

2001 HSC Notes from  
the Examination Centre  
Personal Development, Health  
and Physical Education

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# 2001 HSC NOTES FROM THE EXAMINATION CENTRE PERSONAL DEVELOPMENT, HEALTH AND PHYSICAL EDUCATION

## Introduction

The total candidature for the PDHPE examination was approximately 9316 (5200 females, 4100 males). This represented 15% of the total candidature.

The paper examined a representative sample of HSC course outcomes with all questions accessible to candidates of all ability levels. The paper clearly reflected the Glossary of Key Terms with all questions requiring lower- to higher-order responses across the question parts. The mark value of each question part was appropriate to the level of demand of the questions. Generally, candidates responded quite well to parts (a) and (b) of each question however, part (c) challenged candidates as it required higher-order critical inquiry skills.

The most popular options studied in 2001 were Sports Medicine, attempted by 88% of candidates and Improving Performance, attempted by 72% of candidates. The other option questions attracted far smaller candidatures. Each option produced responses representative of the full range of abilities.

The following points represent issues arising from the 2001 paper.

- Generally, candidates were able to demonstrate a good understanding of new syllabus concepts that focus on issues of the new public health approach, social justice and equity. It is pleasing that candidates have been able to develop and articulate their understanding of these concepts.
- Relatively few candidates were able to apply critical inquiry skills in responding to the higher-order requirements of questions. Candidates who were able to demonstrate skills in evaluating and analysing in those questions where it was required, were more likely to achieve higher marks.
- In responding to higher-order questions, candidates who were able to focus their writing to address the requirements of the question also scored more marks. Many other candidates wrote longer and more detailed discussions and descriptions. Generally, this approach did not lead to candidates achieving the highest mark range within questions.
- A relatively small number of candidates attempted more than two options. This is a positive indicator that reflects that candidates are attempting the examination with a particular strategy in mind. This strategy includes answering the two options they have studied. Where candidates attempted more than two options the standard of response was generally low range.

## Section I

### Part A – Multiple Choice

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

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

### Part B

#### Question 21 – Health Priorities in Australia

##### General Comments

The three parts in this question enabled candidates to show how well they were able to apply and interrelate course concepts and, in part (c), to show evidence of critical inquiry.

##### Specific Comments

- (a) This part required candidates to briefly explain a health promotion initiative with particular reference to how communities and individuals can take action to improve health.

High-range responses clearly understood and were able to explain how a specific health promotion initiative incorporated both community and individual involvement.

Low-range responses outlined a health promotion initiative and/or made reference to the Jakarta Declaration or Ottawa Charter.

- (b) This part required candidates to discuss and provide examples of the range of applications for supportive environments, or an in-depth treatment of one health issue.

High-range responses clearly understood the concept of creating supportive environments. This included a discussion of how supportive environments can be used to manage health with a range of relevant examples.

Low-range responses provided a brief description of supportive environments with limited examples.

- (c) This part required discussion of how the health status of Australians impacts on the provision of health care facilities and services, with an assessment of how well and/or to what degree this has been achieved.

In this part, candidates were required to use critical inquiry and assess the impact of health status on the provision of health care facilities and services. Candidates who used critical inquiry discussed possibilities for strategies to meet future health care needs. High-range responses included the measurement and identification of health status, current trends and priority areas, and population groups experiencing health inequities, with a direct relationship to the provision of health care facilities and services. Health care facilities discussed included: institutional/non-institutional, alternative medicines, Medicare, public/private health care.

Low-range responses outlined the health status of Australians or the provision of health care facilities and services without links between the two aspects.

Part (c) attracted a range of approaches from candidates. Some candidates included population groups experiencing health inequities, while others discussed current morbidity and mortality trends in relation to the priority areas.

## **Question 22 – Factors Affecting Performance**

### **General Comments**

In general, this question was well answered. Part (c) was more challenging than parts (a) and (b). In part (c), many responses included factual information about adaptation without providing an analysis of these adaptations. In this question, many candidates used graphs, diagrams and tables to supplement their written response.

### **Specific Comments**

- (a) High-range responses included a description of how over-arousal, under-arousal and optimum arousal could affect performance. These answers showed an understanding of the impact of arousal on such factors as concentration, focus, muscle tension and heart rate, and were able to link this to poor performance. High-range responses acknowledged the impact of optimum arousal on performance with the use of such terms as ‘better focus in the zone’, higher levels of concentration and smooth, efficient movement. High-range responses also recognised that optimal arousal will vary between individuals and activities, using examples such as archery and football.

