



NOVA

University of Newcastle Research Online

nova.newcastle.edu.au

Lubans, D. R., Beauchamp, M. R., & Diallo, T. M. O. et al. (2018) School physical activity intervention effect on adolescents' performance in maths. *Medicine and Science in Sports and Exercise*, 50 (2) 2442-2450

Available from: <http://dx.doi.org/10.1249/mss.0000000000001730>

This is a non-final version of an article published in final form in the *Journal of Medicine and Science in Sports and Exercise*, 50 (2) 2442-2450

Accessed from: <http://hdl.handle.net/1959.13/1411394>

1 **Title:** School Physical Activity Intervention Effect on Adolescents' Performance in
2 Mathematics

3

4 **Authors:** David R. Lubans¹, Mark R. Beauchamp², Thierno M.O. Diallo³, Louisa R. Peralta⁴,
5 Andrew Bennie⁵, Rhiannon L. White^{3,5}, Katherine Owen³, Chris Lonsdale³

6

7 **Institutional affiliations:**

8 ¹Priority Research Center in Physical Activity and Nutrition, School of Education, University
9 of Newcastle, Callaghan, NSW 2308, Australia

10 ²School of Kinesiology, University of British Columbia, Vancouver, British Columbia,
11 Canada

12 ³Institute for Positive Psychology and Education, Australian Catholic University, 33 Berry St,
13 North Sydney, NSW 2060, Australia

14 ⁴School of Education and Social Work, University of Sydney, NSW 2006, Australia

15 ⁵School of Science and Health, Western Sydney University, Penrith NSW 2751, Australia.

16

17

18 **Corresponding author:** David Lubans, Priority Research Centre in Physical Activity and
19 Nutrition, University of Newcastle, Callaghan NSW Australia 2308,
20 [David.Lubans@newcastle.edu.au], +61 2 49212049.

21

22 **Running title:** Effects of Quality PE on Mathematics Performance

23 **Source of Funding:** This project was funded by the Australian Research Council.

24 **Conflicts of Interest:** The authors have no conflicts of interest to declare.

25

26

27

28

29 **ABSTRACT**

30 **Purpose** The primary aim of this study was to test the effect of a school-based physical
31 activity intervention on adolescents' performance in mathematics. A secondary aim was to
32 explore potential mechanisms that might explain the intervention effect.

33 **Methods:** The Activity and Motivation in Physical EDucation (AMPED) intervention was
34 evaluated using a two-arm cluster randomized controlled trial in 14 secondary schools located
35 in low socioeconomic areas of Western Sydney, Australia. Study participants ($n=1,173$) were
36 Grade 8 students (mean age = 12.94 years, $SD = .54$). The multi-component intervention was
37 designed to help teachers maximize students' opportunities for moderate-to-vigorous physical
38 activity (MVPA) during physical education (PE) and enhance students' motivation towards
39 PE. Mathematics performance was assessed as part of national testing in Grade 7, which was
40 the year before the trial began and then again in Grade 9. Potential mediators were: (i)

41 proportion of PE lesson time that students spent in MVPA and leisure-time MVPA (%),
42 measured using Actigraph GT3X+ accelerometers, and (ii) students' self-reported
43 engagement (behavioral, emotional, and cognitive) during mathematics lessons. Mediators
44 were assessed at baseline (Grade 8) and follow-up (Grade 9, 14-15 months after baseline).

45 **Results:** The effect of the intervention on mathematics performance was small-to-medium (β
46 = .16, $p < .001$). An intervention effect was observed for MVPA% in PE ($\beta = .59$, $p < .001$),
47 but not for leisure-time MVPA or any of the engagement mediators. There were no
48 significant associations between changes in potential mediators and mathematics
49 performance.

50 **Conclusions:** The AMPED intervention had a significant positive effect on mathematics
51 performance in adolescents. However, findings should be interpreted with caution as the
52 effect was small and not associated with changes in hypothesized mediators.

53

54 **Trial registration:** Australian New Zealand Clinical Trials Registry No:

55 ACTRN12614000184673.

56 **Key words:** academic performance; physical education; mediation analysis; mechanism;

57 standardized testing

58

59

60 INTRODUCTION

61 Participation in regular moderate-to-vigorous physical activity (MVPA) can help children and
62 adolescents improve cardiorespiratory fitness, build strong bones and muscles, maintain a
63 healthy weight, reduce symptoms of anxiety and depression, and minimize the risk of
64 developing lifestyle diseases such as heart disease and cancer (1, 2). It has also been
65 suggested that time spent in physical activity might enhance academic performance (i.e.,
66 extent to which students achieve their educational goals) (3, 4). A recent systematic review
67 and meta-analysis (5) found effect sizes ranging from $d = .13$ (for reading) to $d = .21$ (for
68 mathematics). However, the review included just two interventions involving adolescents (6,
69 7) and the findings from studies involving children cannot be generalized to adolescent
70 populations due to differences in maturation and appropriate intervention strategies (8).

