

# PERSONAL DEVELOPMENT, HEALTH AND PHYSICAL EDUCATION

## TRIAL EXAMINATION 2012

### General Instructions

- Reading time - 5 minutes
- Working time - 3 hours
- Write using blue or black pen
- Write your Student Number at the top of pages 7 to 14
- Write your Student Number at the top of the Multiple Choice answer sheet

### Section I

Total marks (60)

This section has two parts, Part A and Part B

#### Part A

Total Marks (20)

- Attempt Questions 1 - 20
- Allow about 40 minutes for this part

#### Part B

Total marks (40)

- Attempt Questions 21 - 22
- Allow about 1 hour and 10 minutes for this part

### Section II

Total marks (40)

- Attempt TWO questions from Questions 23 - 27
- Allow about 1 hour and 10 minutes for this section

# **SECTION I**

## **Total Marks (60)**

### **PART A**

**Total Marks (20)**

**Attempt Questions 1 - 20**

**Allow about 40 minutes for this part**

Use the multiple choice answer sheet.

Select the alternative A, B, C or D that best answers the question. Fill in the response square completely.

1. The best indicator of the health status of a population is:
  - (A) Quality of life
  - (B) Prevalence of disease
  - (C) Life expectancy
  - (D) Infant morbidity
  
2. The most common long term health conditions of older Australians are:
  - (A) Asthma, arthritis and influenza
  - (B) Hypertension, arthritis and dementia
  - (C) Hay fever, deafness and arthritis
  - (D) Cancer, hypertension and influenza
  
3. The greatest disparity in health status of Indigenous Australians is:
  - (A) Lower levels of education
  - (B) Lower life expectancy
  - (C) Lower rates of infant mortality
  - (D) Lower socio economic status
  
4. Which of the following best represents the social justice principle of supportive environments:
  - (A) Allocating more resources to rural and remote areas
  - (B) Empowering young people to be involved in planning an initiative to reduce the incidence of binge drinking
  - (C) Recognition of diversity within population groups
  - (D) A greater number of medical facilities for people in remote areas

5. Schools providing healthy food in canteens for students is an example of which action area of the Ottawa Charter:
- (A) Creating supportive environments
  - (B) Building healthy public policy
  - (C) Developing personal skills
  - (D) Promoting social responsibility for health

6. Study the information below:

Has risen significantly over the past 10 years Prevalence increases with age No significant difference in incidence between males and females Indigenous people have one of the highest rates in the world
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This information above refers to:

- (A) Lung cancer
  - (B) Diabetes Type 2
  - (C) Diabetes Type 1
  - (D) Cardiovascular Disease
7. Which of the following risk factors are common to cardiovascular disease and breast cancer:
- (A) Heredity, age, overweight
  - (B) High blood pressure, physical inactivity, obesity
  - (C) Physical inactivity, high fat diet, age
  - (D) Heredity, overweight, tobacco smoking
8. Providing funding for health promotions such as QUIT, immunisation programs in schools and cancer screening is an example of
- (A) Early intervention and prevention expenditure
  - (B) Applying social justice principles to health care
  - (C) Addressing inequities in health
  - (D) Building healthy public policy

9. Health Care in Australia is the responsibility of:
- (A) Governments, hospitals and community support agencies
  - (B) Community support agencies, parents and schools
  - (C) Private hospitals, public hospitals and doctors
  - (D) Governments, community groups and the private sector
10. Funding for public hospitals, provision of family health services and health promotion is the responsibility of:
- (A) The Commonwealth Government
  - (B) The private sector
  - (C) State and Territory Governments
  - (D) Local Governments
11. The process of converting glycogen to ATP in the aerobic system is known as:
- (A) Glycogen metabolism
  - (B) Aerobic glycolysis
  - (C) Anaerobic glycolysis
  - (D) Resynthesis
12. An athlete is working at a level of intensity that causes the heart to beat at 80% of their MHR. This athlete is working:
- (A) At the anaerobic threshold
  - (B) At the aerobic threshold
  - (C) Below the aerobic threshold
  - (D) Above the anaerobic threshold
13. Gains in fitness adaptations occur when the training load is greater than normal is an example of the principle of:
- (A) Specificity
  - (B) Variety
  - (C) Training thresholds
  - (D) Progressive overload

