

**2003 HSC Notes from
the Marking Centre
Personal Development, Health
and Physical Education**

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2003 HSC NOTES FROM THE MARKING CENTRE

PDHPE

Introduction

This document has been produced for the teachers and candidates of the Stage 6 course in PDHPE. It provides comments with regard to responses to the 2003 Higher School Certificate Examination, indicating the quality of candidate responses and highlighting the relative strengths and weaknesses of the candidature in each section and each question.

It is essential for this document to be read in conjunction with the relevant syllabus, the 2003 Higher School Certificate Examination, the Marking Guidelines and other support documents which have been developed by the Board of Studies to assist in the teaching and learning of PDHPE.

General Comments

In 2003, approximately 10 271 candidates presented for the PDHPE examination.

Teachers and candidates should be aware that examiners may ask questions that address the syllabus outcomes in a manner that requires candidates to respond by integrating their knowledge, understanding and skills developed through studying the course. This reflects the fact that the knowledge, understanding and skills developed through the study of discrete sections should accumulate to a more comprehensive understanding than may be described in each section separately.

Section I – Core

Part A – Multiple Choice

| Question | Correct Response |
|-----------------|-------------------------|
| 1 | B |
| 2 | C |
| 3 | B |
| 4 | C |
| 5 | A |
| 6 | B |
| 7 | D |
| 8 | A |
| 9 | C |
| 10 | A |

| Question | Correct Response |
|-----------------|-------------------------|
| 11 | B |
| 12 | A |
| 13 | D |
| 14 | A |
| 15 | B |
| 16 | C |
| 17 | B |
| 18 | C |
| 19 | D |
| 20 | D |

Part B

General Comments

Overall, the candidates' responses indicated that many had a reasonable grasp of the course content. However, some candidates had difficulty in being able to demonstrate higher order skills such as analysis, assessment and evaluation. Candidates need to be aware that the answer space allocated and the marks assigned are a guide to the length of the required response.

Specific Comments

Question 21

Health Priorities in Australia

All parts of this question proved accessible to most candidates as evidenced through the small number of non-attempts. The question allowed ample scope to distinguish between the qualities of responses. The majority of candidates were able to identify the intent of the question and its place within the syllabus.

Quality answers demonstrated understanding and application of the syllabus content. Better responses correctly applied the key verb, eg identify, explain, analyse. Better responses also included subject specific terminology appropriately and they made frequent use of relevant examples to enhance the quality and depth of their answer.

Part (a)

Most candidates were able to identify some consumer skills with a link to alternative health care. The skills most commonly identified were questioning and research skills.

Better responses demonstrated knowledge of the range of alternative health care options accompanied by a range of personal consumer skills needed to make an informed decision about their use. Responses typically included researching the approach, questioning techniques, being assertive, networking with friends, family, doctors and other professionals to seek advice and accessing information from patients who have tried it.

Average responses typically identified a few skills such as researching, questioning, checking credentials and made some links to Alternative Health Care approaches, sometimes using examples of the skills in practice.

Weaker responses were unable to identify personal consumer skills, and often focused on processes of acquiring these skills. In many cases, questions that a consumer may ask were listed without identifying a specific skill.

Some candidates appeared confused about the term 'alternative' and made reference to private versus public insurance, Medicare, or the new public health approach. Many outlined types of alternative health care such as herbal medicine or acupuncture but failed to mention consumer skills.

Part (b)

Better responses demonstrated a greater level of understanding by defining clear links between the health status of the aged population and the reasons for these inequalities.

Many of these candidates offered a range of health inequalities that encompassed mental health conditions and the impact of a changing social structure as a result of the aging process. Answers were concise and well structured and featured the application of appropriate terminology.

Average responses tended to outline the main reasons for differences in health status. Typical responses included discussion of a number of differences such as decreased flexibility and bone density, higher rates of CVD, cancer and diabetes, as well as increased use of health care services. These responses focused on ‘what’ rather than the question’s intent, ‘why’.

Weaker responses identified general information about older people without making any links to the reasons they experienced different levels of health to other population groups within Australia. Some candidates provided extensive discussion on the inequalities experienced by a range of sub population groups, eg socioeconomically disadvantaged or Aboriginal and Torres Strait Islanders.

Part c)

Better responses featured analysis, making the relationships between the specific criteria and cancer very clear, drawing out the implications of the relationship. These responses featured relevant and accurate examples that supported cancer’s inclusion as a National Health Priority Area (NHPA), used specific terminology and were structured in a concise and logical manner. These responses indicated the candidate had an excellent understanding of not only syllabus content, but also the skills to apply the knowledge.

Average responses demonstrated knowledge of the criteria but failed to address the question in sufficient depth. These responses lacked analysis and merely described or discussed a range of reasons why cancer was identified as a NHPA.