Mid-range responses described either positive or negative effects on performance without a clear indication of both effects, or they identified both with a limited description or poor examples. The examples they used identified that there was an impact on performance with little or no extra discussion.

Low-range responses included general statements about arousal or performance. The links to an athlete’s performance were minimal.

- (b) High-range responses demonstrated a strong understanding of what prescribed judging criteria are and how they are used. These responses contained examples of sports which use prescribed judging criteria eg surfing, dance, gymnastics or ice skating, and recognised that the use of prescribed criteria increases the objectivity of appraisal. Some responses described how this differed from subjective judging. High-range responses also indicated an understanding of the fact that prescribed criteria increased validity and reliability of judgments. Many high-range responses also included very good examples of criteria that may be used eg tuck position, landing position, controlled landing.

Mid-range responses typically demonstrated a clear understanding of prescribed judging criteria but used few examples to demonstrate their understanding. Mid-range responses also included information about subjective and objective measurement without relating this to prescribed judging. Other mid-range responses simply provided examples from sports using prescribed judging criteria without providing detailed discussion on how they can measure performance.

Low-range responses typically were unsure of the meaning of prescribed judging criteria. These responses simply identified a sport that uses prescribed criteria or made very general statements about judges, judging and performance. Some responses listed examples of judging criteria or attempted to identify objective and subjective judging procedures.

- (c) High-range responses demonstrated a broad and detailed understanding of the physiological adaptations that occur after 20 weeks of aerobic training. They included information on changes of heart rate, blood pressure, cardiac output, stroke volume, ventilation, haemoglobin levels, lung capacity, heart rate and lactate levels at rest, during exercise and at maximal exercise. They also gave explanations for these physiological changes. High-range responses clearly indicated an understanding of adaptation as opposed to short-term responses to physical activity. These candidates had a very clear understanding of aerobic training and how the body responds to overload.

Mid-range responses recognised most of the physiological adaptations and outlined the changes that occur in each. They may not have specifically discussed the changes during a rest period and during exercise. Many mid-range responses also discussed short-term responses to exercise or included information about the principles of training without referring to adaptations that result. Often the physiological factors were identified but were not clearly explained or analysed. These candidates did not demonstrate a strong depth and breadth of understanding. Overall, these responses demonstrated a reasonable understanding of adaptation without the detail necessary for a high range response.

Low-range responses were unable to demonstrate a clear understanding of adaptation. They typically included information about designing training programs or how to do a training program. Reference to long-term adaptation was minimal and often this was confused with the short-term responses to exercise. Some poorer responses referred to general changes in fitness and health.

## Section II

### Question 23 – The Health of Young People

- (a) Most candidates were able to identify one social factor and provided a clear and relevant example of how the social factor impacted on the health of young people. In the majority of cases, candidates who provided low-range responses failed to identify an example of a social factor but made a general comment regarding the health of young people.
- (b) High-range responses were able to further establish the relationship between the nature of young people's lives and the effect on health status. Many candidates focused on reference social factors to discuss the diverse nature of young people's lives and the relationship with health status. Examples of diversity included socioeconomic status, sexual orientation, employment status, education, geographic location and gender.

Mid-range responses discussed the diverse nature of young people's lives, but provided only limited links to health status. In some cases, candidates only discussed the health status of young people.

- (c) This was a higher-order part requiring candidates to undertake evaluation. This posed a significant challenge for a large number of candidates. In general, candidates were able to fully describe or discuss the relationship between supportive networks and personal skills; however, few candidates demonstrated the ability to make a judgement in regard to the role of supportive networks in enhancing health.
- (d) High-range responses demonstrated a clear understanding of how supportive networks can enhance personal skills leading to the attainment of better health. To be placed in the high mark range candidates also needed to make a judgement about the value of supportive networks in enhancing personal skills.

In general, the majority of candidates discussed how support networks enhanced personal skills or discussed how personal skills lead to attaining better health. It was the range of personal skills discussed and the demonstrated depth of understanding that differentiated the mid-range responses from low-range responses. In a number of cases low-range responses merely provided a list of support networks.

