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**THE EFFECT OF EXTRACURRICULAR
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The Effect of Extracurricular Physical Activity on Bone Properties, Muscle Strength

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Abstract – Physical activity (PA), weight-bearing exercises (WBE) and muscle quality add to skeletal improvement, while sedentary behaviour (SB) unfavorably influences bone wellbeing. Past reviews analyzed the confined impact of PA, SB or muscle quality on bone wellbeing, which was normally surveyed by x-beam strategies, in kids. Little is thought about the joined impacts of these elements on bone stiffness (SI) evaluated by quantitative ultrasound. We examined the joint relationship of PA, SB and muscle quality on SI in kids.

Keywords: Bone Stiffness, Physical Activity, Sedentary Behaviour, Accelerometer, Quantitative Ultrasound, Quantitative Evidence, Weight-Bearing Exercise, Muscle Strength

1. INTRODUCTION:-

Abnormal amounts of physical action (PA) have been found to streamline skeletal improvement right on time in life, therefore avoiding age-related bone misfortune and osteoporotic cracks (Tan *et. al.*, 2014. Herrmann *et. al.*, 2012. Nilsson *et. al.*, 2014. Rizzoli *et. al.*, 2010). The positive effect of moderate (MPA), vigorous (VPA) or moderate-to-vigorous PA (MVPA) on bone wellbeing in youngsters has been exhibited in a few observational reviews (Harvey *et. al.*, 2012. Janz *et. al.*, 2010. Tobias *et. al.*, 2007. Kriemler *et. al.*, 2008. Cardadeiro *et. al.*, 2012. Janz *et. al.*, 2014. Janz *et. al.*, 2001). In school-based mediations an osteogenic impact of WBE, for example, bouncing or ballgames has been watched. The impact of high-effect PA has been to a great extent clarified by the muscle compel and quality following up on bone (Herrmann *et. al.*, 2012), (Macdonald *et. al.*, 2007. Meyer *et. al.*, 2011. Gunter *et. al.*, 2008. Daly, 2007. Bass *et. al.*, 2005. McKay *et. al.*, 2000. Petit *et. al.*, 2002). Accordingly, muscle quality and bulk assume a vital part in bone improvement amid development (Schoenau, Frost, 2002). Universal PA rules for kids from the World Health Organization (WHO) prescribe one hour of MVPA every day, including VPA or bone-reinforcing practices on no less than three days seven days (World Health Organization, 2015). Nonetheless, an extensive number of studies have shown that most kids invest deficient energy in MVPA (Janz *et. al.*, 2010), (Tobias *et. al.*, 2007), (Konstabel *et. al.*, 2014. Basterfield *et. al.*, 2014. Ekelund *et. al.*, 2011). The time beforehand spent in MVPA might be supplanted by the expanding time kids spend in stationary practices, for example, staring at the TV or playing PC recreations that may unfavorably influence bone

wellbeing (Harvey *et. al.*, 2012, Heidemann *et. al.*, 2013). (De Smet *et. al.*, 2014). As per past reviews, the unfavorable impact of inactive practices on bone wellbeing might be balanced by extra highimpact PA (Gracia-Marco *et. al.*, 2012), Vicente-Rodriguez *et. al.*, 2009).

The assortment of techniques for evaluating and operationalizing PA and bone wellbeing hamper the correlation of studies, especially to investigate reliable dose–response connections and bone-related PA suggestions. This is additionally convoluted by the way that typically just the detached osteogenic impact of either chronic PA, distinctive sorts of WBE or inactive practices has been inspected. The osteogenic impact of various PA powers joined with inactive conduct in kids is inadequately examined. Specifically, there is an absence of quantitative confirmation on the relationship of PA and WBE with bone wellbeing in youngsters more youthful than five years (Janz *et. al.*, 2010). In the IDEFICS ponder (Identification and counteractive action of dietary-and way of life prompted wellbeing impacts in youngsters and newborn children), an expansive European specimen of kids matured 2–10, bone stiffness index (SI), as a pointer for bone wellbeing, was measured utilizing quantitative ultrasound (QUS) (Gracia-Marco *et. al.*, 2012). We exhaustively surveyed periodic PA levels, stationary conduct and physical wellness, which made it feasible for us to at the same time explore the relationship of these way of life elements with SI in kids. In detail, we analyzed the impact of equitably measured normal PA levels, SED, LPA, MPVA, VPA and MVPA and additionally of parental-revealed relaxation time PA, WBE and screen time on SI in preschool (2-< 6 years) and school

youngsters (6–10 years). We also explored the relationship of solid wellness and fat-free mass (FFM) on SI independently and also in mix with PA and inactive conduct. Both, strong wellness and FFM have been utilized as pointers for muscle quality and bulk in past reviews (Kriemler *et al.*, 2008), (Ruiz *et al.*, 2011). (Dorsey *et al.*, 2010. Kâ *et al.*, 2013).