Weaker responses identified very general information about cancer. This included the nature of the disease and common cancers affecting the Australian population. No links were made to improving the health of Australians or decreasing the burden on Australia. Candidates were unable to identify a link to the syllabus material relating to the application of criteria for NHPAs.

Question 22

Factors affecting performance

This question required candidates to have a strong understanding of energy systems and skill acquisition. Overall, candidates were able to outline features of the energy systems well and provided clear logical information. They had greater difficulty evaluating the effect of rates of skill acquisition and learning environments on performance. Discussion of the stages of skill acquisition and characteristics of the learner often featured in answers. Some candidates answered this question very well by using diagrams and tables to support their answer. Tables showing the features of the energy systems, graphs showing learning curves and diagrams of adenosine triphosphate were used to illustrate answers.

Part (a)

This part of the question was well answered with candidates able to clearly outline features of the two energy systems. The common features identified were fuel source, duration, cause of fatigue, by products, efficiency and the anaerobic nature of these systems.

Better responses often included an outline of the chemical reactions and included examples of where the energy system would be used. Some of these used tables to outline the key features, under the headings of features, alactacid (ATP/PC) energy system and lactic acid energy system.

Average responses identified key features of both systems with some brief explanation or description.

Weaker responses identified features of one system, or included incorrect information. These responses demonstrated some limited understanding of anaerobic energy systems. Other responses confused the two systems or included the same information for both systems

Part (b)

Candidates approached answering this part of the question in a variety of ways. Many candidates used the stages of learning as the focus of their discussion and tried to analyse changes in performance through these stages. Other candidates focused on the learning environment and discussed and analysed how the learning environment impacts on rates of learning and/or performance. Another approach was to discuss and analyse how the characteristics of a learner impacts on rates of learning. Many other candidates discussed or analysed the variety of learning curves – linear, positive accelerating, negative accelerating and s-shaped curves. Many candidates demonstrated a good understanding of learning curves, the learning environment and characteristics of the learner with better candidates demonstrating an understanding of the relationships between these factors.

Better responses effectively demonstrated how athletes can progress through the stages of skill acquisition (cognitive, associative and autonomous) at different rates and analysed how the learning environment played a role in the rate of progression through these stages.

Some good responses used the learning curves as the basis of their analysis and provided an explanation of factors that affect the shape of the curves. Candidates cited factors such as the learning environment, heredity, personality, motivation and arousal as factors that affect performance when learning a skill. The learning environment was quite well understood with better answers including information about the physical environment, the nature of the skill, practice methods and feedback. These better responses were able to link the learning environment to performance or indicate the environment that would best promote learning. Some of the better responses referred to the coaching process and how the coach could promote an effective learning environment.

Average responses often included a good discussion about the learning environment with some relationship established between the environment and performance or a good description of the stages of learning with some link to performance.

Weaker responses had limited discussion of the learning environment, a brief description of the stages of learning, or general comments about learning and performance. Confusion between training effects and skill learning was also evident in some of these responses. Many demonstrated

limited understanding of the learning environment by restricting their discussion to the physical environment.

Section II – Options

Question 23

The Health of Young People

The question required candidates to link two areas of concern they had studied with the social factors that impact on the health of young people and explain their health effects. In general, candidates were able to accurately identify two areas of concern and outline a range of health effects. The better responses identified the groups of young people most at risk of poor health outcomes and thoroughly explained how the areas of concern affect these groups.

Better responses clearly identified two areas of concern and used syllabus terminology to do so, for example, stress and coping, rather than mental health or depression. These candidates thoroughly explained the effects of both areas of concern on those young people most at risk of poor health outcomes. Links were provided between the social factors and the impact on the young people most at risk. The responses in this range also provided a variety of relevant examples using syllabus terms and were logical, clear and well detailed.

Average responses discussed two areas of concern they had studied and used some syllabus terminology correctly. Most often candidates identified terms such as obesity rather than body image and depression rather than stress and coping. While these candidates clearly explained the two areas of concern and their affect on young people, generally they did not link these effects to the groups of young people most at risk of poor health outcomes. Responses in this range included fewer examples of health outcomes and were generally limited to physical health.

Weaker responses drew largely from personal experience and their discussion generally focused on the need for young people to be fit, to eat healthy food and to stay away from drugs. There was no mention of the groups of young people most at risk of poor health outcomes, nor any identifiable areas of concern mentioned.

Part (b)

Better responses analysed why developing a sense of connectedness and a sense of future assisted young people to attain better health. A range of detailed and relevant examples were used. In general these responses were well structured, used syllabus terminology as headings (challenges and opportunities, personal and social action, sense of purpose) and clearly provided an analysis of the question.

Average responses typically described ways to develop a sense of connectedness and sense of future rather than analysing how these skills could assist young people to attain better health. The descriptions were highlighted with examples related to making friends, listening to elders and bonding with parents and other family members.

Weaker responses identified that young people had a range of challenges and opportunities to look forward to but did not highlight how the skills would assist young people to attain better health.

