

This is a self-archived version of an original article. This version may differ from the original in pagination and typographic details.

Author(s): Jaakkola, T; Yli-Piipari, S; Huhtiniemi, M; Salin, K; Seppälä, S; Hakonen, H; Gråstén, A

Title: Longitudinal associations among cardiorespiratory and muscular fitness, motor competence and objectively measured physical activity

Year: 2019

Version: Accepted version (Final draft)

Copyright: © 2019 Sports Medicine Australia

Rights: CC BY-NC-ND 4.0

Rights url: <https://creativecommons.org/licenses/by-nc-nd/4.0/>

Please cite the original version:

Jaakkola, T., Yli-Piipari, S., Huhtiniemi, M., Salin, K., Seppälä, S., Hakonen, H., & Gråstén, A. (2019). Longitudinal associations among cardiorespiratory and muscular fitness, motor competence and objectively measured physical activity. *Journal of Science and Medicine in Sport*, 22(11), 1243-1248. <https://doi.org/10.1016/j.jsams.2019.06.018>

Accepted Manuscript

Title: Longitudinal associations among cardiorespiratory and muscular fitness, motor competence and objectively measured physical activity

Authors: T. Jaakkola, S. Yli-Piipari, M. Huhtiniemi, K. Salin, S. Seppälä, H. Hakonen, A. Gråstén



PII: S1440-2440(19)30284-1
DOI: <https://doi.org/10.1016/j.jsams.2019.06.018>
Reference: JSAMS 2106

To appear in: *Journal of Science and Medicine in Sport*

Received date: 13 March 2019
Revised date: 26 May 2019
Accepted date: 26 June 2019

Please cite this article as: Jaakkola T, Yli-Piipari S, Huhtiniemi M, Salin K, Seppälä S, Hakonen H, Gråstén A, Longitudinal associations among cardiorespiratory and muscular fitness, motor competence and objectively measured physical activity, *Journal of Science and Medicine in Sport* (2019), <https://doi.org/10.1016/j.jsams.2019.06.018>

This is a PDF file of an unedited manuscript that has been accepted for publication. As a service to our customers we are providing this early version of the manuscript. The manuscript will undergo copyediting, typesetting, and review of the resulting proof before it is published in its final form. Please note that during the production process errors may be discovered which could affect the content, and all legal disclaimers that apply to the journal pertain.

Longitudinal associations among cardiorespiratory and muscular fitness, motor competence and objectively measured physical activity

Jaakkola, T¹., Yli-Piipari, S²., Huhtiniemi, M¹., Salin K¹., Seppälä, S¹., Hakonen, H³. & Gråstén, A⁴.

¹Faculty of Sport and Health Sciences, University of Jyväskylä, Finland.

²College of Education, University of Georgia, Athens, U.S.

³LIKES Research Centre for Physical Activity and Health, Jyväskylä, Finland.

⁴School of Education, University of Tasmania, Launceston, Australia.

Date of submission: 26th May 2019

Corresponding author:

Dr Timo Jaakkola

University of Jyväskylä, Faculty of Sport and Health Sciences

Rautpohjankatu 8

P.O. Box 35 (L)

40014 Jyväskylän Yliopisto

Finland

Email: timo.jaakkola@jyu.fi

Date of resubmission: 26th May 2019

Abstract

Objectives: This study aimed to investigate cross-lagged associations in motor competence, cardiorespiratory fitness, muscular fitness and accelerometer-based moderate-to-vigorous physical activity (MVPA) engagement.

Design: One-year prospective follow-up study.

Method: A sample was 491 (275 girls; M at baseline = 11.27, $SD = .32$) Finnish physical education students. Students' motor competence was assessed by 1) two-legged jumping from side to side test, 2) throwing-catching combination test and 3) 5-leaps test. Their cardiorespiratory fitness was analyzed by a 20-meter shuttle run test and muscular fitness by curl-up and push-up tests. Additionally, students' MVPA was measured objectively by hip-worn accelerometers.

Results: Results demonstrated that: 1) cardiorespiratory fitness measured at Grade 5 was the only significant predictor of later MVPA and this association appeared only in the boys' group, 2) MVPA assessed at Grade 5 significantly predicted cardiorespiratory fitness in the girls' group, 3) cardiorespiratory fitness collected at Grade 5 associated with muscular fitness, locomotor and stability skills in both girls and boys, and 4) locomotor skills measured at Grade 5 predicted significantly muscular fitness, locomotor and manipulative skills in both sex groups.