It was evident that candidates found it difficult to link the three aspects of this part of the question — supportive networks, personal skills and attaining better health — as well as being able to evaluate.

### Question 24 – Sport and Physical Activity in Australia

- (a) In this part, candidates identified a variety of sports that had made changes in order to suit the needs of the media.

High-range responses identified a range of changes made by a specific sport and showed how these changes suited the needs of the media. Arguments used to explain how changes suited the needs of the media included: the sport was more interesting for spectators; matches played when there was the greatest chance for a large media audience; increased exposure for

sponsors; increased advertising revenue because of audience share; and the sport was easy to program because it was played for a set amount of time.

Mid-range responses identified some changes and made some links to how these changes suited the needs of the media or made a general statement about how sports have changed to suit the needs of the media and gave a limited number of examples.

Low-range responses identified one or more relevant points. This could have been a change that has been made by a sport with no link to suiting the needs of the media or a general statement about the media with no link to a sport.

- (b) Candidates were able to demonstrate their understanding of the variety of meanings that are given to physical activity and sport by cultural groups. Most candidates understood the concepts of cultural groups, physical activity and sport and could write some relevant information in response to the question. Few candidates distinguished between physical activity and sport and generally this was implied in statements such as ‘some groups within western cultures view physical activity and sport as competitive while others view them as a means of enjoyment’.

Most high-range responses discussed a number of cultural groups such as Indigenous Australians, non-Indigenous Australians, other western cultures, eastern European groups, Asian countries and Arabic cultures and how each viewed sport and physical activity. Some high-range responses made reference to youth culture as one of the cultures they discussed in their responses.

Mid-range responses either described the meanings different cultural groups gave to physical activity and sport or discussed differences between cultural groups with some links to the meanings they gave to physical activity and sport.

Low-range responses demonstrated some understanding of the meanings different cultural groups gave to physical activity and sport but the answers were limited and often identified stereotypes or prejudices.

- (c) In this part, most candidates were able to demonstrate their knowledge and understanding. However, most candidates did not evaluate strategies that could be used to overcome socially constructed barriers to female participation in sport, as they did not make judgements about these.

High-range responses demonstrated their understanding of a number of socially constructed barriers to female participation in sport and evaluated the effectiveness of a number of strategies related to each barrier. Some did a historical analysis to demonstrate that it was easier for females to participate in sport today than it was in the past but identified a number of barriers that continue to exist. The high-range responses also made judgements about how effective the strategies would be in overcoming socially constructed barriers and/or how effectively the strategies could be implemented.

Generally, mid-range responses demonstrated an understanding of socially constructed barriers but discussed rather than evaluated strategies used to overcome these barriers. These responses adequately discussed either a number of strategies or socially constructed barriers but had fewer well-developed links.

Low-range responses demonstrated an elementary understanding of strategies and/or socially constructed barriers. There were limited links between the two concepts. Many low-range responses used stereotypes and prejudices as examples.

### **Question 25 – Sports Medicine**

- (a) High-range responses gave a definition of both direct and indirect injuries and gave appropriate examples of each, indicating the differences between the two types.

Mid-range responses defined direct and indirect injuries but failed to support the answer with examples.

Low-range responses merely gave some examples of direct and indirect injuries.

- (b) High-range responses demonstrated a clear understanding of the link between the physical preparation and the prevention of injuries and supported this with examples.

Mid-range responses mentioned a few preparation methods with distinct links to injury supported by examples or outlined several types of physical preparation without clear links. Many students in this range discussed only physical preparation immediately before a game.

Low-range responses gave a narrow view of physical preparation by providing general statements about ways of preventing sports injuries.

- (c) High-range responses linked the relevant areas of the syllabus and managed to identify both policy and procedures. These responses used a range of examples to demonstrate their understanding and evaluated these policies and procedures. Many candidates provided knowledge of the ethical issues inherent in policies related to returning to play after injury .

Mid-range responses commonly provided a discussion of the procedures involved in return to play following long-term injury but often lacked discussion of specific policies. Alternatively these responses discussed policies relating to sport but made no mention of, or limited discussion of, procedures. Other mid-range responses tended to provide general discussion of procedures. This level of response also included good descriptions of TOTAPS (procedures for immediate return to play) plus some discussion related to the role of the coach or other procedures.