Question 24

Sport and Physical Activity in Australian Society

Part (a)

Part (a) required the candidates to explain how the beginnings of modern sport in 19th century England have influenced the nature of sport in Australia today. In general, candidates' responses were clear and used a variety of examples of the beginnings of modern sport including links with manliness, patriotism and character, the meanings of amateur and professional and the historical barriers to women's participation in sport.

Better responses thoroughly explained the beginnings of modern sport in 19th century England and related this to the nature of sport in Australia today. This included comparisons of the amateur and professional status of athletes of the past, with the high status of the 'upper class' amateurs contrasting with the professional 'working class'. These candidates commented on the reversal of this situation in modern Australian sport where professional athletes are revered and actively encouraged. They were also able to explain the differences in participation between males and females and used such examples as 'fragile bones', 'restrictive clothing' and 'purely social reasons' for women engaging in sport. Better responses mentioned that while women's participation in sport today was still below men's, there had been a change in attitude towards the involvement of women.

Average responses showed some understanding of the syllabus content and were able to describe the nature of sport in 19th century England and modern Australia.

Part (b)

This question required the candidates to analyse why the relationship between sport and the mass media has influenced people's understanding, values and beliefs about sport. In general, most candidates were able to discuss the relationship sport has with the mass media and made good use of examples to highlight their analysis.

Better responses indicated a clear understanding of the relevant syllabus content. Candidates were able to analyse the relationship between sport and the mass media and justify their arguments with relevant and accurate examples. They drew upon their knowledge of economic considerations of media coverage in sport such as sponsorship and endorsements and made clear links to the influence this has on consumer spending. Better responses were able to identify a range of relevant and accurate examples of the role of media in constructing meanings around femininity and masculinity in sport. These candidates were also able to identify the representation of sport in the media and how coverage given to particular sports reflect which sports are valued and which ones are not.

Average responses indicated some knowledge of the content required for the question, however the breadth of knowledge and the range of examples were less clear. Candidates were often able to focus on a particular syllabus point but then would put numerous examples about the same issue.

Question 25

Sports Medicine

Part (a)

Candidates generally responded well to part (a), in relation to the use of heat and cold and could relate each separately to their role in return to play. Progressive mobilisation was not dealt with as well. Some candidates described progressive involvement, immobilisation or provided limited explanation of its role in return to play.

Better responses were able to establish why each of the methods assisted return to play and were able to support these with a range of relevant examples.

Average responses generally described the role of heat and cold and progressive mobilisation without thorough explanations as to why it was effective in return to play. Many of these responses lacked examples.

Weaker responses could identify some factors that assisted return to play but tended to focus upon concepts such as RICER and TOTAPS without specifically dealing with the three methods outlined in the question. Others dealt with heat and cold together without separating the role each played in return to play.

Part (b)

Most candidates were able to identify the specific demands for adult and aged and the female athlete. In general, bone density, pregnancy and menstruation were analysed in more depth than other demands of the focus groups. Other issues were often well discussed but lacked implications for Sports Medicine.

Better responses drew on the syllabus points for female and aged and adult athletes and then analysed and provided accurate examples.

Average responses generally discussed the demands of the focus groups or provided limited analysis. Some had good descriptions of the demands of each group.

Weaker responses identified some specific demands for one or more groups of athletes.

Question 26

Improving Performance

Candidates generally answered part (a) by describing to or referring to a specific aerobic test, although fewer candidates were able to fully explain an appropriate plan for endurance training. Part (b) allowed candidates to explore the relationships between phases of competition and strength training in some depth.

Part (a)

Better responses were able to identify a test from a range of sub-maximal aerobic tests and explain the resulting VO₂ max prediction. They were able to link this information accurately to an appropriate plan and explain this in terms of endurance training and, in some cases, physiological adaptations.

Average responses tended to explain an aerobic testing protocol and its outcomes with some accuracy but experienced difficulty linking this to an appropriate endurance training plan.

Weaker responses tended to identify or briefly outline an aerobic test.

Part (b)

Better responses were able to provide an in-depth analysis of the three phases of competition, and strength training methods and link these appropriately to the sprinter. Many explored the relationship between power and sprinting and were able to accurately analyse the training requirements in each phase of competition. Typically these candidates were also able to effectively link various strength training methods to each phase of competition.

Average responses generally analysed one area in-depth with a weaker link to the other, or by using appropriate and relevant examples only. Alternatively, a general discussion of both was provided.

Weaker responses tended to identify or briefly outline appropriate terminology only and were unable to analyse either area in any depth or use a range of relevant examples to demonstrate understanding.

Question 27

Equity and Health

Part (a)

Part (a) required a discussion of two areas of concern – living conditions and the traditional understanding of health for Aboriginal & Torres Strait Islander people.