Conclusions: Elementary school years are important in providing students with experiences in physical activity (PA) which leads to improvements in cardiorespiratory health. Additionally, this study showed that cardiorespiratory fitness collected at Grade 5 associated with later muscular fitness, and locomotor and stability skills in both sex groups. These findings are noteworthy because muscular fitness in youth has several health-related benefits and motor competence in childhood and adolescence has positive association with later PA engagement.

Keywords: Motor competence, cardiorespiratory fitness, muscular fitness, physical activity

Practical implications

- Special attention should be directed towards facilitating children's cardiorespiratory fitness and MVPA during elementary school years.
- Commuting to and from school, active school recess, physical education classes, intensive extracurricular and sport club activities and are possible contexts to contribute students' cardiorespiratory fitness and MVPA.
- Practitioners should plan MVPA intensity physical activities which include elements of targeting to develop muscular fitness, and stability, locomotor and manipulative skills.

No competing agreements, professional relationships and financial interests existed where a third party may benefit from the presented results.

1. Introduction

According to the international recommendations, children and youth aged 5–17 should accumulate at least 60 minutes of moderate-to-vigorous intensity physical activity (MVPA) daily.¹ However, studies have demonstrated that only a small portion of children and youth meet the guidelines in Western countries.² This trend is also evident in Finland where only 21-40% of youth under 18 years of age meet physical activity (PA) recommendations.³ A plethora of researchers are working in the field to find out possible antecedents of physically active lifestyle in childhood and adolescence.^{4,5} Physical performance factors have found to be significantly linked with PA engagement.⁵

A basis of motor competence can be assessed based on three categories fundamental movement skills; stability, locomotor and manipulative skills.⁶ Stodden et al.⁷ have suggested that these types of skills provide a foundation for lifetime physical activities. Empirical studies have supported this suggestion showing that motor competence is linked with self-reported PA from childhood to adolescence⁸ and from adolescence to early adulthood.⁹ Additionally, cross-sectional studies have demonstrated that, in childhood, boys' manipulative skills^{10,11} and locomotor skills¹⁰ are associated with objectively measured PA. For girls, this association was found only between locomotor skills and objectively measured PA.¹⁰ Previous studies also have demonstrated that manipulative skill competence is related to self-reported PA in adolescence.¹² However, there is only one study to investigate the associations between locomotor, manipulative skills, and PA engagement over time. Barnett et al.⁸ showed that manipulative skills rather than locomotor skills, predicted elementary school children's self-reported MVPA 6-7 years later.

Health-related fitness consists of cardiorespiratory endurance, musculoskeletal fitness, flexibility and a healthy body weight status¹³, and is suggested to be a significant physical antecedent of PA engagement. Empirical studies have supported this assertion by demonstrating that health-related physical fitness levels in childhood and adolescence predict PA engagement in adulthood^{9,14,15} For

example, Jaakkola et al.⁹ found that physical fitness (composite score of aerobic and muscular fitness) assessed at the age of 13 predict self-reported MVPA engagement 6 years later. Additionally, Dennison et al.¹⁴ indicated that physically active (self-reported PA) 23- to 25-year-old young adults had greater childhood (at age 10–11 years) physical fitness level compared with inactive peers. More specifically, Dennison et al.¹⁴ demonstrated that the risk of physical inactivity in young adulthood was related to the number of low scores on aerobic fitness and abdominal muscular fitness tests. In Finland, Huotari et al.¹⁵ recognized that physical fitness (composite score; muscular fitness, agility and aerobic capacity) at the age of 12 to 18 predicted male's subsequent self-reported PA engagement 25 years later (no relationship among females). Overall, the longitudinal relationship between health-related fitness and PA has been mixed, with some of the studies not showing statistically significant relationships.^{16,18} It has been suggested that although there is evidence that objectively measured PA has low-to-moderate relationship with VO_{2PEAK} in childhood and adolescence¹⁷, the association between PA engagement and aerobic fitness remains controversial within youth because of different rate in children's growth and maturation.¹⁸

This study extends existing literature by investigating the associations among objectively measured motor competence, cardiorespiratory fitness, muscular fitness, and MVPA engagement in late childhood through a longitudinal study setting. Previous longitudinal studies in the area did not measure all variables included in this study^{8,19} or used self-reports to collect MVPA engagement.^{9,12} Thus, the aim of this study was to analyze cross-lagged associations between stability, locomotor and manipulative skills, cardiorespiratory fitness, muscular fitness and objectively measured moderate-to-vigorous PA engagement across one year. In addition, the moderating effect of sex on the associations was investigated.