14. An elite gridiron player has been told to undergo a program to improve power. This program is most likely to include:
- (A) Heavy resistance(75-85%RM), activities performed at speed and short rest periods
  - (B) Medium resistance (60-75%RM), activities performed at speed and long rest periods
  - (C) Very heavy resistance (80-100%RM), activities performed slowly and longer rest periods
  - (D) Very heavy resistance (80-100%RM), activities performed slowly and PNF stretches to ensure greater strength in muscle fibres
15. Feedback that occurs as a normal consequence of performing a skill is:
- (A) Knowledge of results
  - (B) Subjective appraisal
  - (C) Intrinsic feedback
  - (D) Positive motivation
16. An endurance athlete begins to lose balance, experiences an increase in pulse rate and has difficulty concentrating. This athlete is most likely experiencing:
- (A) Iron deficiency
  - (B) The effects of carbohydrate loading
  - (C) Hypothermia
  - (D) Dehydration
17. Which set of characteristics best represents a golf swing:
- (A) Open, gross, serial, self-paced
  - (B) Closed, fine, serial, externally paced
  - (C) Closed, gross, discrete, self-paced
  - (D) Open, fine, discrete, externally paced
18. Factors such as prior experience, personality and confidence affect the speed at which skills can be acquired. These factors are known as:
- (A) Rates of skill acquisition
  - (B) Characteristics of the learner
  - (C) Characteristics of the environment
  - (D) Factors affecting performance

19. The impact of emerging new treatments and technologies includes
- (A) Improved health care for the whole population
  - (B) Earlier diagnosis of lifetime diseases
  - (C) Reduction in mortality rates due to improved diagnosis and treatment
  - (D) Improvements in diagnosis and treatments but reduced access for some due to increased costs
20. Judgement of performance quality based on feelings, impressions and opinions rather than a measurement system is:
- (A) Subjective appraisal of performance
  - (B) Characteristics of a skilled performance
  - (C) Objective appraisal of performance
  - (D) Examples of personal judging criteria



















## Section II

**Total Marks (40)**

**Attempt TWO questions from Questions 23 - 27**

**Allow about 1 hour and 10 minutes for this section.**

Answer each question in a separate writing booklet. Extra writing booklets are available.

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In your answers you will be assessed on how well you:

- Demonstrate an understanding of health and physical concepts
  - Apply the skills of critical thinking and analysis
  - Illustrate your answers with relevant examples
  - Present your ideas in a clear and logical way
- 

**Question 23 - The Health of Young People** (20 marks) **Marks**

- (a) By referring to one of the areas of concern, discuss how establishing personal support structures and determining behavioural boundaries can influence the health of young people. **8**
- (b) Critically analyse the relationship between the social factors that impact on the health of young people and their risk of developing degenerative diseases in later life. **12**

**Question 24 - Sport and Physical Activity in Australian Society** (20 marks)

- (a) Explain how the meanings of sport and physical activity in the 19<sup>th</sup> Century differed between social classes? **8**
- (b) Critically analyse the way the media can influence participation rates of males and females in sport. **12**

**Question 25 - Sports Medicine (20 marks)** **Marks**

- (a) An AFL player sprinting after a ball suddenly falls to the ground clutching the back of the leg. Explain how a trainer should correctly assess and manage this injury. **8**
- (b) Critically analyse the importance of a sports policy in promoting safe participation for children and young athletes. **12**

**Question 26 - Improving Performance (20 marks)** **Marks**

- (a) Describe the most important elements coach needs to consider when designing a training session. **8**
- (b) Analyse the physiological and psychological indicators that an athlete experiences when overtraining. Suggest strategies a coach could implement to prevent overtraining. **12**

**Question 27 - Equity and Health (20 marks)** **Marks**

- (a) Describe three actions that enhance the chances of sustainable improvements in the health of a disadvantaged group. Provide specific examples to illustrate how each action can address health inequities. **8**
- (b) Analyse the effectiveness of using a social justice framework in health promotion aimed at addressing health inequities in ONE population you have studied.. **12**

**END OF PAPER**



Student Number .....

## Personal Development, Health and Physical Education

### Multiple Choice Answer Sheet

Place a X in the square corresponding with the most correct answer.