Low-range responses tended to provide only a general statement about policies relating to return to play. Many low-range responses provided an outline of TOTAPS only. These candidates did not provide the required discussion.

### **Question 26 – Improving Performance**

- (a) High-range responses provided a range of key physiological responses that are characteristic of an overtrained athlete.

Mid-range responses provided an incomplete outline of the physiological characteristics of an overtrained athlete.

Low-range responses provided a limited number of indicators of overtraining eg tired, sore muscles.

- (b) High-range responses demonstrated an accurate and detailed discussion of muscle contractions and the development of power and speed through plyometric training. Examples and description of exercises classified as plyometric activities such as depth jumps, handclap pushups, and bounding were linked to specific actions required in a number of sports. Some high-range responses also touched on the use of plyometrics in the development of fast twitch muscle fibres and the ATP-PC energy system.

Mid-range responses provided an understanding of plyometric training with limited reference to performance. These responses provided a good discussion of plyometric training techniques linked to sports without describing the muscular contractions associated with this type of training.

Low-range responses provided a general outline of plyometric training activities with limited or no use of examples. These responses generally failed to explain muscular contraction during plyometric exercise.

- (c) Candidates who provided high-range responses were able to demonstrate a clear understanding of the link between a range of technologies and their application to skill improvement. These responses demonstrated the depth of the candidates' understanding of the relationship between the use of technology, training sessions and ways to improve an athlete's skill. These candidates were also able to make judgements regarding the appropriateness of this technology. A large number of these responses demonstrated a clear understanding of video analysis and data gathering with a clear link to how they could be used in training sessions to improve skill development.

Mid-range responses provided a description of a broad range of technologies with some link to skill development. Many candidates provided a good understanding and description of one technology (predominantly video analysis) and its link to skill development as well as a range of other technologies that related to performance rather than skill. A large number of mid-range responses provided a discussion of a range of technologies relating to performance rather than skill. A number of mid-range responses displayed sufficient knowledge and understanding to be classified as a high range response. However these candidates failed to evaluate as the question required.

Low-range responses identified either a minimal range of technologies through a basic description or identified some elements of a training session with minimal links to technology. Other responses provided a basic description of technology used in sport without specific examples.

## **Question 27 – Equity and Health**

### **General Comments**

It was apparent that a number of candidates who answered this option had not prepared adequately. These candidates responded to the question by drawing on their knowledge of Core 1 – Health Priorities in Australia.

- (a) High-range responses clearly outlined the action of advocacy in enhancing health and were able to link the identified disadvantaged group with a relevant example.

Mid-range responses involved a basic statement on advocacy with no relevant example of a disadvantaged group.

Low-range responses were limited to either a general comment on advocacy or identification of a disadvantaged group.

A number of candidates did not attempt this part of the question.

- (b) High-range responses were able to clearly demonstrate how both socioeconomic status and access to health care influence the health status of Aboriginal and Torres Strait Islander peoples. Candidates supported their responses with a range of relevant examples.

Mid-range responses were able to briefly explain how socioeconomic status and access to health care influence Aboriginal and Torres Strait Islander peoples' health status. Some responses focused on either socioeconomic status or access to health care.

Low-range responses either briefly outlined the health status of Aboriginal and Torres Strait Islander peoples or commented in very general terms on factors that create health inequities.

- (c) This part of the question provided a wide range of responses. The candidates who had studied the option performed well. However, most candidates were challenged with evaluating a health promotion strategy. Many candidates were able to discuss or describe only, which prevented them from accessing high-range marks on this part. Some candidates responded by relying upon their Core 1 knowledge, particularly of the Ottawa Charter.

High-range responses demonstrated their understanding of the characteristics of effective health promotion strategies. Responses in this range were able to demonstrate a clear understanding of the factors that influence the health status of people living in rural and remote locations. These candidates could also supply examples of health promotion strategies relevant to people in rural and remote communities only.

Mid-range responses thoroughly described the characteristics of effective health promotion with few or no links to rural and remote populations, or they thoroughly discussed the health status of people living in rural and remote communities.

Low-range responses answered this part of the question by either providing an outline of effective health promotion strategies or identifying factors that influence the health of people in rural and remote communities. In some cases, candidates only provided a very general comment about either health promotion strategies or rural and remote communities.