2. Methods

Participants of this 1-year follow-up study included 491 (216 boys and 275 girls; mean age at the first measurement point = 11.36, SD = .33) Finnish physical education students from South and Middle Finland. Characteristics of subjects at the baseline and follow-up measures are presented in Table 1. Both measurements were collected between the middle of August and the end of September, baseline in 2017 and the follow-up in 2018. The same researchers collected all physical performance

data during physical education classes in both time points. Accelerometers were given to students in classrooms. Additionally, a letter about the use of accelerometers were given to parents and teachers. Students' guardians were informed on study protocol and their written consent for the participation was obtained. The study protocol was approved by the ethics committee of the local university.

Accelerometer-based MVPA was measured by accelerometers (Actigraph GT3X+). Students were asked to continuously wear an accelerometer on the right hip during waking hours for seven consecutive days, except while bathing or doing other water-based activities. Data were collected as raw acceleration in 30 Hz frequency, standardly filtered and converted into 15s epoch counts. A customized Visual Basic macro for Excel software was used for data reduction. The valid monitoring period included measured values ≥ 500 min/day for at least two weekdays and one weekend day between 7:00 and 23:00. Periods of 30 min of consecutive zero counts were defined as non-wearing time, and values over 20,000 counts per minute (cpm) were ruled out as spurious accelerations.²⁰ Evenson et al's²¹ cut-points were used to calculate MVPA (≥ 2296 cpm).

Cardiorespiratory fitness was analyzed by a 20-meter shuttle run test²². In the test a participant runs continuously between two lines 20 meters apart in time of recorded beeps from the tape. The result was the number of shuttles reached before participant is unable to keep on pace.

Muscular fitness was measured by curl-up test (abdominal muscles)²³ and push-up test²³. In the curl-up test a participant; 1) lies on their back, 2) keep heels on mat and curls up slowly, 3) while curling up they slide across the measuring tape until fingertips reach the other side of tape, and 4) after curl-up they curl back down until head touches the floor. Performance rhythm comes from the tape. Push-up test has different versions for the boys and the girls. In the boys' starting position their hands and toes touch floor, whereas in the girls' version their hands and knees touch floor. Otherwise the test protocol is the same for both sex groups; 1) body and legs are in a straight line, 2) both feet are together, 3) arms are at shoulder width apart, 4) body is lowered down until there is a 90-degree angle in elbows with the upper arms parallel to the floor, and 5) keeping back and knees straight while pushing up until the arms are straight. The result was the number of correctly completed push-ups (max. 60 repetitions). Before data analyses test results of curl-up and push-up tests were first standardized using Z-scores and summed to create a composite muscular fitness score.

Motor competence was assessed by; 1) two-legged jumping from side to side test²⁴, 2) throwing-catching combination test²³ and 3) 5-leaps test²³. These tests are representative of students' stability, manipulative and locomotor movement skill. Students' stability skills were measured by two-legged jumping from side to side test²⁴. A participant keeps legs parallel and consecutively jumps 15 seconds over a small wooden beam from one side to another. The test is conducted twice, and the result is the sum successful jumps over the beam of these attempts. The throwing-catching combination test was used to measure students' manipulative skills.²³ A participant throws a tennis ball at a target area situated on the wall (1.5 meters x 1.5 meters; 90 centimeters above the floor level). Students had 20 attempts to throw the ball from behind the marked line, hit the target area and catch the ball after one bounce. The throwing distances were 7 meters for the girls and 8 meters for the boys. The result of the test is the number of successfully performed throwing-catching combinations. Before data analyses test results were standardized by using Z-scores because throwing distance varied between sex groups. Students locomotor skills were measured by 5-leaps test²⁴. A participant completes five leaps, beginning with both legs, and finishing with legs in parallel position. The result is the length of five leaps in centimeters measured from the heel of the leg furthest back upon the landing phase.