	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
<b>1</b>				
<b>2</b>				
<b>3</b>				
<b>4</b>				
<b>5</b>				
<b>6</b>				
<b>7</b>				
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<b>11</b>				
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<b>14</b>				
<b>15</b>				
<b>16</b>				
<b>17</b>				
<b>18</b>				
<b>19</b>				
<b>20</b>				

**Section 1 – Multiple Choice**

- |       |       |
|-------|-------|
| 1. C  | 11. B |
| 2. B  | 12. A |
| 3. B  | 13. D |
| 4. D  | 14. A |
| 5. A  | 15. C |
| 6. B  | 16. D |
| 7. C  | 17. C |
| 8. A  | 18. B |
| 9. D  | 19. D |
| 10. C | 20. A |

**Core 1 – Health Priorities in Australia**

**Outcomes assessed H15**

**21(a)**

<b>Criteria</b>	<b>Marks</b>
<ul style="list-style-type: none"> <li>• Sketches in general terms 3 or 4 ways epidemiological data is used to identify priority population groups</li> <li>• Provides a clear explanation of how the data is used to identify at least 2 priority population groups</li> </ul>	4
<ul style="list-style-type: none"> <li>• Identifies 2 or 3 ways epidemiological data is used to identify priority population groups</li> <li>• Makes a statement about how these can aid group</li> </ul>	3
<ul style="list-style-type: none"> <li>• Identifies at least one way epidemiological data is used to identify priority population groups</li> <li>• Provides a limited explanation of how the data is used to identify a specific priority population group</li> </ul>	2
<ul style="list-style-type: none"> <li>• Identifies a priority population group without referring to how this group is identified <b>OR</b></li> <li>• Makes a statement about groups experiencing inequities</li> </ul>	1

**Ways epidemiological data is used to identify priority groups:**

Determines health disadvantages of various subgroups in the population

Identifies the prevalence of disease and injury in specific groups

Identifies the social determinants of health

Determines the needs of groups in relation to the principles of social justice

**Priority population groups:**

Aboriginal and Torres Strait Islander peoples

Rural and isolated populations

Socioeconomically disadvantaged groups

Women

Men

People with Disabilities

**21(b)**

<b>Criteria</b>	<b>Marks</b>
<ul style="list-style-type: none"><li>• Identifies at least 4 protective factors that may reduce the risk of developing cardiovascular disease</li><li>• Makes the link between the protective factors and how they reduce CVD</li></ul>	6-5
<ul style="list-style-type: none"><li>• Identifies at least 2 protective factors that may reduce at risk of developing cardiovascular disease</li><li>• Makes some links made between the protective factors and how they reduce CVD</li></ul>	3-4
<ul style="list-style-type: none"><li>• Some relevant information provided about protective factors</li><li>• Basic link made between protective factors and how they reduce CVD</li></ul>	1-2

**Protective factors for reducing the risk of developing cardiovascular disease:**

- Regular physical activity
- People who consume a diet low in saturated fat and cholesterol
- People who consume small amounts of alcohol
- People who consume a diet low in salt
- People who maintain a healthy weight
- People who appropriately manage stress
- People who avoid exposure to tobacco smoke

21(c)

Criteria	Marks
<ul style="list-style-type: none"><li>• Provides a detailed outline of what is meant by 'Developing Personal Skills and 'Building Healthy Public Policy'.</li><li>• A comprehensive analysis of how the two action areas are used to address the incidence of road and traffic related accidents</li><li>• Selects a wide range of examples from two relevant health promotion initiatives and correctly applies these to both action areas</li></ul>	9-10
<ul style="list-style-type: none"><li>• Provides a basic outline of what is meant by 'Developing Personal Skills' and 'Building Healthy Public Policy'</li><li>• A reasonable analysis of how the two action areas are used to address the incidence of road and traffic related accidents</li><li>• Provides examples from two relevant health promotion initiatives and applies these to the two action areas</li></ul>	6-8
<ul style="list-style-type: none"><li>• May provide a statement about 'Developing Personal Skills' and 'Building Healthy Public Policy'</li><li>• A basic outline of how the two action areas are used to address the incidence of road and traffic related accidents without analysing</li><li>• Provides examples from at 1 or 2 health promotion initiatives</li></ul> <p><b>OR</b></p> <ul style="list-style-type: none"><li>• Makes a statement about how the action areas can be used to address the incidence of road and traffic related accidents</li><li>• Provides examples from a health promotion initiative and applies these to one or both action areas</li></ul>	3-5
<ul style="list-style-type: none"><li>• Identifies the reasons for road and traffic related accidents</li><li>• Outlines some aspects of a health promotion initiative aimed at reducing the incidence</li></ul>	1-2