2. REVIEW OF LITRATURE:

The PRO-BONE review is intended to explore the effect of osteogenic and non-osteogenic brandishes on bone advancement in youthful guys amid adolescence, and how a plyometric hop preparing project is related with body sythesis parameters.

Exercise as a tool to improve bone health

Practice has been proposed as a key component for creating solid bones in youth and pre-adulthood (Daly, 2007, Bass *et al.*, 2005). fundamentally when high-effect and weight-bearing PA happens (Daly, 2007) over a specific power and term (Daly, 2007), (McKay *et al.*, 2000), (Petit *et al.*, 2002). Longitudinal reviews have demonstrated that ongoing PA is decidedly connected with bone wellbeing in youngsters and teenagers as a result of its effect on bone advancement (Schoenau, Frost, 2002), (World Health Organization, 2015). The long haul constructive outcomes of PA amid pre-adulthood stay into youthful adulthood with dynamic guys matured 24.2 years having 8 and 10% higher BMC at TB and femoral neck (FN) individually contrasted with non-dynamic associates, notwithstanding when balanced for development and size (Konstabel *et al.*, 2014). Inquire about led on previous expert football players demonstrated that activity is not just a critical calculate the gradual addition of, additionally in the support, of bone mineral thickness (BMD) (Basterfield *et al.*, 2014). It has been demonstrated that direct and promptly available weight-bearing activity before pubescence may increment femoral volumetric BMC, by expanding cortical thickness, and hence bone quality (Ekelund *et al.*, 2011). Likewise, bone improvement is subject to the effect of mechanical load and procedures that trigger bone displaying and renovating (Heidemann *et al.*, 2013), and perhaps on basic adjustments related with trabecular microarchitecture (De Smet *et al.*, 2014).

Sport participation and bone health

It has been demonstrated that game cooperation is significant for solid bone improvement, however not all games affect the skeletal mass. As indicated by their attributes, games can be depicted as osteogenic (weight-bearing activity) and non-osteogenic (non-weight-bearing activity). Aside from various medical advantages (Gracia-Marco *et al.*, 2012), football is considered as an osteogenic wear both in youth and pre-adulthood as bone mass is expanded (Vicente-Rodriguez *et al.*, 2009. Herrmann *et al.*, 2014. Ruiz

et al., 2011. Dorsey *et al.*, 2010). Conversely, games, for example, cycling (Kâ *et al.*, 2013) or swimming are related with no change or a diminishment in bone mass when contrasted with controls. This could be a hindrance for getting a high pinnacle bone mass which may trade off future bone wellbeing.

3. PLYOMETRIC EXERCISE INTERVENTION TO INCREASE BONE HEALTH

To accomplish the advantages of activity and pick up acknowledgment, PA models must be compelling, easy to direct, plausible, reasonable, short in length and conceivable to perform at any area (i.e. at home, at the games focus). Plyometric hop preparing (PJT) might be a wise decision and trial examines utilizing creature models have over and over demonstrated that short, discrete episodes of activity mixed with rest periods is more powerful than a solitary longer episode of activity for enhancing bone mass and quality.

Look into in early pubescence has demonstrated that a novel and effortlessly actualized 8-month PJT (Bounce at the Bell; ~3 min/day) improved bone mass at the weight bearing proximal femur. Mackelvie *et al.* demonstrated that a 7-month hopping mediation (10 min, 3 times/week) was related with more bone at the FN and lumbar spine (LS) in early pubertal young ladies and these outcomes were kept up following 2 years. What's more, prepubertal Asian and Caucasian young men of normal or low body mass list (BMI) enlarged bone mineral accumulation at a few areas following a 7-month bouncing mediation (10 min, 3 times/week). Be that as it may, there are an absence of studies investigating the impact of PJT in the juvenile populace, which is urgent as immaturity is the period related with the best augmentations in BMC and BMD. Moreover, this has not been considered in youths occupied with various games (osteogenic versus non osteogenic), which is critical to look at if top bone mass amid youth might be amplified and along these lines lessen the hazard for creating osteoporosis in adulthood.