All measures of cardiorespiratory and muscular fitness and motor competence have been used extensively in Finnish sport science research and these tests have demonstrated satisfactory reliability and validity in children and adolescents.^{23,24}

Statistical analyses. Normal distribution, outliers, and missing values, and descriptive statistics of the study variables were calculated. Muscular fitness variable was created by calculating the sum of standardized scores of push-up and sit-up tests. To examine the associations between study variables, a cross-lagged model was implemented. The equality of means between measurements at T0 and T1 was tested using the Wald's test of parameter equality. The Chi-square test was used to analyze the equality of means, variances, and variable loadings between girls and boys.²⁵ The preliminary data analyses were performed using SPSS Version 22.0 and structural equation models using Mplus Version 8.2.

The data were approximately normally distributed, and no significant outliers were detected. The data matrix included 11.74% of missing values (807 out of 6874), because some students did not provide motor competence, muscular fitness, or MVPA scores at T1. Missing Completely at Random -

test ($c2 = 723.16$, $df = 640$, $p < .05$) indicated that missing values were missing at random (MAR).²⁶ Thus, the missing values were estimated using Full Information Maximum Likelihood procedures, which has been shown to produce unbiased parameter estimates and standard errors under MAR conditions.²⁷

3. Results

Correlation coefficients, means, standard deviations, and mean differences between T0 and T1 were examined (Table 2). The results indicated that stability, manipulative, and locomotor skills, and cardiovascular fitness improved over time in both girls and boys. In contrast, muscular fitness scores improved in boys but declined in girls, whereas overall MVPA decreased in both groups over time.

To examine the appropriateness of the theorized model including stability, manipulative, and locomotor skills, muscular and cardiovascular fitness, and MVPA at T0 and T1, both girls and boys were included in the same model as one group. The theorized model revealed an excellent model fit ($\chi^2(17) = 23.51$, $p = .134$, $CFI = 1.00$, $TLI = .99$, $RMSEA = .028$, $90\% CI [.00, .05]$, $SRMR = .016$), when non-significant associations between the following variables were removed: stability, manipulative, locomotor skills, muscular fitness T0 > MVPA T1; MVPA, manipulative skills T0 > stability T1; MVPA, stability, manipulative, muscular fitness T0 > locomotor skills T1; cardiovascular, muscular fitness T0 > manipulative skills T1; stability, manipulative, muscular fitness T0 > cardiovascular fitness T1; MVPA, manipulative skills T0 > muscular fitness T1.

To examine sex related associations between stability, manipulative, and locomotor skills, muscular and cardiovascular fitness, and MVPA at T0 and T1, a two-group model including girls and boys was implemented. The model showed an excellent model fit for the data ($\chi^2(34) = 43.34$, $p = .131$, $CFI = 1.00$, $TLI = .98$, $RMSEA = .033$, $90\% CI [.00, .06]$, $SRMR = .023$). The significant associations between study variables in both girls and boys are presented in Figure 1.

To test the differences in variable loadings between of girls and boys, loadings were fixed to be equal one by one in both groups. A series of Chi-square tests showed a difference between girls and boys in the loadings between cardiovascular fitness T0 and MVPA T1 ($\chi^2(1) = 4.22$, $p < .05$), cardiovascular fitness T1 and locomotor skills T1 ($\chi^2(1) = 4.01$, $p < .05$), stability skills T1 and

manipulative skills T1 ($\chi^2(1) = 7.08, p < .01$), cardiovascular fitness T0 and manipulative skills T0 ($\chi^2(1) = 4.59, p < .05$), and cardiovascular fitness T0 and stability skills T0 ($\chi^2(1) = 6.42, p < .05$), with boys having stronger loadings than girls.

Similarly, means and variances were fixed to be equal one by one in girls and boys to identify significant mean and variance differences between groups. Boys had higher scores in cardiovascular fitness T0 ($\chi^2(1) = 20.11, p < .001$), manipulative skills T0 ($\chi^2(1) = 38.28, p < .001$), stability skills T0 ($\chi^2(1) = 10.71, p < .001$), muscular fitness T0 ($\chi^2(1) = 31.29, p < .001$), and MVPA T0 ($\chi^2(1) = 16.48, p < .001$). The significant differences in variances were found in cardiovascular fitness T0 ($\chi^2(1) = 25.36, p < .001$) and T1 ($\chi^2(1) = 104.05, p < .001$). Finally, squared multiple correlations (R^2) showed that the model explained 28% to 63% of the variability of study variables in girls and 38% to 63% in boys.