71 The EDUcation for FITness (EDUFIT) study (mean age: 13.0 years) (6) tested the
72 effects of increasing the volume and intensity of physical education (PE) in a small-scale
73 group randomized controlled trial. The researchers found that increasing the intensity and
74 volume, but not the volume alone, improved academic performance in adolescents over the 4-
75 month study period. In the second study involving adolescents, the Learning, Cognition and
76 Motion (LCoMotion) intervention (mean age: 12.9 years) (7) produced improvements in
77 fitness and adiposity, but participants did not improve their performance in mathematics,
78 relative to those in the control group. Based on the limited available evidence it is not
79 possible to determine if physical activity interventions can improve adolescents' academic
80 performance and further study of mediating mechanisms might help to strengthen the
81 evidence base.

82 A range of behavioral (e.g., on-task behavior in the classroom, sleep volume and
83 quality) and psychosocial (e.g., motivation, interest and perceptions of novelty) factors have

84 been posited as potential mechanisms responsible for the positive effects of physical activity
85 on academic performance (9). There is compelling evidence that activity breaks (often called
86 energizer breaks) can increase children's concentration and focus in the classroom (10). In
87 this example, energizer breaks are thought to improve academic performance via the
88 mechanism of on-task behavior in subsequent lessons in the classroom. Alternatively,
89 integrating physical activity into other key learning areas (e.g., mathematics and English)
90 may improve academic performance via a range of psychosocial mechanisms (9). For
91 example, evidence suggests that students enjoy learning mathematical concepts through
92 movement, which is likely to have a positive effect on their motivation and interest in class
93 (11, 12). To date, the vast majority of the studies linking physical activity to academic
94 outcomes have been conducted with children in elementary schools (5). Moreover, it is not
95 known if increasing physical activity in other areas of the school day, such as PE can also
96 increase on-task behavior in subsequent lessons and performance on standardized academic
97 tests.

98 The Activity and Motivation in Physical EDucation (AMPED) trial was a school-
99 based physical activity intervention for adolescents in Grade 8 (mean age = 12.9 years, SD =
100 .5) at baseline (17). We previously reported that the intervention successfully increased
101 physical activity during PE lessons at posttest (5.58% of lesson in MVPA) and follow-up
102 (2.64%), but had no effect on overall physical activity (i.e., inclusive of leisure-time physical
103 activity) at either time point (18). The primary aim of the current study was to test the effect
104 of AMPED on adolescents' performance in mathematics using a standardized test. A
105 secondary aim was to explore potential behavioral and psychosocial mechanisms that might
106 explain the effect of the intervention. We hypothesized that, compared with students in the
107 control condition, students whose PE teachers participated in the intervention would achieve
108 more favorable results on a standardized mathematics test and that the effects would not

109 differ by sex or baseline MVPA level. We also hypothesized that quality PE would act as an
110 ‘energizer break’ enabling students to focus more effectively in subsequent mathematics
111 lessons. However, it was not possible to observe students’ behavior in subsequent lessons,
112 therefore MVPA in PE and perceived engagement (i.e., behavioral, emotional, and cognitive)
113 during mathematics lessons were tested as potential mediators of the intervention effect.

114 **METHODS**

115 **Study design**

116 Ethics approval for this study was obtained from the human research ethics committees of the
117 University of Newcastle, Australia and New South Wales Department of Education (NSW).
118 The AMPED intervention was evaluated using a cluster randomized controlled trial and
119 conducted in accordance with CONSORT guidelines (13). The trial was registered with the
120 Australian and New Zealand Clinical Trials Registry (ACTRN12614000184673). The
121 methods and major outcomes from the AMPED trial have been described in detail previously
122 (14, 15). The trial was conducted in Australia over two school years. In Australia, school
123 years run from the end of January to the middle of December, with a summer break from
124 mid-December to late January. Mathematics performance was assessed as part of the
125 National Assessment Program- Literacy and Numeracy (NAPLAN) in Grade 7, which was
126 the year before the trial began (i.e., May 2013) and then again in Grade 9 (May 2015) at the
127 completion of the intervention. Potential mechanisms tested in this study were: (i) MVPA%
128 (PE lesson time and total leisure-time), and (ii) students’ self-reported engagement
129 (behavioral, emotional, and cognitive) during mathematics lessons. Potential mechanisms
130 were assessed at baseline when students were in Grade 8 (February-April 2014) and follow-
131 up (May-July 2015: 14-15 months after baseline).