Better responses successfully discussed a wide range of links between living conditions and traditional understanding of health, to health inequities for Aboriginal and Torres Strait Islanders. The responses were presented in a logical and clear manner. The living conditions were addressed with reference to such issues as poor water quality, limited or no sewage and electricity, increase in violence due to overcrowding, poor diet due to lack of education and limited income or access to services. The traditional understanding of Aboriginal and Torres Strait Islander health made reference to tribal medicines and the role of the tribal elders in health care delivery and its impact on health inequity. Traditional health was also approached from pre-colonisation times and the lack of immunity to introduced diseases and the inability to treat these illnesses through traditional cultural methods.

Average responses addressed both areas of concern well and often provided relevant examples to support their general discussion. They often listed the poor living conditions and then made a general closing statement. The traditional understanding of health was linked to the land and/or bush medicine with a poor link to how this created inequity for Aboriginal and Torres Strait Islander people.

Weaker responses identified one area of concern such as poor living conditions. Traditional health understandings for Aboriginal and Torres Strait Islander people were addressed by identifying different types of illnesses that Aboriginal and Torres Strait Islander people now suffer as a result of colonisation.

Part(b)

Better responses addressed a wide variety of characteristics of effective health promotion with relevant examples related to syllabus terminology such as equity, target groups, cultural relevance, credibility, practical assistance, increased skill and education as well as increased infrastructure.

Average responses approached health promotion from a new public health approach or from the five action areas of the Ottawa Charter, which allowed them to identify some relevant characteristics of effective health promotion. They generally did not use relevant syllabus content or terminology. Candidates often provided specific examples of different health promotion strategies such as the flying doctor service, or campaigns such as ‘slip, slop, slap’, drink-driving campaigns, mobile breast cancer screening.

Weaker responses were very general in addressing health promotion with reference to how health promotion can help to improve the understanding of community members by increasing education, but did not provide examples to support their discussion.

Personal Development, Health and Physical Education

2003 HSC Examination Mapping Grid

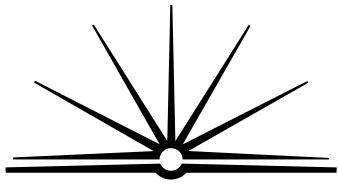
| Question | Marks | Content | Syllabus outcomes |
|----------|-------|---|-------------------|
| 1 | 1 | Current trends – major causes of illness and death | H.2 |
| 2 | 1 | Priority areas for action – diabetes and risk factors | H.1, H.3 |
| 3 | 1 | Characteristics of the new public health approach | H.4 |
| 4 | 1 | Priority Areas of Action – extent of problem | H.3 |
| 5 | 1 | Measuring health status; groups experiencing health inequities | H.2 |
| 6 | 1 | Funding of Health Care In Australia – Health Insurance and costs | H.5 |
| 7 | 1 | Priority Areas for Action – Social Justice Principles – Social determinants | H.3 |
| 8 | 1 | Major Health Promotion Initiatives – Jakarta Declaration for Health Promotion | H.5 |
| 9 | 1 | Characteristics of the new public health model Major health promotion initiatives Government responses Community responses | H.2, H.4 |
| 10 | 1 | Current Trends – major causes of illness | H.2 |
| 11 | 1 | Energy Systems | H.7 |
| 12 | 1 | Managing Anxiety – relaxation | H.8 |
| 13 | 1 | Energy Systems – lactic acid system | H.7 |
| 14 | 1 | Acquisition of Skill – feedback | H.9 |
| 15 | 1 | Skilled performers vs unskilled performers | H.9 |
| 16 | 1 | Application of FITT principle | H.10 |
| 17 | 1 | Temperature Regulation – Fluid Replacement | H.7 |
| 18 | 1 | Nature of skill | H.9 |
| 19 | 1 | Physiological adaptations | H.16, H.17 |
| 20 | 1 | Energy systems ATP / PC | H.7 |



| Question | Marks | Content | Syllabus outcomes |
|----------|-------|--|-----------------------|
| 21(a) | 4 | Alternative health care approaches How to make informed consumer choices | H.5 |
| 21(b) | 6 | Health status of Australians Groups experiencing health inequities | H.2 |
| 21(c) | 10 | Health priorities Priority areas for action Identifying priority areas | H.1, H.5, H.15 |
| 22(a) | 5 | Energy systems | H.7, H.8 |
| 22(b) | 15 | The learning environment Stages of skill acquisition | H.8, H.9, H.16, H.17 |
| 23(a) | 8 | Areas of concern affecting the health of young people Epidemiology of the health of young people | H.2 |
| 23(b) | 12 | Skills and actions that enable young people to attain better health <ul style="list-style-type: none">– developing a sense of connectedness– creating a sense of future | H.6, H.15, H.16 |
| 24(a) | 8 | The beginnings of modern sport in 19 th century England Nature of sport today | H.12 |
| 24(b) | 12 | The relationship between sport and the mass media Deconstructing media messages, images and amount of coverage | H.12, H.16 |
| 25(a) | 8 | Injury management procedures – progressive mobilisation/use of heat and cold/return to play Soft and hard tissue injuries | H.13 |
| 25(b) | 12 | Demands of specific athletes Adult, aged and female athletes | H.8, H.13, H.16, H.17 |
| 26(a) | 8 | Training for endurance – measuring training effect (max Vo ₂) Establishing training programs – data gathering and analysis of training and performance Phases of competition | H.7, H.16 |
| 26(b) | 12 | Training for strength Phases of competition Elements of training sessions – overtraining | H.8, H.10, H.16, H.17 |