4. Discussion

This study aimed to investigate cross-lagged associations among stability, locomotor and manipulative skills, cardiorespiratory fitness, muscular fitness and objectively measured MVPA engagement from Grade 5 to Grade 6 within Finnish children. The main findings of the study were the following: 1) cardiorespiratory fitness measured at Grade 5 was the only significant predictor of later MVPA and this association appeared only in the boys' group, 2) MVPA assessed at Grade 5 significantly predicted cardiorespiratory fitness at Grade 6 in the girls' group, 3) cardiorespiratory fitness collected at Grade 5 associated with muscular fitness, locomotor and stability skills at Grade 6 in both sex groups, and 4) locomotor skills measured at Grade 5 predicted significantly muscular fitness, locomotor and manipulative skills at Grade 6 in both sex groups, and also stability skills in the boys' group.

Results of this study demonstrated that boys' cardiorespiratory fitness was related to their MVPA engagement across time. Association between these variables is in line with previous longitudinal studies.^{14,15} These findings suggest that elementary school years represent an important period to develop students' cardiorespiratory fitness by providing children intensive physical activities which increase their breathing and heart rate. According to this study, these activities may improve boys' cardiorespiratory fitness and subsequently increase their later probability for health-enhancing

PA engagement. Results of this study also demonstrated that girls who collected relatively high intensity PA at Grade 5, had better cardiorespiratory fitness one year later. This is a significant result knowing that cardiorespiratory fitness in childhood and adolescence lowers future cardiovascular risk.²⁸ Although relationships between cardiorespiratory fitness and MVPA engagement across time were different for the boys than the girls, it should be recognized that these variables are closely related with each other. Physical activities which develop cardiorespiratory fitness in late childhood include MVPA, and vice versa. This suggests that physical activities increasing children's heart rate and breathing are strongly encouraged during elementary school years. Commuting to/from school by bicycle/feet, active recess, physical education, children's intensive leisure time and sport club activities are possible contexts to contribute MVPA as well as cardiorespiratory fitness. The role of physical education is remarkable. For example, study by Salin et al²⁹ demonstrated that Finnish students collected almost one third of their MVPA during physical education classes.

This study revealed many cross-lagged associations among cardiorespiratory fitness, muscular fitness and components of motor competence. These findings suggest that 11 – 12 -years old children develop many aspects of their physical performance if they are involved in PA. This is an important finding because previous studies have indicated that cardiorespiratory fitness²⁸, muscular fitness³⁰ and motor competence⁴ have many health-related benefits but through different mechanisms. Unfortunately, many children do not meet PA recommendations^{2,3} and therefore do not develop their cardiorespiratory fitness, muscular fitness and motor competence to gain versatile health benefits.

It was unexpected finding that motor competence was not related to MVPA across time because previous studies have demonstrated such an association from childhood to adolescence.^{8,9} According to the motor development literature, the most children have developed their motor competencies by age 10-11.³¹ Thus, children of this study sample may have reached their motor competence capacity but have not got experiences of quality motor skills-oriented practice after the end of development. However, it should be recognized that the time period in the current research design was only one year. It may be that the development of motor competence and its' subsequent association with MVPA engagement takes more time. Another reason for nonsignificant associations between motor

competence and MVPA may be that product-oriented measures used in this study are not the most valid assessments to represent motor competencies of children today.

Strengths of this study were relatively large sample size, longitudinal design and the use of objective measures to evaluate participants' motor competence, health-related fitness and MVPA. The first and major limitation of this study is that we only used product-oriented measures to analyze children's motor competence. Another limitation is that we did not assess children's level of growth and maturation. For example, previous studies have revealed that the association between PA engagement and cardiorespiratory fitness remains controversial within youth because of different rate in growth and maturation.¹⁸ The third limitation of this study is that due to the high collinearity among different PA intensities in accelerometer data we were not able to include other PA intensities in the structural equation model. Future studies should analyze associations among motor competence, health-related fitness and MVPA in longer designs. Additionally, future studies could benefit from including process-oriented measures of motor competence. Subsequently, future studies could add to the literature by investigating if health-related fitness and motor competence are related to other intensities of PA than MVPA.