132 **Setting and participants**

133 The AMPED trial was conducted in government-funded secondary schools in the Western
134 Sydney region of Australia. Of note, the Western Sydney region has a large proportion of
135 students who come from low socio-economic status (SES) and immigrant backgrounds (16).
136 Eligibility criteria for schools were as follows: (i) secondary school with students in Years 8
137 and 9; (ii) funded by the NSW Department of Education; (iii) located in Western Sydney or
138 South Western Sydney regions; (iv) located in a postcode with low socioeconomic status, as
139 defined by a decile rank of ≤ 5 according the Australian Bureau of Statistics' Index of
140 Relative Socioeconomic Disadvantage; and (v) permission granted by the Principal, the Head
141 Teacher of PE and at least one Year 8 PE teacher. Parents provided written informed consent
142 and students provided their assent to participate. Study participants ($n=1,173$) were Grade 8
143 students (mean age = 12.94 years, $SD = .54$).

144 **Sample size**

145 The original study power calculation was conducted to determine the sample size needed to
146 detect a moderate effect ($d = .6$) in the trial primary outcome (i.e., percentage of PE lesson
147 time spent in MVPA)(14, 15). Assuming class sizes of 22 students participating and an
148 intraclass correlation of 0.63, a total sample of 1,280 students was required to achieve 80%
149 power. To achieve this number, the goal was to recruit 14 schools and 4.5 classes per school
150 (i.e., 1,386 students). Posteriori power estimates were computed using simulated-based
151 method along with Wald test in Mplus. The resulting power estimates were .992 for the
152 intervention effect on mathematic performance at time 2 and .234 for the mediation effect
153 (Intervention, MVPA time 2, mathematics performance time 2).

154 **Intervention**

155 A detailed description of the AMPED intervention methods and results can be found
156 elsewhere (14, 15). The intervention was underpinned by self-determination theory (17) and
157 had two main aims: (i) to help teachers maximize opportunities for MVPA in PE lessons; and

158 (ii) to help teachers enhance their students' motivation towards PE (18). To achieve the first
159 aim (i.e., maximize MVPA opportunities), teachers' learnt to implement a number of PE-
160 based teaching strategies that were organized into the following four categories: (i)
161 'Maximizing Movement and Skill Development' (e.g., using small-sided games) and (ii)
162 'Reducing Transition Time' (e.g., taking the class roll while students are active). Strategies to
163 enhance student motivation were organized under the following headings: (iii) 'Building
164 Competence' (e.g., providing effective positive feedback) and (iv) 'Supporting Students'
165 (e.g., providing students with opportunities to make choices). Consistent with the tenets of
166 SDT, increasing motivation in PE was hypothesized to have a positive effect on students'
167 motivation to be physically active in their leisure-time.

168 In the first phase of the intervention (five months: Terms 2 and 3 of 2014), teachers
169 participated in two days of face-to-face workshops at a local university and completed two
170 implementation tasks at their school. These implementation tasks involved a video-based
171 self-reflection task via the project's Web 2.0 platform and an individualized feedback
172 meeting with PE mentors from the research team. Intervention schools were also asked to
173 complete two group peer-mentoring (i.e., teachers observed each other) sessions at their
174 school to discuss strategy implementation. In the booster phase (four months), teachers
175 participated in a half-day workshop at their school and completed one online implementation
176 task, and a group mentoring session at their school.

177 **Assessment and blinding**

178 Assessment of mathematics performance was conducted independently in schools by the
179 Australian Curriculum Assessment and Reporting Authority. Trained research assistants
180 conducted all assessments of the potential mechanisms at baseline and posttest.
181 Randomization occurred after baseline assessments and research assistants were blinded to
182 school allocation. Schools were match paired according to their level of socioeconomic

183 disadvantage, school size, sex composition of PE classes and the duration of PE lessons. A
184 blinded statistician randomized schools to the control or intervention conditions using a
185 computer-based randomization procedure. Students participating in the study were blinded to
186 the study hypotheses and treatment allocation.

187 **Measures**

188 Students reported their country of birth and language spoken at home. Students also indicated
189 if they were of Indigenous origin (i.e., Aboriginal and Torres Strait Islander Australians) and
190 socioeconomic status was assessed using the Family Affluence Scale (19). Students' height to
191 the nearest 0.1 cm was assessed by trained research assistants using a portable stadiometer
192 (Surgical and Medical Products No. 26SM, Medtone Education Supplies, Melbourne,
193 Australia) and weight was determined using digital scales (UC-321, A&D Company LTD,
194 Tokyo, Japan). Height and weight were used to calculate students' body mass index (BMI)
195 and BMI z-scores were used to define weight status (20). Participants' maturity status was
196 determined using years from/to peak height velocity. Maturity offset values were calculated
197 using the following regression equations: $-7.999994 + (0.0036124 \times (\text{age} \times \text{height}))$ for boys
198 and $-7.709133 + (0.0042232 \times (\text{age} \times \text{height}))$ for girls (21).