**Building Healthy Public Policy:**

- Decisions made at all levels of government
- Includes legislation, policies, taxation, occupational health and safety

**Developing Personal Skills:**

- Access to education (e.g. road safety programs)
- Always using p plates
- Abstaining from alcohol (understanding drink driving regulations)

**Health Promotion initiatives may include but are not limited to:**

- Go 40 for Me
- Slow Down
- Arrive Alive
- 50km zones in suburban streets
- Stop Revive Survive
- Introduction of green and red P's
- Increased hours of driving experience before attempting license
- Restrictions on P and L plate drivers carrying passengers
- Zero BAC for P and L plate drivers
- Free drinks in some clubs and bars for the designated driver
- Restricting P plate drivers from driving powerful vehicle

22(a)

Criteria	Marks
<ul style="list-style-type: none"> <li>Makes plain or clear how ATP is produced and resynthesised in the lactic acid and aerobic systems</li> <li>Links the way ATP is resynthesised in the presence of oxygen to the increased efficiency of the aerobic system</li> <li>May provide examples of activities using both systems</li> </ul>	4
<ul style="list-style-type: none"> <li>Outlines how ATP is produced and resynthesised in the lactic acid and aerobic systems</li> <li>Links the way ATP is resynthesised in the presence of oxygen to the increased efficiency of the aerobic system</li> </ul>	2-3
<ul style="list-style-type: none"> <li>Makes a general statement about the lactic acid and aerobic systems without explaining how resynthesis impacts upon efficiency</li> </ul>	1

**Lactic acid system:**

Fuel source is carbohydrate (glucose and stored glycogen)

Glycogen is broken down to produce ATP and energy rapidly

This can only last for 30secs(max intensity) to 3 mins (moderate intensity)

Fatiguing by-product is lactic acid which is produced faster than it can be removed as oxygen is not present.

**Aerobic system:**

Fuel source is carbohydrate and fat (protein only in extreme circumstances)

It is the more efficient of the two systems as the body is able to use stored fat as a source of fuel after glycogen stores are depleted **AND** ATP is produced in the presence of oxygen, therefore lactic acid is not produced and fatigue is delayed.

22(b)

Criteria	Marks
<ul style="list-style-type: none"> <li>Correctly identifies the types of training appropriate for a high jumper</li> <li>Specifically states that training for both strength and power are required</li> <li>Makes reference to the energy systems/movements required</li> </ul>	5-6
<ul style="list-style-type: none"> <li>Correctly identifies the types of training appropriate for a high jumper</li> <li>May state that training for both strength and power are required or may only mention strength training.</li> <li>May make reference to energy systems and/or movements</li> </ul>	3-4
<ul style="list-style-type: none"> <li>Identifies at least one correct type of training</li> <li>Provides a limited explanation of why the types of training for high jump differs from that of a middle distance runner</li> <li><b>OR</b></li> <li>Correctly identifies the types of training but does not provide any explanation of either</li> <li>Does not explain why training for both events will differ</li> </ul>	1-2

**Types of training appropriate:**

Resistance training: Strength and power

Flexibility training – PNF

**Explanation:**

The energy systems used in both events are different (ATP/PC as opposed to aerobic and lactic acid).

The types of movements are also very different with the high jumper requiring power and flexibility to execute a jump while the middle distance runner relies more on the aerobic system with some input from the lactic acid system

22(c)

Criteria	Marks
<ul style="list-style-type: none"><li>• Accurately explains the nutritional requirements of a marathon runner</li><li>• A thorough analysis of the pre-event, during competition and post event nutritional requirements of a marathon runner</li><li>• Provides numerous examples of foods containing the appropriate nutrients</li><li>• Comprehensive explanation of the role of hydration in the pre, during and post event meals</li></ul>	9-10
<ul style="list-style-type: none"><li>• Accurately explains the nutritional requirements of a marathon runner</li><li>• A reasonable analysis of the pre-event, during competition and post event nutritional requirements of a marathon runner</li><li>• Provides several examples of foods containing the appropriate nutrients</li><li>• Good explanation of the role of hydration in the pre, during and post event meals</li></ul>	6-8
<ul style="list-style-type: none"><li>• Provides a basic explanation of the nutritional requirements of a marathon runner</li><li>• A limited analysis of the pre-event, during competition and post event nutritional requirements of a marathon runner</li><li>• Provides at least 1 example of foods containing the appropriate nutrients</li><li>• May provide a limited explanation of the role of hydration in the pre, during and post event meals</li></ul>	3-5
<ul style="list-style-type: none"><li>• Makes a general statement about the role of nutrition for a marathon runner</li><li>• May provide examples of foods that should be consumed without necessarily relating it to the pre, during or post event meals</li></ul> <p><b>OR</b></p> <ul style="list-style-type: none"><li>• Provides examples of foods that are consumed in a pre, during or post event meal without any analysis of why it is consumed or the role of hydration</li></ul>	1-2