5. Conclusion

Our findings demonstrate that boys' cardiorespiratory fitness measured at Grade 5 was a significant predictor of later MVPA. Similarly, girls' MVPA assessed at Grade 5 significantly predicted their later cardiorespiratory fitness. These findings suggest that elementary school years are an important period to provide intensive physical activities. Additionally, this study showed that cardiorespiratory fitness collected at Grade 5 associated with later muscular fitness, and locomotor and stability skills in both sex groups. These findings are important because: a) muscular fitness in youth has several health-related benefits, and b) motor competence in childhood and adolescence has a positive association with later PA engagement.

Acknowledgements

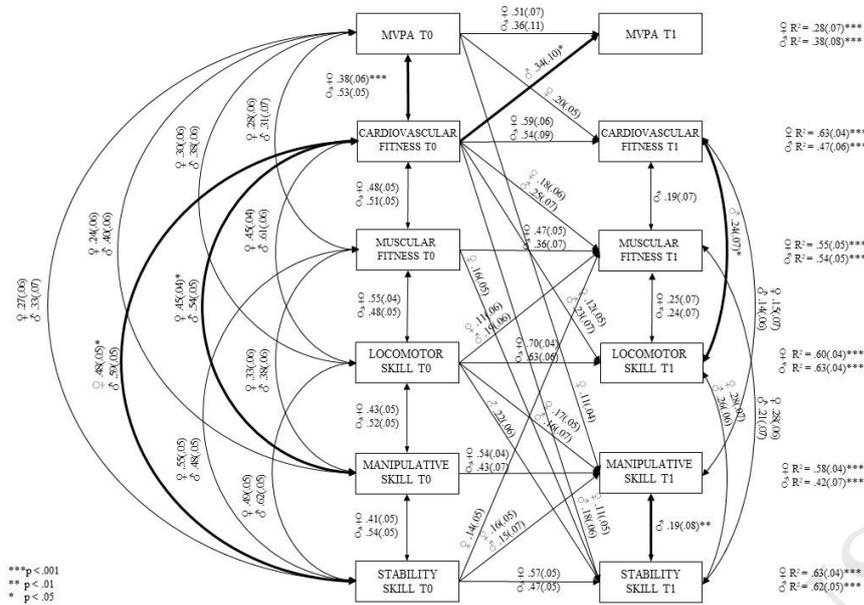
This study was supported by The Finnish Ministry of Education. We also want to acknowledge Professor David Stodden at Department of Physical Education, University of South Carolina, US.