| Question | Marks | Content | Syllabus outcomes |
|-----------------|--------------|--|---------------------------------|
| 27(a) | 8 | Epidemiology and area of inequity Significant factors influencing the health of ATSI people – poor living conditions/traditional understanding about health | H.2, H.3 |
| 27(b) | 12 | Characteristics of effective strategies Significant factors influencing the health of rural and remote communities Settings for health promotion Initiatives that show promise Actions that improve health | H.1, H.2, H.3, H.14, H.15, H.16 |



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2003 HSC Personal Development, Health and Physical Education Marking Guidelines

Question 21 (a)

Outcomes assessed: H.5

MARKING GUIDELINES

| Criteria | Marks |
|--|-------|
| • Identifies a range of personal consumer skills needed to make informed decisions about alternative approaches to health care | 4 |
| • Identifies some personal consumer skills needed to make decisions about alternative approaches to health care | 3 |
| • Identifies some personal consumer skills OR • Identifies alternative approaches to health care | 2 |
| • Identifies one point about personal skills OR • Identifies one point about alternative approaches to health care | 1 |

**Question 21 (b)***Outcomes assessed: H.2***MARKING GUIDELINES**

| Criteria | Marks |
|---|-------|
| <ul style="list-style-type: none">Explains and proposes reasons why older people in Australia experience levels of health that are different from other groupsUses a range of relevant and accurate examples to support answerPresents ideas in a clear and logical way | 5–6 |
| <ul style="list-style-type: none">Outlines the main features of why older people in Australia experience levels of health that are different from that of other groupsUses some relevant examplesPresents ideas in a clear and logical way | 3–4 |
| <ul style="list-style-type: none">Identifies some ways that older people are different from other groups <p>OR</p> <ul style="list-style-type: none">Identifies some aspects about the health of Australians | 1–2 |

Question 21 (c)*Outcomes assessed: H.1, H.5, H.15***MARKING GUIDELINES**

| Criteria | Marks |
|--|-------|
| <ul style="list-style-type: none">Analyses by addressing the criteria the reasons why cancer was identified as a priority area for improving healthUses a range of relevant and accurate examples to justify argumentsPresents ideas in a clear and logical way | 9–10 |
| <ul style="list-style-type: none">Discusses, with some analysis, why cancer was identified as a priority area for improving healthSupports discussion by using relevant examplesPresents ideas in a clear and logical way | 7–8 |
| <ul style="list-style-type: none">Discusses some and outlines other reasons why cancer was identified as a priority area <p>OR</p> <ul style="list-style-type: none">Describes why cancer was identified as a priority area with some links to improving the health of Australians | 5–6 |
| <ul style="list-style-type: none">Outlines some reasons why cancer was identified as a priority area with limited links to improving the health of AustraliansProvides basic support for arguments presented | 3–4 |
| <ul style="list-style-type: none">Identifies why cancer was selected as a priority area <p>OR</p> <ul style="list-style-type: none">Identifies some relevant information about priority areas <p>OR</p> <ul style="list-style-type: none">Identifies some relevant information about the health of Australians <p>OR</p> <ul style="list-style-type: none">Identifies some relevant information about cancer | 1–2 |

**Question 22 (a)***Outcomes assessed: H.7, H.8***MARKING GUIDELINES**

| Criteria | Marks |
|--|-------|
| <ul style="list-style-type: none">• Outlines a range of features of the alactacid (ATP/PC) and the lactic acid energy systems• Presents ideas in a clear and logical way with relevant examples to support answer | 5 |
| <ul style="list-style-type: none">• Outlines some of the features of the alactacid (ATP/PC) system and the lactic acid energy systems | |
| <p>OR</p> <ul style="list-style-type: none">• Identifies a range of features of the alactacid (ATP/PC) and lactic acid energy systems• Presents ideas in a clear and logical way | 3–4 |
| <ul style="list-style-type: none">• Identifies the features of ONE energy system | |
| <p>OR</p> <ul style="list-style-type: none">• Provides some relevant information about the alactacid (ATP/PC) energy system and/or the lactic acid energy system | 1–2 |