199 Students' academic performance in mathematics was measured using the National
200 Assessment Program-Literacy and Numeracy (NAPLAN) scores and provided to the research
201 team by the NSW Department of Education. NAPLAN is a national standardized test given to
202 all students in Australia in Grades 3, 5, 7, and 9. The median score is 500 across all year
203 groups with approximately two thirds of students' scores falling within 100 points of the
204 average score. The numeracy tests (including multiple-choice and constructed response)
205 assess students' proficiency in understanding, fluency, problem-solving, and reasoning across
206 the three content strands of mathematics: (i) number and algebra; (ii) measurement and
207 geometry; and (iii) statistics and probability. Students completed the tests in Grade 7 (first

208 year of secondary school) and Grade 9 (third year of secondary school). As the assessment of
209 mathematics performance was external to the research project, the research team were
210 required to gain parental consent and student assent to gain access to this data.

211 Physical activity levels in PE were assessed using Actigraph accelerometers (GT3X+
212 models; Fort Walton Beach, FL) attached at the right hip using 1-second epochs to capture
213 sporadic bouts of activity. Vertical axis data were used to classify activity intensity using an
214 MVPA cut point of ≥ 38.27 counts/ 1-second (derived from a cut point of ≥ 574 counts/15
215 seconds)(22). Research assistants recorded the start and finish times of each lesson and this
216 information was used to filter the accelerometer data. Leisure-time physical activity was also
217 assessed using Actigraph accelerometers. Students were asked to wear their accelerometer for five
218 weekdays and two weekend days at each time point (baseline, post-intervention, and
219 maintenance). Periods of 30 minutes or more of consecutive '0' counts were considered non-wear
220 time and removed from the dataset. To be included in the analyses, the students were required to
221 provide valid data for at least three days, including at least two weekdays (valid days defined as
222 days with ≥ 8 h of wear time).

223 Students' self-reported engagement during mathematics lessons was measured using
224 the School Engagement Scale adapted for mathematic lessons (23). The questionnaire
225 included three subscales that assessed students' typical behavioral (e.g., behavior in the
226 classroom), emotional (e.g., enjoyment of lessons), and cognitive (e.g., problem solving)
227 engagement during mathematics lessons. Cronbach alphas (baseline and follow-up) were all
228 acceptable (range, $\alpha = .74$ to $.89$).

229 **Data analysis**

230 Statistical analyses were conducted to examine the effect of the AMPED intervention on
231 adolescents' performance in mathematics and explore potential mechanisms (Figure 1).

232 Independent samples t-tests in SPSS were used to compare groups at baseline for the primary

233 outcome. Statistical analyses were estimated using Mplus 8's Full Information Maximum
234 Likelihood (FIML) procedure (24) that utilizes all available information during the estimation
235 process and provides consistent and efficient population parameters (25). Standardized
236 regression coefficients of 0.1, 0.3 and 0.5 were considered small, medium and large,
237 respectively (26). Regressions models with interaction terms were used to determine if the
238 following were significant moderators ($p < .10$) of the intervention on mathematics
239 performance: (i) sex (male or female) and (iii) baseline MVPA level.

240 The models were tested in the following steps with all models adjusted for baseline
241 values and the following covariates: sex, age, socio-economic status, and weight status at
242 baseline. First, the total effect of the treatment (i.e., intervention versus control) on
243 mathematics performance was examined (C pathway in Figure 1). In the second step, single
244 and multiple mediator models were estimated to explore evidence for mediation effects.
245 These models generated unstandardized regression coefficients for: (i) the effect of the
246 intervention on the mediators (A pathways); (ii) the mediator effects on mathematics
247 performance (B pathways); and (iii) the direct effect of the intervention on academic
248 performance with the inclusion of mediators in the model (C' pathway). The models also
249 calculated the significance of the product-of-coefficients (A x B), which was used to
250 determine the presence of an indirect effect. The indirect effect was considered statistically
251 significant if the confidence intervals for the product-of-coefficients did not cross zero.

252 As Mplus does not support bootstrapping with clustered data, single level bootstrap
253 confidence intervals were compared with confidence intervals adjusted for clustering. This
254 modeling accounts for the non-independence of students nested within classes by adjusting
255 the standard errors using a sandwich estimator. Previous school-based studies have shown
256 that school-level clustering is negligible after accounting for clustering at the class level (27).

257 Similar conclusions were found using the two modelling strategies and the results from both
258 analyses are reported.

