regard (Wick et al., 2017). Previous literature (Hardy et al., 2012; Robinson & Goodway, 2009; Roth et al., 2015) have provided evidence of the persistence of beneficial effects on FMS for 8 to 12 weeks after intervention. While some other studies (Iivonen et al., 2011; Piek et al., 2013; Reilly et al., 2006) with a follow-up period of 3-12 months after the intervention did not find lasting effects on FMS. These findings suggest that, according to experts in the child physical education (PE), FMS should be continuously trained, practiced and reinforced, because it does not seem to develop and sustain naturally without training and practice (Morgan et al., 2013). Barnett and colleagues (2009) showed that six years after the 12-month FMS intervention, five skills assessed for follow-up differences, intervention students had increased their advantage relative to controls in the catch, lost their advantage in the kick and the overhand throw and appeared to maintain their advantage in the side gallop and jump. In recent study by Coppens et al. (2021) reported after 30-week 'Multimove' program intervention, the intervention group outperformed the control group. However, when 6-year follow-up, was considered, the intervention group made less progress in motor competence than the control group.

This fact approved that the motor skill interventions can improve FMS and would bring about positive physiological, psychological and behavioral consequences (Gibson, 1977). However, what is important is to find practical and effective strategies that lead to improved FMS

as well as sustainability. Since most of the studies included measurement the short-term effects of motor skills intervention, some researchers (Wick et al., 2017; Kelso et al., 2020; Coppens et al., 2021) suggestions that follow up assessment to determine any sustained the effect of interventions. Moreover, most of the existing intervention studies were conducted on children from developed countries which may preclude generalizability of their implementation on developing countries (Lopes et al., 2021). Therefore, we assessed the one year's follow up effect of motor skill intervention on FMC competence of Iranian 4 to 6 years old children's.

## **2. Materials and Methods**

### *2.1. subjects*

The research questions investigated using a two-arm (intervention and control groups) study involving pretest, posttest and even follow-up. Four preschools in the north of Tehran with similar socioeconomic status and family ethnicity were availability selected for the study population. According to (Lorås, 2020), the minimum effect size, which clearly pinpoints the impact of curriculum-based physical education on the development of motor skills, is  $\geq 0.52$ . Therefore, in order to reach the statistical power of 0.8 in the pre-test, post-test, and follow-up measurements, a sample of 39 participants was required for the two groups with an alpha level of 0.05 (Lorås, 2020). Children were randomly assigned into two study groups: An experimental group or motor skill intervention consisting of 19 children (N= 9 girl), and a control group or ordinary physical activity consisting of 20 children (N= 8 girl). Participants in this study had met the following requirements: 1. Their age ranged from 4 years and 0 months to 6 years and 11 months; 2. They did not have a mental or physical disability before the study; and 3. They had no diagnosed disease that impeded safe participation in the study (e.g., unstable heart condition). Exclusion criteria were the disease or voluntary withdrawal from intervention, failure to complete the pre-test, post-test, and follow-up tests, irregular attendance at training (3 consecutive absences or 5 absences during the course), and participation in motor skill intervention with physical education specialists after the post-test. All ethical recommendations from the "University Research Committee" were adhered to.

### *2.2 Apparatus and Task*

#### ***Demographics and Anthropometrics Measurements***

Parents were asked to fill out a survey questionnaire on demographic variables including age, gender and including questions on their child's present engagement in physical activity or sports classes and his/her sports history during retention. Measurement of participants' height and weight was undertaken in a private setting, with children wearing light clothes and while they were barefooted. A portable stadiometer was used for measuring participants' height with a precision of 0.25 cm. Moreover, their weight was measured using Seca digital scale (769G21 Model, Germany) with a precision of 0.1 kg, while wearing the least amount of clothing possible. Body mass index (BMI) was calculated using the standardized equation 'mass/height [in kilograms per square meter]' (Jarani et al. 2015).