**Pre event:**

Eat 3-4 hours before the event

Eat mostly complex carbs as these are easy to digest. Avoid fats and proteins as they take longer to digest and require oxygen

Foods include breads, cereals, rice, pasta, crackers, yoghurt and fruit and carb bars

Liquid meals are good substitutes if required as they also aid hydration

Drink adequate fluids for proper hydration

**During competition:**

As the activity is of long duration, carbohydrate is required to avoid glycogen depletion.

Liquid carbs (sports drinks) or food high in complex carbs are recommended

Adequate hydration is essential for performance. Athletes should rehydrate at regular intervals during the event prior to feeling thirsty. Thirst is an indicator they are already dehydrated and performance will be compromised.

**Post event:**

Glycogen stores will be depleted after a marathon event and need to be replenished with foods high in carbohydrate.

Foods include breads, cereals, rice, pasta, crackers, yoghurt and fruit and carb bars.

Rehydration is essential to replace fluid lost during the event.

Alcohol should be avoided as it contributes to dehydration

**23(a)**

<b>Criteria</b>	<b>Marks</b>
<ul style="list-style-type: none"> <li>Identify issues and provide points for and/or against how the establishment of personal support structures and determining behavioural boundaries can influence the health of young people</li> <li>Numerous, specific examples provided to illustrate understanding of how each aspect can have a positive <b>and</b> negative impact upon health</li> </ul>	7-8
<ul style="list-style-type: none"> <li>Identifies some issues about how establishing personal support structures and determining behavioural boundaries can influence the health of young people</li> <li>Examples provided to illustrate understanding of how each aspect can have a positive <b>or</b> negative impact upon health</li> </ul>	5-6
<ul style="list-style-type: none"> <li>Identifies 1-2 aspects of establishing personal support structures and determining behavioural boundaries</li> <li>May provide examples</li> </ul>	3-4
<ul style="list-style-type: none"> <li>General statement about establishing personal support structures or determining behavioural boundaries and may provide an example <b>OR</b></li> <li>Makes a general statement about the lives of young people</li> </ul>	1-2

**Areas of concern:**

Stress and Coping

Substance Abuse

Violence

Risk Taking and Road Injuries

Sexuality

Body Image

**Establishing personal support structures:**

Provides assistance, can help a person cope with stress, offer time out, someone to turn to for advice

Communication based on mutual respect, trust and shared responsibility

Family support structures assist financially, emotionally, physically, and mentally

Young people without family support structures may have to turn to government agencies (DOCD Centrelink),

community groups (Beyondblue, Church groups, Anglicare, St Vincent de Paul) or professionals (counsellors, doctors etc)

**Determining behavioural boundaries:**

Adolescents will often test boundaries

Boundaries are important to assist young people make responsible choices and keep people safe

Boundaries established within families can be based on culture or religion

Consequences are important if boundaries are broken

If no behavioural boundaries are established, young people believe they can act with impunity and do not develop a sense of social responsibility.

Laws set boundaries when individuals do not set their own

School set behavioural boundaries

Peers often challenge young people's behavioural boundaries and this can lead to risk taking

Eg's of boundaries include parental rules, community curfews, driving/speeding/alcohol and drug laws

**23(b)**

<b>Criteria</b>	<b>Marks</b>
<ul style="list-style-type: none"> <li>Adds a degree or level of accuracy or depth to the relationship between social factors and the risk of developing future degenerative disease showing clear</li> </ul>	10-12