References

1. World Health Organization. Recommended levels of physical activity for children aged 5 - 17 years. 2011. Available from: http://www.who.int/dietphysicalactivity/factsheet_young_people/en/.
2. Tremblay MS, Barnes JD, González SA et al. Global Matrix 2.0: Report Card Grades on the Physical Activity of Children and Youth Comparing 38 Countries. *J Phys Act Health* 2016;13:S343-S366.
3. Tammelin TH, Aira A, Hakamäki M et al. Results From Finland's 2016 Report Card on Physical Activity for Children and Youth. *J Phys Act Health* 2016;13:S157-S164.
4. Robinson LE, Stodden DF, Barnett LM et al. MC and its effect on positive developmental trajectories of health. *Sports Med.* 2015;45(9):1273–1284.
5. Seabra AC, Seabra AF, Mendonca DM et al. Psychosocial correlates of physical activity in school children aged 8–10 years. *Eur J Public Health.* 2013;23:794–798.5.
6. Gallahue DL, Ozmun JC, Goodway JD. *Understanding Motor Development.* Boston, MA: McGraw-Hilla, 2011.
7. Stodden DF, Goodway JD, Langendorfer SJ et al. A developmental perspective on the role of motor skill competence in physical activity: An emergent relationship. *Quest.* 2008;60:290–306.
8. Barnett L, van Beurden E, Morgan PJ et al. Childhood motor skill proficiency as a predictor of adolescent physical activity. *J Adolesc Health* 2009;44:252–259.
9. Jaakkola T, Yli-Piipari S, Huotari P et al. Fundamental movement skills and physical fitness as predictors of physical activity: A 6-year follow-up study. *Scand J Med Sci Sports* 2016;26:74-81.
10. Hume, C., Okely, A., Bagley, S et al. Does weight status influence associations between children's fundamental movement skills and physical activity? *Res Q Exerc Sport* 2008;79:158–165.
11. Morgan PJ, Okely AD, Cliff DP et al. Correlates of objectively measured physical in obese children. *Obesity* 2008;16:2634–2641.
12. Barnett LM, Morgan PJ, van Beurden E et al. A reverse pathway? Actual and perceived skill proficiency and physical activity. *Med Sci Sports Exerc.* 2011;43:898–904.
13. Caspersen CJ, Powell KE, Christenson GM. Physical activity, exercise and physical fitness: definitions and distinctions for health-related research. *Public Health Rep* 1985;100:126–131.
14. Dennison BA, Straus JH, Mellits DE et al. Childhood physical fitness tests: predictor of adult physical activity levels. *Pediatrics* 1988;82:324–330.
15. Huotari PRT, Nupponen H, Mikkelsen L et al. Adolescent physical fitness and activity as predictors of adulthood activity. *J Sports Sci* 2011;29:1135–1141.
16. Trudeau F, Laurencelle L, Roy J et al. Is Fitness Level in Childhood Associated With Physical Activity Level as an Adult? *Ped Exerc Sci* 2009;21:329-338.
17. Dencker M, Andersen, LB. Accelerometer-measured daily physical activity related to aerobic fitness in children and adolescents. *J Sports Sci* 2011;29(9):887-895.
18. Armstrong N. Aerobic fitness and physical activity in children. *Pediatr Exerc Sci* 2013;25(4):548-60.

19. Lima RA, Pfeiffer KA, Larsen LR, et al. Physical activity and MC present a positive reciprocal longitudinal relationship across childhood and early adolescence. *J Phys Act Health* 2017;14:440-447.
20. Heil DP, Brage S, Rothney MP. Modeling physical activity outcomes from wearable monitors. *Med Sci Sports Exerc* 2012;44:S50–S60.
21. Evenson KR, Catellier DJ, Gill K et al. Calibration of two objective measures of physical activity for children. *J Sports Sci* 2008;26:1557–65.
22. Léger A, Lambert L. A multistage 20 m shuttle run test to predict VO₂max. *Eur J Appl Physiol*. 1982;49:1–12.
23. Jaakkola T, Sääkslahti A, Liukkonen J, et al. Peruskoululaisten fyysisen toimintakyvyn seurantajärjestelmä [The system to develop and follow Finnish students' physical fitness and motor skills]. University of Jyväskylä: Faculty of Sport and Health Sciences; 2012.
24. Kiphard EJ, Schilling F. Körperkoordinationstest für Kinder 2, überarbeitete und ergänzte Aufgabe. Weinham: Beltz Test; 2007.
25. Hu L, Bentler P. Cutoff criteria for fit indexes in covariance structure analysis: Conventional criteria versus new alternatives. *Structural Equation Modeling* 1999;6:1–55.
26. Little R, Rubin D. Statistical analysis with missing data. New York, NY: Wiley; 2002.
27. Enders C, Bandalos D. The relative performance of Full Information Maximum Likelihood Estimation for missing data in structural equation models. *Structural Equation Modeling* 2001;8:430–457.
28. Mintjens S, Menting MD, Daams JG, van Poppel MNM, Roseboom TJ, Gemke RBJ. Cardiorespiratory Fitness in Childhood and Adolescence Affects Future Cardiovascular Risk Factors: A Systematic Review of Longitudinal Studies. *Sports Med* 2018;48(11):2577-2605.
29. Salin K, Huhtiniemi M, Watt A, Jaakkola T. Differences in the physical activity, sedentary time and BMI of Finnish grade five students. *J Phys Act Health* In press.
30. Smith JJ, Eather N, Morgan PJ et al. The health benefits of muscular fitness for children and adolescents: a systematic review and meta-analysis. *Sports Med* 2014;44(9):1209-23.
31. Ulrich DA. Test of Gross Motor Development. 2nd ed. Austin, TX: Pro-Ed; 2000.

Figure 1. The standardized parameter estimates of the multi-group model including both girls (n = 275) and boys (n = 216). All paths are significant at $p < .05$ level.