4. BONE TURNOVER MARKERS AND VITAMIN D

Bone advancement relies on upon its metabolic movement, which incorporates bone arrangement, resorption and, as an outcome bone turnover. The relationship of PA and game interest with bone digestion markers has been indicated already in youths. An expansion in the centralizations of bone development and resorption markers can be seen in non-osteogenic games, for example, swimming; however an examination amongst osteogenic and non-osteogenic sports has not been researched beforehand.

The part of vitamin D in bone digestion is imperative because of commitment of vitamin D in calcium

homeostasis and bone mineralization forms amid development. Prove demonstrates that satisfactory vitamin D levels are important to secure bone mass and collaborate with exercise to improve bone development. The size of the advantages in young men and young ladies vary at destinations of the skeleton and may rely on upon the gauge levels of vitamin D and on past stacking knowledge. A positive communication amongst PA and vitamin D on BMD in young people has been depicted however the relationship between vitamin D with osteogenic and non-osteogenic sports has not been supported.

5. PHYSICAL ACTIVITY AND BIOCHEMICAL MARKERS FOR THE BONE METABOLISM

Other than the densitometry techniques, a few analysts have been utilizing the investigation of some bone digestion markers to survey the impacts of the physical movement on the bone redesigning, in look for some connection between changes found in the BMD and the variety in the blood or urinary centralizations of these markers. This strategy has been utilized as a dynamic asset to survey the activity versus bone wellbeing relationship. Vincent and Braith demonstrated that there is a connection between the adjustments in the marker convergence of the bone digestion and the densitometric changes watched, and to be sure, there is a connection between the preparation force and the size of the expansion in the markers for the bone turnover. Among different reviews those creators watched a noteworthy reaction from the bone turnover markers at higher preparing powers. All things considered, other than the day by day varieties of a few markers, the disparity in its use, and the distinctive reactions these markers need to comparable approachs, the outcomes on the variety in the biochemical markers not generally take after the progressions that occur in the BMD along the preparation time frame. Then again, there is a probability that it happens an expansion in the grouping of those markers, with no reaction on the BMD. Pruitt et al. recommend that the expansion in the bone turnover markers fixation might be an early adjustment to the expanding BMD. In any case, another impediment that occurs in utilizing such technique is that the reaction of the markers may speak to a mean of the aggregate body bone rebuilding, as opposed to the detects that endured the significant over-burden amid the physical movement. Because of such impediments, complete conclusions identified with the impact of the quality preparing or distinctive sportive modalities in the bone rebuilding surveyed through such technique still need additionally considers. Graph 3 shows a few reviews utilizing the biochemical markers for the bone digestion so as to evaluate the impacts of the physical movement on the BMD. In any case, because of the obvious confinements and disparities watched, additionally studies are required keeping in mind the end goal to

accomplish a few conclusions on the impacts of the physical practicing on the bone renovating through this technique.

6. CONCLUSION:

From a legitimate and handy to an unthinking viewpoint, physically dynamic and vigorously fit youngsters reliably beat their latent and unfit companions scholastically on both a short-and a long haul premise. Time spent occupied with physical action is connected to a more beneficial body as well as to improved psychological advancement and long lasting mind wellbeing. On the whole, the discoveries over the assemblage of writing around there propose that increments in high-impact wellness, got from physical movement, are identified with changes in the honesty of mind structure and capacity that underlie scholastic execution. The most grounded connections have been found between vigorous wellness and execution in arithmetic, perusing, and English. For youngsters in a school setting, normal cooperation in physical movement is especially advantageous regarding assignments that require working memory and critical thinking. These discoveries are validated by the aftereffects of both credible correlational reviews and trial randomized controlled trials. By and large, the advantages of extra time committed to physical instruction and other physical movement openings some time recently, amid, and after school exceed the advantages of elite use of educational time for scholarly learning, as physical action openings offered over the educational programs don't hinder scholastic execution.

REFERENCES:

- Bass S.L., Eser P., Daly R. (2005). The effect of exercise and nutrition on the mechanostat. *J Musculoskelet Neuronal Interact.*; 5(3): pp. 239–54.
- Basterfield L., Jones A.R., Parkinson K.N., Reilly J., Pearce M.S., Reilly J.J., et al. (2014). Physical activity, diet and BMI in children aged 6–8 years: a cross-sectional analysis. *BMJ Open.* 4(6), e005001. doi:10.1136/bmjopen-2014-005001.
- Cardadeiro G., Baptista F., Ornelas R., Janz K.F., Sardinha L.B. (2012). Sex specific association of physical activity on proximal femur BMD in 9 to 10 year-old children. *PLoS One.*; 7(11), pp. 506-57. doi:10.1371/journal.pone.0050657.
- Daly R.M. (2007). The effect of exercise on bone mass and structural geometry during growth.