<ul style="list-style-type: none"> <li>links between the two.</li> <li>Numerous social factors are analysed</li> <li>Extensive use of a range of relevant examples to emphasise the link between social factors and the risk of degenerative disease</li> </ul>	
<ul style="list-style-type: none"> <li>Adds some degree or level of accuracy or depth relationship between social factors and the risk of developing future degenerative disease showing some links between the two.</li> <li>At least 3 social factors are analysed</li> <li>A more limited range of relevant examples is used to emphasise the link between social factors and the risk of degenerative disease</li> </ul>	7-9
<ul style="list-style-type: none"> <li>A reasonable explanation of the relationship between social factors and the risk of developing future degenerative disease with no real analysis.</li> <li>At least 2 social factors are analysed</li> <li>Relevant examples of at least one degenerative disease is used to emphasise the link between social factors and the risk of degenerative disease</li> </ul>	4-6
<ul style="list-style-type: none"> <li>A statement about the risk factors for degenerative disease with no mention of specific social factors.</li> <li>May use more than one disease as an example</li> <li>A general statement about the health of young people a statement about social factors</li> </ul>	1-3

**Social Factors:**

- Socioeconomic status
- Employment
- Education
- Gender
- Ethnicity
- Aboriginality
- Geographic Location
- Sexual Orientation
- Peer Influence

**Degenerative Diseases include but are not limited to:**

- Lung cancer
- Skin cancer
- Osteoporosis
- CVD
- Emphysema (COPD)
- Diabetes
- Arthritis
- Cirrhosis of the liver



24(a)

Criteria	Marks
<ul style="list-style-type: none"><li>Detailed explanation of the way different meanings were given to sport and physical activity by different social classes in the 19<sup>th</sup> Century</li><li>Extensive use of examples from both sport and physical activity to illustrate understanding</li></ul>	7-8
<ul style="list-style-type: none"><li>Reasonable explanation of the way different meanings were given to sport and physical activity by different social classes in the 19<sup>th</sup> Century</li><li>A range of examples are used from both sport and physical activity to illustrate understanding</li></ul>	5-6
<ul style="list-style-type: none"><li>Limited explanation of the way different meanings were given to sport and/or physical activity by different social classes in the 19<sup>th</sup> Century</li><li>One or more examples from either sport or physical activity is used to illustrate understanding</li></ul>	3-4
<ul style="list-style-type: none"><li>Basic outline of the role of sport and/or physical activity in the 19<sup>th</sup> Century</li><li>An example may be used</li></ul>	1-2

Meanings of amateur and professional sport

People who could not afford fees or equipment were excluded

Wealthy could be amateur, as they did not need to earn a living

Working classes more likely to engage in professional sport to earn a living

Opportunities to earn money through sport could enable a person to improve their social class

**Sports/physical activities popular with different social classes include:**

**Wealthy**

Cricket

Rugby

Horse riding/racing

Hunting

Tennis

Croquet

Sailing

Rowing

Athletics

**Working classes**

Boxing

League

Soccer

Foot races (Stawell Gift began in 1878)

24(b)

Criteria	Marks
<ul style="list-style-type: none"> <li>• Comprehensive explanation of numerous ways in which the media can influence participation rates</li> <li>• Uses a wide range of examples from a number of different sports</li> <li>• Provides examples from at least two different media sources to illustrate understanding</li> </ul>	10-12
<ul style="list-style-type: none"> <li>• Reasonable explanation of several ways in which the media can influence participation rates</li> <li>• Uses examples from 2 - 3 different sports</li> <li>• Provides examples from one or two different media sources to illustrate understanding</li> </ul>	7-9
<ul style="list-style-type: none"> <li>• Limited explanation of the way in which the media can influence participation rates</li> <li>• Uses examples from one or two sports</li> <li>• Provides examples from one media source to illustrate understanding</li> </ul>	4-6
<ul style="list-style-type: none"> <li>• Basic outline of one way the media can influence participation rates</li> <li>• Uses examples from one or two different sports</li> <li>• Provides examples from one media source <b>OR</b></li> <li>• A statement about participation rates of males and/or females in sport with poor or no links to the role of the media</li> </ul>	1-3

**Role of the media in determining participation rates:**

Representation of various sports

Amount of coverage given to sports

Difference in language and visual images

Role of the media in constructing meanings around femininity and masculinity

**Media sources:**

Television

Newspapers

Radio

Magazines

Internet

25(a)