The differences in variable loadings between of girls and boys are presented using bold arrows and p-values.

Table 1. Characteristics of subjects at the baseline and follow-up measures.

Variable	Girls (n = 275)		Boys (n = 216)		Total sample (N = 491)	
	Baseline mean (SD)	Follow-up mean (SD)	Baseline mean (SD)	Follow-up mean (SD)	Baseline mean (SD)	Follow-up mean (SD)
Age (years)	11.26 (.33)	12.26 (.33)	11.27 (.33)	12.27 (.33)	11.26 (.33)	12.26 (.33)
Height (cm)	148.07 (7.18)	154.38 (7.46)	148.49 (6.36)	154.59 (7.09)	148.35 (6.83)	154.47 (7.29)
Weight (kg)	41.34 (8.57)	46.51 (10.13)	42.03 (9.40)	47.24 (10.34)	41.64 (8.94)	46.83 (10.22)
BMI (kg/m ²)	18.74 (2.96)	19.38 (3.22)	18.92 (3.19)	19.66 (3.48)	18.82 (3.06)	19.50 (3.34)

Table 2. Correlations, means, standard deviations, and mean differences between T0 and T1 of the study variables.

	1	2	3	4	5	6	7	8	9	10	11	12	M	SD	W _T
1 Stability T0	-	.75***	.41***	.47***	.49***	.44***	.55***	.53***	.49***	.42***	.26***	.23**	38.50	6.45	29.52(3.69)***
2 Stability T1	.72***	-	.39***	.40***	.51***	.56***	.57***	.63***	.48***	.42***	.15*	.24**	41.65	7.11	
3 Manipulative T0	.53***	.51***	-	.69***	.43***	.43***	.33***	.36***	.45***	.36***	.24***	.17*	9.63	5.04	14.38(1.69)***
4 Manipulative T1	.48***	.52***	.59***	-	.51***	.47***	.36***	.40***	.47***	.47***	.30***	.20*	12.69	4.64	
5 Locomotor T0	.61***	.64***	.51***	.47***	-	.77***	.56***	.52***	.60***	.56***	.28***	.23**	7.72	.91	5.52(.38)***
6 Locomotor T1	.51***	.64***	.42***	.45***	.77***	-	.48***	.56***	.51***	.54***	.22***	.29***	8.24	.96	
7 Muscular fitness T0 Push-up Sit-up	.48***	.45***	.36***	.32***	.47***	.44***	-	.69***	.49***	.42***	.29***	.23**	- 27.24 41.28	- 11.54 23.34	3.99(.82)***
8 Muscular fitness T1 Push-up Sit-up	.51***	.59***	.30***	.33***	.57***	.60***	.61***	-	.52***	.47***	.27***	.33***	- 24.31 39.76	- 11.94 21.40	
9 Cardio fitness T0	.58***	.58***	.55***	.44***	.61***	.60***	.50***	.58***	-	.77***	.37***	.28***	33.12	15.61	51.32(7.08)***
10 Cardio fitness T1	.40***	.50***	.33***	.38***	.49***	.57***	.33***	.52***	.67***	-	.46***	.39***	38.69	18.02	
11 MVPA T0	.33***	.43***	.41***	.34***	.39***	.42***	.31***	.47***	.53***	.48***	-	.55***	54.90	21.05	30.38(4.23)***
12 MVPA T1	.26**	.38***	.29***	.21*	.41***	.43***	.28**	.36***	.50***	.35***	.53***	-	51.89	19.20	
M	36.57	40.43	12.56	14.31	7.76	8.37	- 18.14 38.16	- 18.10 40.69	40.58	42.94	63.22	58.71			
SD	6.50	7.08	4.81	4.26	.89	1.07	- 11.66 21.78	- 13.69 22.28	19.91	22.91	23.11	21.32			
W _T	31.16(3.28)***		13.25(2.28)***		5.79(.59)***		4.30(.86)***		55.51(13.05)***		40.83(5.93)***				

Note 1. Correlations for girls (n = 275) are presented above and for boys (n = 216) below the diagonal.

Note 2. Means (M), standard deviations (SD), and mean differences between two measurements (W_T = Wald's test) for girls are presented in vertical and for boys in horizontal columns (standard errors in the parentheses). Note 3. ***p < .001, **p < .01, *p < .05.