**Question 22 (b)***Outcomes assessed: H.8, H.9, H.16, H17***MARKING GUIDELINES**

| Criteria | Marks |
|---|-------|
| <ul style="list-style-type: none">• Clearly analyses relationship between rates of skill acquisition, the learning environment and physical performance including judgements about their value• Provides excellent examples throughout the answer• Presents ideas in a clear and logical way | 13–15 |
| <ul style="list-style-type: none">• Discusses relationship between rates of skill acquisition, the learning environment and physical performance. May include some judgements about their value• Provides relevant examples throughout the answer• Presents ideas in a clear and logical way | 10–12 |
| <ul style="list-style-type: none">• Describes a range of features of the learning environment and rates of skill acquisition. <p>OR</p> <ul style="list-style-type: none">• Includes some link to physical performance• Presents ideas in a clear and logical way with some examples to support answer | 7–9 |
| <ul style="list-style-type: none">• Outlines some of the features of the learning environment and/or learning rates OR• Shows a good understanding of other aspects of skill acquisition | 4–6 |
| <ul style="list-style-type: none">• Identifies general information about rates of skill acquisition <p>OR</p> <ul style="list-style-type: none">• Identifies general information about the learning environment <p>OR</p> <ul style="list-style-type: none">• Identifies general information about physical performance | 1–3 |

**Question 23 (a)***Outcomes assessed: H.2***MARKING GUIDELINES**

| Criteria | Marks |
|--|-------|
| <ul style="list-style-type: none">• Thoroughly explains how the TWO areas of concern studied affect the groups of young people most at risk of poor health outcomes• Illustrates answer with a range of relevant examples• Presents ideas in a clear and logical way | 7–8 |
| <ul style="list-style-type: none">• Explains how the TWO areas of concern studied affect the groups of young people most at risk of poor health outcomes• Supports answer by using relevant examples• Presents ideas in a clear and logical way | 5–6 |
| <ul style="list-style-type: none">• Explains ONE area of concern studied and outlines the other area of concern that affects the groups of young people most at risk of poor health outcomes | |
| <p>OR</p> <ul style="list-style-type: none">• Discusses ONE area of concern and how this affects the groups of young people most at risk of poor health outcomes | 3–4 |
| <p>OR</p> <ul style="list-style-type: none">• Describes TWO areas of concern studied that affect the groups of young people most at risk of poor health outcomes | |
| <p>OR</p> <ul style="list-style-type: none">• Discusses TWO areas of concern with no links to their effects on the groups of young people most at risk of poor health outcomes• Provides some basic support for answer | |
| <ul style="list-style-type: none">• Identifies at least ONE area of concern that affects groups of young people most at risk of poor health outcomes | |
| <p>OR</p> <ul style="list-style-type: none">• Identifies at least ONE group of young people most at risk of poor health outcomes | 1–2 |
| <p>OR</p> <ul style="list-style-type: none">• Identifies some relevant information about areas of concern or groups of young people most at risk | |

**Question 23 (b)***Outcomes assessed: H.6, H.15, H.16***MARKING GUIDELINES**

| Criteria | Marks |
|--|-------|
| <ul style="list-style-type: none">• Analyses why developing a sense of connectedness AND creating a sense of future can enable young people to attain better health• Uses a range of relevant and accurate examples to justify why these skills enable young people to attain better health• Presents ideas in a clear and logical way | 10–12 |
| <ul style="list-style-type: none">• Analysing ONE of the skills and actions identified and describes the other that enable young people to obtain better health | |
| <p>OR</p> <ul style="list-style-type: none">• Discusses why developing a sense of connectedness AND creating a sense of future can enable young people to attain better health• Supports answer by using relevant examples• Presents ideas in a clear and logical way | 7–9 |
| <ul style="list-style-type: none">• Discusses ONE of the skills and actions identified and outlines the other that enable young people to attain better health | 4–6 |
| <p>OR</p> <ul style="list-style-type: none">• Describes how developing a sense of connectedness and creating a sense of future can enable young people to attain better health• Provides basic support for arguments presented | |
| <ul style="list-style-type: none">• Identifies some relevant information about EITHER developing a sense of connectedness OR creating a sense of future | 1–3 |
| <p>OR</p> <ul style="list-style-type: none">• Identifies ways that young people can attain better health <p>OR</p> <ul style="list-style-type: none">• Makes general statements about how people can attain better health | |

**Question 24 (a)***Outcomes assessed: H.12***MARKING GUIDELINES**

| Criteria | Marks |
|---|-------|
| <ul style="list-style-type: none">• Thoroughly explains how the beginnings of modern sport in 19th Century England relate to the nature of sport in Australia today• Illustrates answer with a range of relevant examples• Presents ideas in a clear and logical way | 7–8 |
| <ul style="list-style-type: none">• Explains how the beginnings of modern sport in 19th Century England have influenced the nature of sport in Australia today• Supports answer by using relevant examples• Presents ideas in a clear and logical way | 5–6 |
| <ul style="list-style-type: none">• Describes the main features of the beginnings of modern sport in 19th Century England with some links to the nature of sport in Australia today | 3–4 |
| <p>OR</p> <ul style="list-style-type: none">• Describes the main features of the nature of sport in Australia today with some links to the beginnings of modern sport in 19th Century England• Provides some basic support for answer | 1–2 |
| <p>OR</p> <ul style="list-style-type: none">• Identifies some features of the nature of sport in Australia today | |

