Physical activity (PA) can reduce secondary/chronic conditions experienced by individuals with disabilities but few children and adolescents with disabilities (CAWD) participate in regular PA. Physical inactivity is associated with higher risk of serious health issues and is a global health challenge for CAWD. International policies and normative frameworks such as United Nations Sustainable Development Goals affirm the need to promote PA among CAWD. The 2020 World Health Organization (WHO) global PA and sedentary behavior guidelines for persons with disabilities, recommends children aged less than 18 years engage in an average of 60 minutes of moderate to vigorous PA daily. The purpose of the study was to examine references to PA and CAWD in different policy instruments (eg. policies, guidelines, action plans) at the international, national, and regional levels across 14 countries; and align with evidence on behavioral indicators. According to the Global Matrix, 10 common indicators make up a “Report Card” for global comparison across countries, standardizing measurements, and sharing lessons learned from across the globe. The Report Card includes behavioral indicators (overall PA, organized sport and PA, active play, active transportation, and sedentary behaviour), an outcome indicator (eg, physical fitness), and sources of influence indicators (family and peers, school, community and environment, and government) with a known impact on PA.

National/ regional documents from the countries or regions involved in the were used to identify government priorities in PA for CAWD. Through this review, best available data/evidence synthesized and into behavioral, outcome, and sources of influence indicators. Each piece of evidence was evaluated as letter grades (ranging from A+ = excellent to F = failing, or INC = incomplete data due to insufficient evidence). Grades were consulted with stakeholders from higher education institutions, schools, professional organizations, government agencies, and non-governmental organizations in PA and disability sports. The scores for overall behavioral indicator and government indicator (“any governmental body with authority to influence PA opportunities or participation of children and adolescents through policy, legislation or regulation”) were included.
The average grade for behavioral indicator was D- and C+ for government indicator across the 14 countries [Hong Kong, Philippines, South Korea, Finland, France, Ireland, Lithuania, Poland, Spain, Israel, Canada, United States (US), Brazil, and Chile]. North American received a grade of D- for overall behavioral indicator (D for Canada, D- for US) and D- for overall government indicator (D- for Canada and INC for US). Specific national PA guidelines for CAWD did not exist for any of the countries. Of North America, Canada only used country-wide reports with PA data from disability-specific surveys. Other countries or regions relied on surveys from the general population with measures to disaggregate the data by disability status.

WHO Global Action Plan on Physical Activity 2018–2030 outlines the need for a systems approach to promote PA, specific needs of CAWD must be addressed. Policies are a vital “upstream” component to promoting PA and positive behavioral change. However, a gap between policies and PA behavior is evident. Evaluation of the implementation of disability-specific policies is needed to understand this gap better. A systems-level approach that directly considers the needs of marginalized populations would benefit policymakers and help address low levels of PA among CAWD.

**Article Strengths**
- Examined current international, national, and regional policies, guidelines, and action plans that address PA in CAWD.
- Provided standardized “grades”, informed by multiple stakeholders, on policies at different levels in addressing PA promotion among CAWD.
- Highlighted the importance of policies in shaping behavior and the need to address the specific needs of CAWD.
- Lists policies that have been implemented in 14 countries across the Americas, Europe, and Asia.

**Article Weaknesses**
- Does not present specific recommendations to promote PA among CAWD.
- Not representative of the entire international community.
- Does not provide details on current policies and implementation/practices in the US, Canada, North America.

**Take Home Messages**
- US and Canada have received grades of D- and D, respectively, on policies addressing overall PA, organized sport and PA, active play, active transportation, and sedentary behaviour for CAWD.
- US has incomplete data due to insufficient evidence and Canada received a grade of D on government influence for PA opportunities or participation of children and adolescents through policy, legislation, or regulation.
- Countries such as Finland (Grade of C on PA policies; A- on government influence) may be an important example to refer to.
- Policies are a necessary and crucial component to promoting PA in CAWD.
- Specific needs of CAWD should be addressed when implementing policies promoting PA and putting it into practice.

**Impacts on Clinical Practice**
• Regional, national, and international policies exist to facilitate and promote PA among CAWD and should be referenced and utilized in clinical practice.
• Policies should be considered when encouraging positive behavior change.
• Advocacy opportunities for clinicians to create/follow PA guidelines.