#### ***Assessment of motor development***

In pre-test, post-test and follow up the assessment of participants' motor development was implemented following the requirements of the Test of Gross Motor Development-2nd edition (TGMD-2). TGMD-2 is divided into 2 categories: locomotor skills (run, leap,

gallop, hop, jump, and slide) and object control (catch, strike, bounce, over- and underhand throw, and kick). The TGMD-2 shows an excellent test-retest reliability ( $r \geq 0.88$ ) and inter-rater reliability ( $r > 0.98$ ) as well as good internal consistency so All children were tested according to the TGMD-2 manual (Ulrich & Sanford, 2000). Since TGMD-2 is perceived to be a reliable, valid criterion-based test, the authors applied it for measuring motor skill development among Iranian children with 3-10 years of age in Tehran city (Farrokhi et al., 2014). children being given a demonstration of the correct technique before assessment then asked to perform the skill twice, each of which is rated as correctly executed '1' or not '0'. All children were assessed in the field using live observation by raters trained for that purpose.

#### ***Motor skill Intervention***

This program was run based on Gibsonia's ecological theory of development (1960) in which the interaction among the task, the individual, and the environment has been highlighted (Lopes et al., 2021). According to the recommendations made in recently reviewed studies (Lopes et al., 2021; Mak et al., 2021), the main objective of this intervention was particularly on FMS improvement as well as implementing multidisciplinary interventions. Accordingly, this intervention has been delivered in group settings as part of children's participatory curriculum. This curriculum has been scheduled for an extended time period (e.g. 12 months), during which children participated 2 sessions each week in kindergarten. Besides, the intervention has been delivered by 3 specialists working as PE teachers and each session duration was 45 min in this study (see Table 1). Curriculum was designed in accordance with the cultural, climatic conditions and welfare and educational facilities available in Iranian kindergartens (Kordi et al., 2017).

### *2.3. Procedures*

The motor skill intervention began in September 2018 and concluded in September 2019. In the pre-test, demographic characteristics, anthropometrics and motor skills scores of all participations were measured. Veldman, Jones and Okley (2016) in a systematic review announced the duration of the interventions varied between 2 and month and suggested intervention at least two sessions a week may contribute to the effectiveness of intervention. The total duration of intervention phase was 12 months with 2 sessions (each one 45 min) in week. Following the implementation of the intervention protocol for experimental group, posttest has been conducted. Then, one year's follow up period was considered for both groups, during which no intervention was presented for both study groups and then motor development in were measured same pre-test and post-test. with notice that from 20 February 2019 to September 2020 all kindergartens were closed due to the outbreak of the COVID-19. Although 3 children from the experimental group and one child from the control group were excluded from the follow-up test due to participating in organized sports classes during retention period.

**Table 1.**

Sample of a lesson plan of curriculum-based physical activity program in one session

Part	Time	Activity	Aim
Warm up	15 min	Greeting with Name Activity and dance with music freeze and run play	<ul style="list-style-type: none"> <li>Enjoys being part of a group</li> <li>increase the heart and respiration rate</li> <li>achievement of physiological benefits including muscular strength, muscular endurance, cardiovascular endurance, flexibility, and body composition</li> </ul>
Motor skill program	25 min	Jumps over objects 12 to 15cm high; Walks a balance beam; crawling from under obstacles; Catches a ball thrown from 1m away	<ul style="list-style-type: none"> <li>Fundamental motor skill</li> <li>Physical fitness</li> </ul>
Cool down	5 min	age-appropriate stories with moves	<ul style="list-style-type: none"> <li>Enjoys role-playing and symbolic</li> <li>Activities</li> </ul>

#### 2.4. Data analysis

SPSS software (version 26) has been used to analyze the data being collected. Descriptive statistics (e.g. mean and standard deviation) were applied for the description of each of the three experimental phases (i.e., pretest, posttest, and follow up). To check the normality of the distribution of test scores, Kolmogorov-Smirnov test were run. Then, independent sample t-test, Mixed MANCOVAs and post hoc Bonferroni analysis have been used to compare these scores.

#### 3. Results

The mean and standard deviation of the anthropometric factors of participants' scores are given in Table 2. The results independent t-test showed that there was no significant difference between height ( $t_{(37)} = 0.640$ ,  $P = 0.526$ ), weight ( $t_{(37)} = 0.644$ ,  $P = 0.524$ ), and BMI ( $t_{(37)} = 0.387$ ,  $P = 0.701$ ) between the experimental and control groups in pre-test.