**Question 24 (b)***Outcomes assessed: H.12, H.16***MARKING GUIDELINES**

| Criteria | Marks |
|---|-------|
| <ul style="list-style-type: none">• Analyses why the relationship between sport and the mass media can influence people's understanding, values and beliefs about sport• Uses a range of relevant and accurate examples to justify why people's understanding, values and beliefs about sport are influenced by the mass media• Presents ideas in a clear and logical way | 10–12 |
| <ul style="list-style-type: none">• Analyses some reasons and describes other reasons why the relationship between sport and the mass media can influence people's understanding, values and beliefs about sport | 7–9 |
| <p>OR</p> <ul style="list-style-type: none">• Discusses why the relationship between sport and the mass media can influence people's understanding, values and beliefs about sport• Supports answer by using relevant examples• Presents ideas in a clear and logical way | |
| <ul style="list-style-type: none">• Describes how the relationship between sport and the mass media can influence people's understanding values and beliefs about sport | 4–6 |
| <p>OR</p> <ul style="list-style-type: none">• Discusses some and identifies other relationships between sport and the mass media that can influence people's understanding, values and beliefs about sport• Provides basic support for arguments presented | |
| <ul style="list-style-type: none">• Identifies some relevant information about either sport and the mass media or factors that influence peoples understanding values and beliefs about sport | 1–3 |

**Question 25 (a)***Outcomes assessed: H.13***MARKING GUIDELINES**

| Criteria | Marks |
|---|-------|
| <ul style="list-style-type: none">• Thoroughly explains how progressive mobilisation AND the use of heat and cold can assist an injured athlete return to play• Illustrates answer with a range of relevant examples• Presents ideas in a clear and logical way | 7–8 |
| <ul style="list-style-type: none">• Explains how progressive mobilisation AND the use of heat and cold can assist an injured athlete return to play• Supports answer by using relevant examples• Presents ideas in a clear and logical way | 5–6 |
| <ul style="list-style-type: none">• Describes the main features of progressive mobilisation AND the use of heat and cold with some links to return to play of an injured athlete | |
| <p>OR</p> <ul style="list-style-type: none">• Describes some features which allow an injured athlete to return to play with some links to two injury management procedures• Provides some basic support for answer | 3–4 |
| <ul style="list-style-type: none">• Identifies TWO injury management procedures | 1–2 |
| <p>OR</p> <ul style="list-style-type: none">• Identifies factors that allow an athlete to return to play after injury | |

**Question 25 (b)***Outcomes assessed: H.8, H.13, H.16, H.17***MARKING GUIDELINES**

| Criteria | Marks |
|---|-------|
| <ul style="list-style-type: none">• Analyses the specific demands of adult athletes/aged athletes and female athletes• Uses a range of relevant and accurate examples to justify arguments about sports medicine's focus on these groups• Presents ideas in a clear logical way | 10–12 |
| <ul style="list-style-type: none">• Analyses some reasons and describes other reasons why sports medicine focuses on the specific demands of these groups | |
| <p>OR</p> <ul style="list-style-type: none">• Analyses one group and discusses the other group in relation to why sports medicine focuses on the specific demands of these groups | 7–9 |
| <p>OR</p> <ul style="list-style-type: none">• Discusses why sports medicine focuses on the specific demands of these groups• Presents ideas in a clear and logical way• Supports answer by using relevant examples | |
| <ul style="list-style-type: none">• Describes the relationship between sports medicine and the specific demands of these groups and describes the other group (emphasis could be on the role of sports medicine or the groups) | 4–6 |
| <p>OR</p> <ul style="list-style-type: none">• Discusses ONE and describes the other group (emphasis could be on sports medicine or the groups)• Provides some basic support for answer | |
| <ul style="list-style-type: none">• Identifies some specific demands for one or more groups of athletes | |
| <p>OR</p> <ul style="list-style-type: none">• Identifies some reasons why sports medicine is relevant to groups of athletes | 1–3 |

**Question 26 (a)***Outcomes assessed: H.7, H.16***MARKING GUIDELINES**

| Criteria | Marks |
|---|-------|
| <ul style="list-style-type: none">• Thoroughly explains how a coach can use the results of a nominated test of aerobic capacity to plan for endurance training• Illustrates answer with a range of relevant examples• Presents ideas in a clear and logical way | 7–8 |
| <ul style="list-style-type: none">• Explains how the results of a nominated test of aerobic capacity can be used by a coach to plan for endurance training• Supports answer by using relevant examples• Presents ideas in a clear and logical way | 5–6 |
| <ul style="list-style-type: none">• Describes the main features of a test of aerobic capacity with some links to a coach's plan for endurance training | |
| <p>OR</p> <ul style="list-style-type: none">• Describes the main features of a coach's plan for endurance training with some links to a test of aerobic capacity• Provides some basic support for answer | 3–4 |
| <p>OR</p> <ul style="list-style-type: none">• Outlines a test of aerobic capacity | |
| <ul style="list-style-type: none">• Identifies features of an endurance training program | 1–2 |