259 **RESULTS**

260 **Overview**

261 The study sample has been described in detail previously(15) and participants' demographics
262 are provided in Table 1. In summary, the majority of participants were born in Australia and
263 were of English or European ethnicity. Approximately 25% of study participants were
264 overweight or obese. Maturity offset values for the control and intervention groups were .09
265 (.83) and .24 (.88), respectively. Indicating that on average, participants had reached peak
266 height velocity. Indicating that on average, participants had reached peak height velocity.
267 From the original study sample (N = 1,421), 1,173 students agreed to provide the research
268 team with access to their mathematics test results (Figure 2). Nine students from the control
269 group did not complete the follow-up assessments for mathematics performance. Participants
270 in the control group achieved significantly higher mathematics scores at baseline, in
271 comparison to those in the intervention group. Baseline and follow-up values for intervention
272 and control groups are reported in Table 2.

273 **Intervention effect on mathematics performance and potential moderators**

274 We observed a small-to-medium positive intervention effect on mathematics performance (β
275 = .16, $p < .001$). In the models adjusting for potential mediators, the direct intervention
276 effects remained statistically significant. See Tables 3 and 4 for single and multiple mediator
277 models, respectively. Sex and baseline MVPA level did not moderate the intervention effect
278 on mathematics performance (see Table, SDC 1, interaction estimates and sub-group analyses
279 for mathematics performance).

280 **Intervention effect on potential mechanisms**

281 The intervention effect on the proportion of PE lessons spent in MVPA was statistically
282 significant in both the single (.59, $p < .001$) and multiple (.52, $p < .001$) mediator models. The
283 intervention effect on engagement in mathematics was not statistically significant.

284 **Mediator effects on mathematics performance**

285 After adjusting for covariates, there were no significant associations between potential
286 mediators and mathematics performance in the single or multiple mediator models.

287 **Significance of mediated effects**

288 None of the potential mechanisms satisfied the criteria for mediation.

289 **DISCUSSION**

290 The primary aim of this study was to examine the effect of the AMPED intervention on
291 adolescents' performance in mathematics. After adjusting for baseline values and covariates,
292 the intervention effect on mathematics performance was equal to approximately one quarter
293 of the increase in mathematics performance that is typically observed in students from Grade
294 7 to Grade 9 (typical gain is 48.5 unit over the two year period)(28). It is important to note
295 that this effect reflects greater improvement in the intervention group (who had lower scores
296 at baseline) compared with the control group over the two-year study period. Of note,
297 mathematics performance was assessed using the NAPLAN numeracy tests, which are
298 administered annually to all Australian students; thus, our findings have high ecological
299 validity.

300 Consistent with our first hypothesis, students in the AMPED intervention group
301 significantly improved their performance in mathematics, in comparison with students in the
302 control schools. This is a notable finding and suggests that high quality PE can have
303 academic benefits for students regardless of their sex or baseline level of MVPA. Cross-
304 sectional and longitudinal studies typically report positive associations between physical
305 activity and academic performance in young people, but evidence from high quality

306 experimental trials is mixed and few studies have involved adolescent populations (3, 4). The
307 Lifestyle Of Our Kids (LOOK) study (29) tested the effects of PE lessons delivered by
308 specialists compared with PE delivered by generalist elementary school teachers. Students
309 who participated in the specialist delivered PE lessons had significantly greater
310 improvements in mathematics (but not reading or writing), compared with those in the
311 control group (effect = 10.9 units, $p = .03$). Unfortunately, the authors did not assess any
312 potential mechanisms or report the total number of PE lessons delivered in the intervention
313 and control schools over the two-year study period. The failure of classroom teachers to
314 deliver PE lessons in the control group (i.e., poor implementation) (30) compared with the
315 consistent delivery of PE by the specialist teachers, may explain the positive intervention
316 effect. Additionally, physical activities are often cancelled in elementary school settings,
317 while other major barriers to the effective delivery of PE in primary schools include a lack of
318 time and low teacher confidence (31). Poor implementation is also a barrier to the success of
319 interventions delivered in secondary school (30). Of note, Tarp and colleagues (7) found no
320 intervention effects for physical activity or mathematics performance in the 20-week
321 LCoMotion trial. The authors concluded that poor implementation fidelity was a potential
322 explanation for their null findings.

323 Active Smarter Kids (ASK) was a multi-component school-based physical activity
324 intervention evaluated in 60 Norwegian primary schools (mean age: 10.2 years) (20). While
325 the ASK study found no effect on academic performance in numeracy or literacy in the full
326 sample, a favorable intervention effect was observed among children who performed poorest
327 in numeracy at baseline (lowest tertile). Aadland and colleagues subsequently conducted
328 mediation analyses to determine if changes in executive function, behavioral self-regulation
329 and school-related well-being mediated the intervention effect on numeracy in the subsample
330 of students. Despite a positive intervention effect on executive function in the subscale of

331 students, none of the hypothesized mechanisms satisfied the criteria for mediation.
332 Establishing mediation in large-scale school-based physical activity interventions is
333 challenging for a number of reasons, including the considerable variability between schools,
334 teachers, students and intervention implementation. Moreover, self-report measures of
335 behavioral self-regulation, such as those used in ASK and AMPED studies lack sensitivity to
336 detect change. Alternatively, classroom observational methods have more utility for
337 measuring improvement in context specific behavior.

