

apnea, and nonalcoholic steatohepatitis, are occurring in adolescents. Routine nutrition screening for all adolescents should include questions about meal patterns, dieting behaviors, consumption of high-fat and high-salt foods, and recent changes in weight. Discuss healthy dietary habits with all adolescents, including the benefits of a healthy diet; ways to consume foods rich in calcium, iron, and other vitamins and minerals; and safe weight management. Lifestyle changes necessary for adolescents to lose weight require the involvement of family members who provide support and encourage active participation.

## **Physical Fitness**

Although today's youth are less fit than children 20 years ago, adolescents probably spend more time and energy practicing and participating in sports activities than members of any other age group. In 2011, nearly one half (49.5%) of all high school students reported that they participated in activities that made them “sweat and breathe hard for at least 20 minutes” three or more times in the past week ([Eaton, Kann, Kinchen, et al, 2012](#)). Many adolescents participate in sports within school settings ([Fig. 15-8](#)). School-based, health-oriented physical education may provide both immediate effects of the activity and sustained effects through encouragement of lifelong activity patterns. Participation in school physical education classes declines with age, because schools often do not have mandatory requirements past grade 9 or 10. To improve health outcomes, the U.S. Department of Health and Human Services recommended school-age children and adolescents should engage in a minimum of 60 minutes of moderate to vigorous physical activity daily and muscle-strengthening activity at least 3 days per week ([Song, Carroll, and Fulton, 2013](#)).