**Table 2.**

Mean  $\pm$  SD of participants in the variables of age, weight, height and BMI

Group	n	Age (years)	Height (cm)	Weight (Kg)	BMI	
Experimental	Boys	10	5.22 $\pm$ 0.23	118.80 $\pm$ 1.93	23.03 $\pm$ 1.30	16.31 $\pm$ 0.79
	Girls	9	5.36 $\pm$ 0.32	117.00 $\pm$ 2.12	21.30 $\pm$ 1.07	15.57 $\pm$ 0.95
	Total	19	5.28 $\pm$ 0.28	117.95 $\pm$ 2.17	22.21 $\pm$ 1.46	15.96 $\pm$ 0.92
Control	Boy	12	5.25 $\pm$ 0.17	118.67 $\pm$ 1.77	22.73 $\pm$ 1.33	16.15 $\pm$ 0.94
	Girls	8	5.28 $\pm$ 0.32	115.75 $\pm$ 1.48	20.60 $\pm$ 1.46	15.37 $\pm$ 0.88
	Total	20	5.27 $\pm$ 0.23	117.50 $\pm$ 2.18	21.88 $\pm$ 1.72	15.84 $\pm$ 0.97

Comparison between experimental and control groups in the pre-test by t-test showed that there was no significant difference in mean scores of locomotor skills ( $t_{(37)} = 1.934$ ,  $P = 0.061$ ), and object controls ( $t_{(37)} = 0.181$ ,  $P = 0.857$ ). There was no significant difference between boys and girls in locomotor skills ( $t_{(37)} = -0.700$ ,  $P = 0.488$ ) but the mean score of boy's object control skills on the pre-test ( $t_{(37)} = -2.625$ ,  $P = 0.013$ ) was significantly different from girls. Therefore, analysis of the results by adjusting the gender factor and using mix MANCOVA test.

The result of post hoc Bonferroni analysis shown that the development of LS in the experimental group was significantly better than the control group ( $F = 13.61$ ,  $P = 0.001$ ,  $\eta^2 = 0.269$ ). This difference between the two groups persisted until the follow-up phase and the participants in the experimental group performed better than the control group after 12 months of intervention ( $F = 26.31$ ,  $P = 0.001$ ,  $\eta^2 = 0.416$ ).

**Table 3.**

Analysis of repeated measure pre- test to follow up for two groups in locomotor skills

Source	Df	Mean Square	F	P	Partial Eta Squared
Time	2	4.360	11.722	0.001	0.246
Group	1	202.009	17.134	0.001	0.322
Gender	1	1.146	0.097	0.757	0.003
Time*group	2	17.017	45.754	0.001	0.560
Time*gender	2	0.478	1.285	0.283	0.034

**Table 4.**  
Analysis of repeated measure pre- test to follow up for two groups in object control skills

Source	Df	Mean Square	F	P	Partial Eta Squared
Time	2	13.186	29.211	0.0001	0.448
Group	1	248.417	6.821	0.013	0.159
Gender	1	171.317	4.704	0.037	0.116
Time*group	2	48.599	107.666	0.0001	0.749
Time*gender	2	1.739	3.852	0.026	0.097

The result of post hoc Bonferroni analysis showed that only the experimental group was able to gain significant development in the post-test over the pre-test ( $p = 0.001$ ,  $F = 384.05$ ,  $\eta^2 = 0.914$ ). The performance of OC of both groups in the post-test was significantly different ( $p = 0.001$ ,  $F = 12.55$ ,  $\eta^2 = 0.259$ ). Also, the results of the follow-up test showed that there was a difference between the two groups even after 12 months of intervention, and again the experimental group performed significantly better in OC compared to the control group ( $p = 0.001$ ,  $F = 13.22$ ,  $\eta^2 = 0.269$ ).