338 Providing children with opportunities to be physically active within (i.e., class time)
339 and beyond the classroom (e.g., recess and lunch-time) can have a positive effect on their
340 classroom behavior (10). It is possible that the additional dose of physical activity that
341 students received during PE lessons in the intervention group contributed to improvements in
342 their on-task behavior in the classroom. Although we observed an intervention effect for
343 MVPA in PE, we failed to demonstrate an effect on students' perceived engagement during
344 mathematics lessons. Moreover, changes in self-reported engagement in mathematics were
345 not associated with changes in mathematics performance. These null findings may be due to
346 our failure to measure baseline mediators at the same time as mathematics performance.
347 Although mediators were assessed before the intervention started (in Grade 8), mathematics
348 performance was assessed the year before in Grade 7. Mediation may have occurred, but
349 because Grade 7 measures of physical activity and engagement were not collected, we could
350 not establish mediation.

351 Cardiorespiratory fitness appears to be more strongly associated with academic
352 outcomes than physical activity behavior in young people (4). Unfortunately, we did not
353 assess fitness and we were unable to test this hypothesis in the current study. The EDUFIT
354 trial (6) was designed to assess the effects of increasing the time and intensity of PE, on

355 adolescents' cognitive performance and academic achievement using a three-arm trial
356 (control, 4 sessions/week of medium intensity PE or 4 sessions/week of high intensity PE).
357 Of note, the higher intensity EDUFIT group (mean and maximum heart rate were 147 and
358 193 BPM, respectively) experienced the largest improvements in cognitive performance and
359 academic achievement over the 4-month study period, in comparison to the other
360 experimental (mean and maximum heart rate were 129 and 177 BPM, respectively) and
361 control groups (mean and maximum heart rate were 116 and 174 BPM, respectively). In
362 another study (32), children who participated in three physical activity sessions/week for 9-
363 months, improved their cardiorespiratory fitness and their performance on measures of
364 inhibition and cognitive flexibility, compared with those in the control group. While the dose
365 of physical activity delivered in the AMPED intervention was relatively small (i.e., 1 to 2
366 sessions/week), previous studies have demonstrated that activity levels in PE lessons are
367 typically very low (33, 34) and this is what students in the control group would have
368 received.

369 Although we sought to examine a range of theoretically, and empirically-supported,
370 mediators in this trial (MVPA in PE and student engagement during mathematics lessons),
371 we acknowledge the possibility of other mechanisms, that we did not assess, that may have
372 explained the effect of the intervention on mathematics performance. These include both
373 intra-individual neurobiological (e.g., greater vascularization and neurogenesis) (4) as well as
374 contextual (e.g., task complexity during PE requiring high exertion plus high cognitive
375 demand) (35) factors; these represent viable targets for examination in future research. In
376 addition, further research is needed to examine the influence of changes in physical activity
377 on performance in other academic subjects.

378 **Strengths and limitations**

379 The strengths of this study include the cluster RCT design that adhered to the CONSORT
380 guidelines. Additional strengths include the blinded assessment of outcomes, objective
381 measurement of physical activity in PE (high level of implementation fidelity), and access to
382 standardized national data pertaining to students' performance in mathematics. There are,
383 however, some limitations that should be noted. First, we did not objectively measure
384 students' engagement in mathematics using classroom observations. Previous studies have
385 demonstrated that students spend more time engaged in the classroom after they have been
386 physically active (10). Second, failure to assess maturity status may be considered a study
387 limitation. However, the maturity offset values suggest that on average, participants had
388 reached peak height velocity. Third, we were not able to obtain measures of the mediators at
389 the same time as the pre-test assessments of mathematics were obtained (the study started in
390 Grade 8, but mathematics performance was assessed in Grade 7). Our failure to assess
391 aerobic fitness and motor competence are also study limitations. Finally, this study did not
392 include measures of cognitive function (working memory, inhibition or task flexibility).
393 Although there is strong evidence regarding the acute and chronic effects of physical activity
394 on cognitive outcomes in young people, the majority of studies have been conducted with
395 children in primary schools and further research is needed with adolescent samples in real
396 world settings (4, 36).

397 **CONCLUSIONS**

398 The AMPED intervention had a significant positive effect on mathematics performance in a
399 large sample of adolescents. However, students in the intervention group were not
400 outperforming those in the control group at the follow-up assessments. Instead they had
401 merely caught up, having lower scores at baseline. Moreover, we were not able to identify
402 any potential mechanisms that might explain the intervention effect on mathematics

403 performance. In summary, the results should be interpreted with caution, but do indicate a
404 positive effect of quality PE lessons on academic performance.