- Med Sport Sci.; 51: pp. 33–49. doi:10.1159/0000103003.
- De Smet S., Michels N., Polfliet C., D'Haese S., Roggen I., De Henauw S., et al. (2014). The influence of dairy consumption and physical activity on ultrasound bone measurements in Flemish children. *J Bone Miner Metab.* 2014. doi:10.1007/s00774-014-0577-7.
- Dorsey K.B., Thornton J.C., Heymsfield S.B., Gallagher D. (2010). Greater lean tissue and skeletal muscle mass are associated with higher bone mineral content in children. *Nutr Metab (Lond.)*; 7: p. 41. doi:10.1186/1743-7075-7-41.
- Ekelund U., Tomkinson G., Armstrong N. (2011). What proportion of youth are physically active? Measurement issues, levels and recent time trends. *Br J Sports Med.* 45(11): pp. 859–65. doi:10.1136/bjsports-2011-090190.
- Gracia-Marco L., Rey-Lopez J.P., Santaliestra-Pasias A.M., Jimenez-Pavon D., Diaz L.E., Moreno L.A., et al. (2012). Sedentary behaviours and its association with bone mass in adolescents: the HELENA Cross-Sectional Study. *BMC Public Health.* 12: p. 971. doi:10.1186/1471-2458-12-971.
- Gunter K., Baxter-Jones A.D., Mirwald R.L., Almstedt H., Fuller A., Durski S., et al. (2008). Jump starting skeletal health: a 4-year longitudinal study assessing the effects of jumping on skeletal development in pre and circum pubertal children. *Bone.*; 42(4): pp. 710–8. doi:10.1016/j.bone.2008.01.002.
- Harvey N.C., Cole Z.A., Crozier S.R., Kim M., Ntani G., Goodfellow L., et al. (2012). Physical activity, calcium intake and childhood bone mineral: a population-based cross-sectional study. *Osteoporos Int.*; 23(1): pp. 121–30. doi:10.1007/s00198-011-1641-y.
- Heidemann M., Molgaard C., Husby S., Schou A.J., Klakk H., Moller N.C., et al. (2013). The intensity of physical activity influences bone mineral accrual in childhood: the childhood health, activity and motor performance school (the CHAMPS) study. *Denmark BMC Pediatr.* 2013; 13: p. 32. doi:10.1186/1471-2431-13-32.
- Herrmann D., Hebestreit A., Ahrens W. (2012). Impact of physical activity and exercise on bone health in the life course: a review. *Bundesgesundheitsblatt Gesundheitsforschung Gesundheitsschutz*: 55(1): pp. 35–54. doi:10.1007/s00103-011-1393-z.
- Herrmann D., Intemann T., Lauria F., Marild S., Molnár D., Moreno L.A., et al. (2014). Reference values of bone stiffness index and C-terminal telopeptide in healthy European children. *Int J. Obes (Lond.)*; 38 Suppl 2: pp. 76–85. doi:10.1038/ijo.2014.138.
- Janz K.F., Burns T.L., Torner J.C., Levy S.M., Paulos R., Willing M.C., et al. (2001). Physical activity and bone measures in young children: the Iowa bone development study. *Pediatrics*; 107(6): pp. 1387–93.
- Janz K.F., Letuchy E.M., Burns T.L., Eichenberger Gilmore J.M., Torner J.C., Levy S.M. (2014). Objectively measured physical activity trajectories predict adolescent bone strength: Iowa Bone Development Study. *Br J Sports Med.*; 48(13): pp. 1032–6. doi:10.1136/bjsports-2014-093574.
- Janz K.F., Letuchy E.M., Eichenberger Gilmore J.M., Burns T.L., Torner J.C., Willing M.C., et al. (2010). Early physical activity provides sustained bone health benefits later in childhood. *Med Sci Sports Exerc.* 42(6): pp. 1072–8. doi:10.1249/MSS.0b013e3181c619b2.
- Kâ K., Rousseau M.C., Lambert M., O'Loughlin J., Henderson M., Tremblay A., et al. (2013). Association between lean and fat mass and indicators of bone health in prepubertal caucasian children. *Horm Res Paediatr.*; 80(3): pp. 154–62. doi:10.1159/000354043.
- Konstabel K., Veidebaum T., Verbestel V., Moreno L.A., Bammann K., Tornaritis M., et al. (2014). Objectively measured physical activity in European children: the IDEFICS study. *Int J Obes (Lond.)*; 38 Suppl 2: p. 135–43. doi:10.1038/ijo.2014.144.
- Kriemler S., Zahner L., Puder J.J., Braun-Fahrlander C., Schindler C., Farpour Lambert N.J., et al. (2008). Weight-bearing bones are more sensitive to physical exercise in boys than in girls during pre- and early puberty: a cross-sectional study. *Osteoporos Int.* 19(12): pp. 1749–58. doi:10.1007/s00198-008-0611-5.
- Macdonald H.M., Kontulainen S.A., Khan K.M., McKay H.A. (2007). Is a school-based physical activity intervention effective for increasing tibial bone strength in boys and girls? *J Bone Miner Res.*; 22(3): pp. 434–46. doi:10.1359/jbmr.061205.
- McKay H.A., Petit M.A., Schutz R.W., Prior J.C., Barr S.I., Khan K.M. (2000). Augmented trochanteric bone mineral density after modified physical education classes: a