#### 4. Discussion and Conclusion

The present study aims to determine whether motor skill intervention children sustained fundamental motor skill proficiency after one years of follow-up. The intervention of motor skills significantly improved the locomotor skills and object control among the experimental group participants. Thus, this development was significantly higher compared to the children who participated in ordinary physical activity without expert PE teacher in preschool. Therefore, it can be said that specialist intervention motor skill is significantly more effective than the ordinary physical activity in preschool. This finding is consistent with the results of previous research whom mentioned quality of instruction, FMS knowledge and education support for teachers can positively impact FMS level of children (Mak et al., 2021; Palmer et al., 2019; Wick et al., 2017). Although in this study, gender differences for object control skills existed, it can be related to differences in physical activity behavior or cultural norms that may foster enhanced FMS in boys (e.g., kicking) or girls (e.g., balancing), the reach and responsiveness of girls and boys in interventions targeting FMS may be different as well (Wick et al., 2017)

In the control group, children developed locomotor skills, but object control in this group did not improve significantly. Other intervention studies in which children received no planned or formalized instruction have found skill improvement as well (Bonvin et al., 2013). Palmer et al. (2019) reported the lack of change in object control during the ordinary physical activity in control group and children in the motor skill intervention demonstrated greater rates of change and scored higher on all motor skills at the late assessment compared with the control group. This may be due to the limited environmental facilities associated with the development of object control or the greater interest of children participating in the research in activities such as running, climbing and jumping while playing ordinary. It has been found that a broad range of correlates at the child, family, and environment levels are primarily associated with locomotor and/or object control skills, as well as strength. Accordingly, it illustrates the two facets of FMS correlates, i.e. their multidimensionality, and being specific to the particular skill type. Our findings suggest that improvement of FMS among young children is highly correlated with the kind of skills applied by teachers and health professionals throughout child's skill development journey (Zeng et al., 2019). On the other hand, heightening the development of object control is only attained

through child's participation in specific contexts under the availability of accurate instructions (Brian et al., 2018).

The control group did not differ significantly in the follow-up phase compared to the post-test phase. In addition, ordinary physical activities in preschool led to improvement in these children (although this improvement was less than the experimental group). This issue can be due to the effect of aging on the level of motor activities (Robinson & Goodway, 2009) and, consequently, maintaining the functional level of children in the control group in locomotor skills and object control. However, considering that no significant differences in children's motor skills between post- test and follow up was observed in both experimental and control groups. It can be concluded that the improvement in motor skills will not be achieved only through a period of cross-sectional intervention. These results contradict the assumption that motor competence follows a natural development and maturation process; rather, it suggests that motor skills development is made possible through continuous interaction with a stimulating and supportive social and physical environment. This kind of physical-social environment must be attractive, and should provide a sufficient amount of space, stimulating social attitudes. Besides, the whole process must follow a professional instructional approach (Gibson, 1977). This finding can be explained in light of the mutual interaction between the biological conditions and the physical environment in which the participants are involved. Also, it can be regarded as a dynamic developmental system composed of both perception and action (Lopes et al., 2021). When all the instinctive prerequisites to learn a new skill are endowed within the child himself, but the child is not capable of its acquisition on his own, either the surrounding environment or other people (e.g. teachers or peers) can support and scaffold him to achieve this targeted level of competence.

It seems that the provision of motor skills intervention by specialists within the framework of the multidisciplinary approach can lead to development with lasting effects on locomotor skills and object control in preschool children. But for continuous improvement in children's motor skills, children need to constantly participate in motor activities with their peers. In future research, a more in-depth study should be done on longitudinal impact of motor skill intervention to determine the factors affecting the maintaining its intervention effects in the long run. Also, the long-term effects of movement skills intervention on important physical health factors such as body fat percentage, daily level activities, muscle strength and endurance with focus on the differences both gender should be investigated. However, there are some limitations that should be acknowledged. First, this sample is not representative all Iranian children. Second, the validity and reliability of the latest version of the TGMD test (TDMD-3) in Tehran was not examined, so the second version was used. Third, physical activity was only to be noticed during the preschool day; therefore, we were not able to assess the impact of the other factor after school on motor development.

### Conflict of interest

The authors declare there is no conflict of interest.

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