405 **ACKNOWLEDGEMENTS**

406 The results of the study are presented clearly, honestly, and without fabrication, falsification,
407 or inappropriate data manipulation. The authors thank the participating schools, students, and
408 teachers for their support and cooperation throughout the project. This project was funded by
409 the Australian Research Council (ARC) Discover Project Grant (DP130104659). D.R.L. is
410 supported by an ARC Future Fellowship. The results of the present study do not constitute
411 endorsement by the American College of Sports Medicine.

412 The authors have no conflicts of interest to declare.

413 **REFERENCES**

- 414 1. Biddle SJH, Asare M. Physical activity and mental health in children and adolescents:
415 a review of reviews. *Brit J Sports Med.* 2011;45:886-95.
- 416 2. Janssen I, LeBlanc AG. Systematic review of the health benefits of physical activity
417 and fitness in school-aged children and youth. *Int J Behav Nutr Phys Act.*
418 2010;7(40):doi:10.1186/479-5868-7-40.
- 419 3. de Greeff JW, Bosker RJ, Oosterlaan J, Visscher C, Hartman E. Effects of physical
420 activity on executive functions, attention and academic performance in preadolescent
421 children: a meta-analysis. *J Sci Med Sport.* 2017;21(5):501-7.
- 422 4. Donnelly J, Hillman C, Castelli D et al. Physical activity, fitness, cognitive function,
423 and academic achievement in children: A systematic review. *Med Sci Sports Exerc.*
424 2016;48(6):1223-4.
- 425 5. Álvarez-Bueno C, Pesce C, Cavero-Redondo I, Sánchez-López M, Garrido-Miguel
426 M, Martínez-Vizcaíno V. Academic achievement and physical activity: A meta-
427 analysis. *Pediatrics.* 2017;140(6):e20171498.

- 428 6. Ardoy D, Fernández-Rodríguez J, Jiménez-Pavón D, Castillo R, Ruiz J, Ortega F. A
429 physical education trial improves adolescents' cognitive performance and academic
430 achievement: the EDUFIT study. *Scan J Med Sci Sport*. 2014;24(1).
- 431 7. Tarp J, Domazet SL, Froberg K, Hillman CH, Andersen LB, Bugge A. Effectiveness
432 of a school-based physical activity intervention on cognitive performance in Danish
433 adolescents: LCoMotion—learning, cognition and motion—a cluster randomized
434 controlled trial. *PLoS One*. 2016;11(6):e0158087.
- 435 8. Ludyga S, Gerber M, Brand S, Holsboer-Trachsler E, Pühse U. Acute effects of
436 moderate aerobic exercise on specific aspects of executive function in different age
437 and fitness groups: A meta-analysis. *Psychophysiology*. 2016;53(11):1611-26.
- 438 9. Lubans DR, Richards J, Hillman CH et al. Physical activity for cognitive and mental
439 health in youth: A systematic review of mechanisms. *Pediatrics*.
440 2016;138(3):e20161642.
- 441 10. Owen KB, Parker PD, Van Zanden B, MacMillan F, Astell-Burt T, Lonsdale C.
442 Physical activity and school engagement in youth: A systematic review and meta-
443 analysis. *Educ Psych*. 2016;51(2):129-45.
- 444 11. Riley N, Lubans DR, Holmes K, Morgan PJ. Findings from the EASY Minds cluster
445 randomized controlled trial: evaluation of a physical activity integration program for
446 mathematics in primary schools. *J Phys Act Health*. 2016;13:198-206.
- 447 12. Mullender-Wijnsma MJ, Hartman E, de Greeff JW, Doolaard S, Bosker RJ, Visscher
448 C. Physically active math and language lessons improve academic achievement: a
449 cluster randomized controlled trial. *Pediatr*. 2016;137(3):e20152743.
- 450 13. Moher D, Hopewell S, Schulz KF et al. CONSORT 2010 explanation and elaboration:
451 updated guidelines for reporting parallel group randomised trials. *BMJ*. 2010;340: doi:
452 10.1136/bmj.c869.