- randomized school-based exercise intervention study in prepubescent and early pubescent children. *J Pediatr.*; 136(2): pp. 156–62.
- Meyer U., Romann M., Zahner J.L., Schindler C., Puder J.J., Kraenzlin M., et al. (2011). Effect of a general school-based physical activity intervention on bone mineral content and density: a cluster-randomized controlled trial. *Bone.*; 48 (4): pp. 792–7. doi:10.1016/j.bone.2010.11.018.
- Nilsson M., Sundh D., Ohlsson C., Karlsson M., Mellstrom D., Lorentzon M. (2014). Exercise during growth and young adulthood is independently associated with cortical bone size and strength in old Swedish men. *J Bone Miner Res.*; 29(8): pp. 1795–804. doi:10.1002/jbmr.2212.
- Petit M.A., McKay H.A., MacKelvie K.J., Heinonen A., Khan K.M., Beck T.J. (2002). A randomized school-based jumping intervention confers site and maturity-specific benefits on bone structural properties in girls: a hip structural analysis study. *J Bone Miner Res.*; 17(3): pp. 363–72. doi:10.1359/jbmr.2002.17.3.363.
- Rizzoli R., Bianchi M.L., Garabedian M., McKay H.A., Moreno L.A. (2010). Maximizing bone mineral mass gain during growth for the prevention of fractures in the adolescents and the elderly. *Bone.*; 46 (2): pp. 294–305. doi:10.1016/j.bone.2009.10.005.
- Ruiz J.R., Castro-Pinero J., Espana-Romero V., Artero E.G., Ortega F.B., Cuenca M.M., et al. (2011). Field-based fitness assessment in young people: the ALPHA health-related fitness test battery for children and adolescents. *Br J Sports Med.*; 45(6): pp. 518–24. doi:10.1136/bjism.2010.075341.
- Schoenau E., Frost H.M. (2002). The “muscle-bone unit” in children and adolescents. *Calcif Tissue Int.*; 70(5): pp. 405–7. doi:10.1007/s00223-001-0048-8.
- Tan V.P., Macdonald H.M., Kim S., Nettlefold L., Gabel L., Ashe M.C., et al. (2014). Influence of physical activity on bone strength in children and adolescents: a systematic review and narrative synthesis. *J Bone Miner Res.* 29(10): pp. 2161–81. doi:10.1002/jbmr.2254.
- Tobias J.H., Steer C.D., Mattocks C.G., Riddoch C., (2007). Ness AR. Habitual levels of physical activity influence bone mass in 11-year-old children from the United Kingdom: findings from a large population-based cohort. *J Bone Miner Res.*; 22(1): pp. 101–9. doi:10.1359/jbmr.060913.
- Vicente-Rodriguez G., Ortega F.B., Rey-Lopez J.P., Espana-Romero V., Blay V.A., Blay G., et al. (2009). Extracurricular physical activity participation modifies the association between high TV watching and low bone mass. *Bone.*; 45 (5): pp. 925–30. doi:10.1016/j.bone.2009.07.084.
- World Health Organization (WHO) (2015). Global recommendations on physical activity for health. Recommended levels of physical activity for children aged 5–17 years. 2015. http://www.who.int/dietphysicalactivity/factsheet_young_people/en/. Accessed March 2015.

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