Criteria	Marks
<ul style="list-style-type: none"> <li>• Correctly explains the TOTAPS procedure for assessing injury</li> <li>• Correctly classifies the injury as a soft tissue injury</li> <li>• Applies the RICER procedure and gives a thorough explanation of how it is used in the management of the injury</li> </ul>	7-8
<ul style="list-style-type: none"> <li>• Explains some aspects of the TOTAPS procedure for assessing injury</li> <li>• Correctly classifies the injury as a soft tissue injury</li> <li>• Applies the RICER procedure with only a limited explanation of how it is used</li> </ul>	5-6
<ul style="list-style-type: none"> <li>• Explains some steps in the procedure for assessing injury which may include TOTAPS</li> <li>• May classify the injury as a soft tissue injury</li> <li>• Identifies the steps in the RICER procedure but may not explain how it is used</li> </ul>	3-4
<ul style="list-style-type: none"> <li>• Makes a general statement about the treatment of a soft tissue injury/muscle strain without referring to TOTAPS or RICER</li> </ul>	1-2

**Assessment of injury:**

TOTAPS (Talk, Observe, Touch, Active Movement, Passive Movement, Skills test)

**Classifying sports injuries:**

Soft tissue injury (sprain, strain)

**Managing soft tissue injuries:**

RICER (Rest, Ice, Compression, Elevation)

The above should be applied specifically to the particular injury.

25(b)

Criteria	Marks
<ul style="list-style-type: none"> <li>• Clearly articulates the responsibility of a club/school in relation to a sports policy for children and young athletes</li> <li>• Comprehensive analysis of the role of sports policy in enhancing safety for children and young athletes</li> <li>• Provides numerous relevant examples from a number of different sports</li> </ul>	10-12
<ul style="list-style-type: none"> <li>• Outlines the responsibility of a club/school in relation to a sports policy for children and young athletes</li> <li>• Reasonable analysis of the role of sports policy in enhancing safety for children and young athletes</li> <li>• Provides relevant examples from at least two different sports</li> </ul>	7-9
<ul style="list-style-type: none"> <li>• Explains why a club/school should have a sports policy</li> <li>• Limited or no analysis of the role of sports policy in enhancing safety for children and young athletes</li> <li>• May provide examples from one sport</li> </ul>	4-6
<ul style="list-style-type: none"> <li>• Makes a statement about the importance of safe participation for children and young athletes</li> <li>• Provides examples of modifications to rules and/or equipment to enhance safety in at least one sport <b>OR</b></li> <li>• Lists a number of modifications or protective equipment to enhance safety in children's sport</li> </ul>	1-3

**Sports policy:**

Outlines the philosophy of the sporting club and the responsibilities of administrators, officials, coaches, parents, participants

Modified rules for children where beneficial

Modified equipment where required

Use of protective equipment (shin pads, head gear, mouth guards etc)

Even competition

Behaviour expectations of officials, coaches, parents and participants

26(a)

**Outcomes Assessed: H8, H10**

**Targeted Performance Bands: 4-6**

Criteria	Marks
<ul style="list-style-type: none"> <li>• Provides characteristics and features of all the key elements of a training session in excellent depth and detail</li> <li>• Clearly justifies the inclusion of the element in the session and describes how it will improve the effectiveness of the session</li> <li>• Presents ideas in a clear and logical way</li> <li>• Illustrates answers with relevant examples</li> </ul>	7-8
<ul style="list-style-type: none"> <li>• Provides characteristics and features of all the key elements of a training session in sufficient depth and detail</li> <li>• Is able to justify the inclusion of the element in the session</li> <li>• Presents ideas in a clear and logical way</li> <li>• Illustrates answers with relevant examples</li> </ul>	5-6
<ul style="list-style-type: none"> <li>• Identifies some of the key elements of a training session</li> <li>• Evaluates some need for their inclusion</li> <li>• Presents ideas in a clear way</li> <li>• provides examples</li> </ul>	3-4
<ul style="list-style-type: none"> <li>• Lists some of the key elements of a training session</li> </ul>	1-2

**Suggested answer:**

Elements of a training session

- Health and safety considerations
- Overview of session; goal specific
- Warm up/cool down
- Skill instruction and practice
- Conditioning
- Evaluation

26(b)