- 453 14. Lonsdale C, Lester A, Owen KB et al. An internet-supported school physical activity
454 intervention in low socio-economic status communities: Results from the Activity and
455 Motivation in Physical Education (AMPED) cluster randomized controlled trial. *Br J*
456 *Sports Med.* in press:10.1136/bjsports-2017-097904.
- 457 15. Lonsdale C, Lester A, Owen KB et al. A cluster randomized controlled trial of an
458 online school physical activity intervention in low socio-economic status
459 communities: Study protocol for the Activity and Motivation in Physical Education
460 (AMPED) project. *BMC Pub Health.* 2016;16:17.
- 461 16. Australian Social Trends [Internet]. Available from:
462 <http://www.abs.gov.au/socialtrends>.
- 463 17. Deci EL, Ryan RM. *Handbook of Self-determination Research.* Rochester, New York:
464 University of Rochester Press; 2002.
- 465 18. Lubans DR, Lonsdale C, Cohen K et al. Framework for the design and delivery of
466 organized physical activity sessions for children and adolescents: Rationale and
467 description of the ‘SAAFE’ teaching principles. *Int J Behav Nutr Phys Act.*
468 2017;14(24).
- 469 19. Currie. C., Molcho M, Boyce W, Holstein B, Torsheim T, Richter M. Researching
470 health inequalities in adolescents: the development of the health behaviour in school-
471 aged children (HBSC) family affluence scale. *Soc Sci Med.* 2008;66(6):1429-36.
- 472 20. Aadland KN, Aadland E, Andersen JR et al. Executive function, behavioral self-
473 regulation, and school related well-being did not mediate the effect of school-based
474 physical activity on academic performance in numeracy in 10-year-old children. The
475 Active Smarter Kids (ASK) study. *Front Psych.*
476 2018;9(245):doi.org/10.3389/fpsyg.2018.00245.

- 477 21. Moore SA, McKay HA, Macdonald H et al. Enhancing a somatic maturity prediction
478 model. *Med Sci Sports Exerc.* 2015;47(8):1755-64.
- 479 22. Evenson KR, Cattellier D, Gill K, Ondrak K, McMurray RG. Calibration of two
480 objective measures of physical activity for children. *J Sports Sci.* 2008;26:1557-65.
- 481 23. Fredericks JA, Blumenfeld P, Friedel J, Paris A. School engagement. In: KA Moore,
482 L Lippman. *What do children need to flourish?: Conceptualizing and measuring*
483 *indicators of positive development.* New York, NY: Springer Science and Business
484 Media; 2005, pp. 305-21.
- 485 24. Muthén LK, Muthén BO. *Mplus user's guide.* Los Angeles: Muthén & Muthén; 1998-
486 2017.
- 487 25. Enders CK. 2010. *Applied missing data analysis.* New York: Guilford Press; 2010.
- 488 26. Cohen J. A power primer. *Psych Bull.* 1992;112(1):155-9.
- 489 27. Lonsdale C, Rosenkranz RR, Sanders T et al. A cluster randomized controlled trial of
490 strategies to increase adolescents' physical activity and motivation in physical
491 education: Results of the Motivating Active Learning in Physical Education (MALP)
492 trial. *Prev Med.* 2013;57(5):696-702.
- 493 28. Australian Curriculum Assessment and Reporting Authority. NAPLAN Achievement
494 in Reading, Persuasive Writing, Language Conventions and Numeracy: National
495 Report for 2015. In. Sydney: ACARA; 2015.
- 496 29. Telford RD, Cunningham RB, Fitzgerald R et al. Physical education, obesity, and
497 academic achievement: a 2-year longitudinal investigation of Australian elementary
498 school children. *Am J Pub Health.* 2012;102(2):368-74.
- 499 30. Naylor P, Nettlefold L, Race D et al. Implementation of school based physical activity
500 interventions: A systematic review. *Prev Med.* 2015;72:95-115.

- 501 31. Hills AP, Dengel DR, Lubans DR. Supporting public health priorities:
502 recommendations for physical education and physical activity promotion in schools.
503 *Progress Card Dis.* 2015;57(4):368-74.
- 504 32. Hillman CH, Pontifex MB, Castelli DM et al. Effects of the FITKids randomized
505 controlled trial on executive control and brain function. *Pediatrics.*
506 2014;134(4):e1063-71.
- 507 33. Hollis JL, Sutherland R, Williams AJ et al. A systematic review and meta-analysis of
508 moderate-to-vigorous physical activity levels in secondary school physical education
509 lessons. *Int J Behav Nutr Phys Act.* 2017;14(52).
- 510 34. Hollis JL, Williams AJ, Sutherland R et al. A systematic review and meta-analysis of
511 moderate-to-vigorous physical activity levels in elementary school physical education
512 lessons. *Prev Med.* 2016;86:34-54.
- 513 35. Schmidt M, Jäger K, Egger F, Roebbers CM, Conzelmann A. Cognitively engaging
514 chronic physical activity, but not aerobic exercise, affects executive functions in
515 primary school children: a group-randomized controlled trial. *J Sport Exerc Psych.*
516 2015;37(6):575-91.
- 517 36. Costigan SA, Eather N, Plotnikoff RC, Hillman CH, Lubans DR. High intensity
518 interval training for cognitive and mental health in adolescents. *Med Sci Sports Exerc.*
519 2016;48(10):1985-93.
520
521

522 Supplementary Digital Content 1: Interaction estimates and sub-group analyses for

523 mathematics performance

524

525 **Figure 1: Conceptual model of potential mechanisms explaining academic performance**

526

527

528 **Figure 2: Flow of participants through the study**

529