**Question 26 (b)***Outcomes assessed: H.8, H.10, H.16, H.17***MARKING GUIDELINES**

| Criteria | Marks |
|---|-------|
| <ul style="list-style-type: none">Analyses why different strength training methods should be applied during the phases of competition for a sprint athleteUses a range of relevant and accurate examples to justify why different strength training methods need to be appliedPresents ideas in a clear and logical way | 10–12 |
| <ul style="list-style-type: none">Analyses some reasons and describes other reasons why different strength training methods are applied to the phases of competition for a sprint athlete | 7–9 |
| <p>OR</p> <ul style="list-style-type: none">Discusses why different strength training methods or the phases of competition are applied to a sprint athleteSupports answer by using relevant examplesPresents ideas in a clear and logical way | |
| <ul style="list-style-type: none">Describes some strength training methods with some links to the phases of competition | 4–6 |
| <p>OR</p> <ul style="list-style-type: none">Describes the phases of competition with some links to some strength training methodsProvides some basic support for answer | |
| <ul style="list-style-type: none">Identifies some aspects of strength training methods | 1–3 |
| <p>OR</p> <ul style="list-style-type: none">Identifies some aspects related to the phases of competition | |

**Question 27 (a)***Outcomes assessed: H.2, H.3***MARKING GUIDELINES**

| Criteria | Marks |
|--|--------------|
| <ul style="list-style-type: none">• Thoroughly explains how poor living conditions AND the traditional understanding about health have contributed to areas of health inequity experienced by Aboriginal and Torres Strait Islander peoples• Illustrates answer with a range of relevant examples• Presents ideas in a clear and logical way | 7–8 |
| <ul style="list-style-type: none">• Explains how poor living conditions AND the traditional understanding about health have contributed to areas of health inequity experienced by Aboriginal and Torres Strait Islander peoples• Supports answer by using relevant examples• Presents ideas in a clear and logical way | 5–6 |
| <ul style="list-style-type: none">• Explains how one of the significant factors has contributed to areas of inequity experienced by Aboriginal and Torres Strait Islanders and outlines how the other factor has contributed | |
| <p>OR</p> <ul style="list-style-type: none">• Describes how both poor living conditions AND the traditional understanding about health have contributed to areas of inequity experienced by Aboriginal and Torres Strait Islander peoples• Provides some basic support for answer | 3–4 |
| <ul style="list-style-type: none">• Identifies at least one of the significant factors that have contributed to areas of inequity experienced by Aboriginal and Torres Strait Islander peoples | |
| <p>OR</p> <ul style="list-style-type: none">• Identifies some relevant information about areas of inequity in health | 1–2 |
| <p>OR</p> <ul style="list-style-type: none">• Identifies some relevant information about the health status of Aboriginal and Torres Strait Islander peoples | |

**Question 27 (b)***Outcomes assessed: H.1, H.2, H.3, H.14, H.15, H.16***MARKING GUIDELINES**

| Criteria | Marks |
|--|-------|
| <ul style="list-style-type: none">Analyses why effective health promotion strategies assist in improving the health of people living in rural and remote communities in AustraliaUses a range of relevant and accurate examples to justify why these strategies assist people living in rural and remote communities in Australia in improving their healthPresents ideas in a clear and logical way | 10–12 |
| <ul style="list-style-type: none">Analyses why some reasons AND describes other reasons why effective health promotion strategies assist in improving the health of people living in rural and remote communities in Australia <p>OR</p> <ul style="list-style-type: none">Discusses why effective health promotion strategies assist in improving the health of people living in rural and remote communities in AustraliaSupports discussion by using relevant examplesPresents ideas in a clear and logical way | 7–9 |
| <ul style="list-style-type: none">Describes why effective health promotion strategies assist in improving the health of people living in rural and remote communities in Australia <p>OR</p> <ul style="list-style-type: none">Discusses some effective health promotion strategies AND outlines other health promotion strategies that assist in improving the health of people living in rural and remote communities in AustraliaProvides basic support for arguments presented | 4–6 |
| <ul style="list-style-type: none">Identifies some relevant information about health promotion strategies <p>OR</p> <ul style="list-style-type: none">Identifies some relevant information about the health of people living in rural and remote communities in Australia <p>OR</p> <ul style="list-style-type: none">Makes general statements about how people in rural and remote communities in Australia can attain better health | 1–3 |