*Outcomes Assessed: H11, H17*

*Targeted Performance Bands: 4-6*

Criteria	Marks
<ul style="list-style-type: none"><li>• Correctly identifies the cause of overtraining as a combination of physiological and psychological factors</li><li>• Detailed and comprehensive description of the physiological and psychological indicators of overtraining in elite athletes.</li><li>• Makes relevant suggestions about how the coach and trainer reduce the risk of overtraining</li></ul>	10-12
<ul style="list-style-type: none"><li>• Correctly identifies the cause of overtraining as a combination of physiological and psychological factors</li><li>• Thorough description of most physiological and psychological indicators of overtraining in elite athletes.</li><li>• Makes a relevant suggestion about how the coach and trainer reduce the risk of overtraining</li></ul>	7-9
<ul style="list-style-type: none"><li>• Limited description of some physiological and psychological indicators of overtraining in elite athletes.</li><li>• May make a suggestion about how the coach and trainer reduce the risk of overtraining</li></ul>	4-6
<ul style="list-style-type: none"><li>• Lists several physiological or psychological indicators of overtraining without describing their effect on performance <b>OR</b></li><li>• General comment about overtraining and how it can affect performance</li></ul>	1-3

Overtraining is a result of a combination of physiological and psychological factors

**Physiological indicators**

Stress

Sleep disorders

Poor eating patterns/decreased appetite

Loss of strength/coordination

Muscle soreness and fatigue

Elevated RHR

Susceptible to Colds/Allergies/Infections

**Psychological indicators:**

Nervousness

Short attention span

Irritability/anger/frustration

Sensitive

Depression

**Strategies to reduce overtraining:**

- Reduce training loads
- Change training environment
- Introduce Variety/Fun
- Breaks in training during the season
- Reduce pressure during training sessions

27(a)

Criteria	Marks
<ul style="list-style-type: none"><li>• Demonstrates a thorough understanding of the three actions required for sustainable improvements in health</li><li>• Provides several relevant examples from more than one health promotion strategy to demonstrate how each action can address health inequities</li></ul>	7-8
<ul style="list-style-type: none"><li>• Demonstrates a reasonable understanding of the three actions required for sustainable improvements in health</li><li>• Provides 1-2 relevant examples from at least one health promotion strategy to demonstrate how each action can address health inequities</li></ul>	5-6
<ul style="list-style-type: none"><li>• Demonstrates a limited understanding of the three actions required for sustainable improvements in health</li><li>• Provides one example from a health promotion strategy to demonstrate how each action can address health inequities</li></ul>	3-4
<ul style="list-style-type: none"><li>• Lists the three actions required for sustainable improvements in health</li></ul> <p><b>OR</b></p> <ul style="list-style-type: none"><li>• Describes one or two of the actions required for sustainable improvements in health and provides an example</li></ul>	1-2

**Three actions required:**

- enabling
- mediating
- advocating

27(b)

Criteria	Marks
<ul style="list-style-type: none"><li>• A comprehensive analysis of the way the 4 components of the social justice framework impact on effectiveness of addressing health inequities</li><li>• Correctly identifies a population group</li><li>• Provides numerous specific, relevant examples from more than one health promotion strategy or campaign</li></ul>	10-12
<ul style="list-style-type: none"><li>• A reasonable analysis of the way the 4 components of the social justice framework impact on effectiveness of addressing health inequities</li><li>• Correctly identifies a population group</li><li>• Provides several relevant examples from more than one health promotion strategy or campaign</li></ul>	7-9
<ul style="list-style-type: none"><li>• A good description of the 4 components of the social justice framework with some comment on how they impact on effectiveness of addressing health inequities</li><li>• Correctly identifies a population group</li><li>• Provides relevant examples from more one health promotion strategy or campaign</li></ul>	4-6
<ul style="list-style-type: none"><li>• Lists some of the components of the social justice framework</li><li>• May state how they are used in a health promotion campaign aimed at a population group <b>OR</b></li><li>• Explains how the social justice <b>principles</b> can be used to address health inequities in a population group</li></ul>	1-3

**Social Justice framework:**

- Strengthening individuals in disadvantaged circumstances
- Strengthening disadvantaged communities
- Improving access to essential facilities and services
- Encouraging economic and cultural change

**Population Groups:**

- Aboriginal and Torres Strait Islanders
- People in Rural and Remote Communities

**Inequities include:**

- geographic and social isolation
- exposure to drought, flood and fires
- access to services
- structural factors
- occupational hazards
- unemployment
- education
- attitudes towards illness
- barriers to using health services eg: confidentiality

**These will vary slightly depending upon the population group chosen**