# PDHPE

## 2001 HSC Examination Mapping Grid

Question	Marks	Content	Syllabus outcomes
1	1	Measuring health status - current trends	H2
2	1	Priority areas - risk factors	H3
3	1	Measuring health status - role of epidemiology	H2
4	1	Priority areas - risk factors	H3
5	1	Major health promotion initiatives	H5, H14
6	1	Approaches to health promotion	H4, H15
7	1	Ottawa charter - actions to address health priorities	H3, H14, H15
8	1	Ottawa Charter - building healthy public policy	H5, H15
9	1	Measuring health status	H1, H16
10	1	Priority areas for action	H2, H16
11	1	Feedback	H8, H11
12	1	Principles of training	H8, H10
13	1	Energy systems	H7
14	1	Physiological adaptations to aerobic training	H7
15	1	Anxiety - arousal (Psychology)	H11
16	1	Nature of skill	H9
17	1	Objective measurement of skill	H9
18	1	Types of training - application of FITT principles	H7, H10
19	1	Types of training - application of FITT principles	H7, H10
20	1	Nutritional plans for athletes	H10, H16, H17
<b>Core 1:</b>			
21(a)	4	New public health model - Jakarta declaration on health promotion	H4, H14, H15
21(b)	6	How supportive environments can assist in managing the health of Australians	H5, H15
21(c)	10	Relationship between Australia's health status and the provision of health care facilities and services	H2, H3, H5, H15, H16
<b>Core 2:</b>			
22(a)	4	Level of arousal and affect on performance	H11
22(b)	6	Qualities of skilled performance. Judgements about performances using prescribed judging criteria	H9

Question	Marks	Content	Syllabus outcomes
22(c)	10	Physiological responses to aerobic training	H7, H8, H16, H17
<b>Option 1:</b>			
23(a)	3	Social factors that impact on the health of young people	H2
23(b)	5	Nature of young people. Diversity of young people	H2, H15
23(c)	12	Managing major health issues for young people. Personal skills and access to networks	H2, H6, H15, H16
<b>Option 2:</b>			
24(a)	3	The relationship between sport and the media	H12, H16
24(b)	5	Role of sport and physical activity for various cultural groups	H12, H16
24(c)	12	Barriers to the participation of women in sport	H12, H16
<b>Option 3:</b>			
25(a)	3	Ways to classify sports injuries - direct and indirect	H13, H16
25(b)	5	Physical preparation - prevention of sports injury	H8, H13
25(c)	12	Process of returning to play and ethical issues associated with this	H8, H13, H16, H17
<b>Option 4:</b>			
26(a)	3	Physiological indicators of overtraining (considerations)	H7, H17
26(b)	5	Techniques for training for power	H8, H10
26(c)	12	Improving skill with use of technology in training sessions	H8, H9, H10, H16, H17
<b>Option 5:</b>			
27(a)	3	Actions that improve health	H3
27(b)	5	Factors that create health inequities in relation to Aboriginal and TSI people	H3, H4, H5, H14,
27(c)	12	Effective health promotion strategies for improving the health of people living in rural and remote locations	H4, H5, H14, H15, H16

## 2001 HSC Personal Development, Health and Physical Education Marking Guidelines

**Question 21 (a)** (4 marks)

*Outcomes assessed: H4, H14, H15*

### MARKING GUIDELINES

Criteria	Marks
<ul style="list-style-type: none"> <li>Explains how the approach is applied to a health promotion initiative in Australia</li> <li>Provides relevant examples to support their explanation</li> </ul>	4
<ul style="list-style-type: none"> <li>Explains the approach and links it to a health promotion initiative with relevant examples</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>Provides a good description of a health promotion initiative that demonstrates understanding of community and individual involvement</li> </ul>	3
<ul style="list-style-type: none"> <li>Outlines a health promotion initiative with relevant links to the involvement of the community and individual</li> </ul>	2
<ul style="list-style-type: none"> <li>Provides some relevant information related to a health promotion initiative</li> </ul>	1

**Question 21 (b)** (6 marks)*Outcomes assessed: H5, H15***MARKING GUIDELINES**

<b>Criteria</b>	<b>Marks</b>
<ul style="list-style-type: none"><li>• Discussion demonstrates a clear understanding of the concept of creating supportive environments and how this concept is used to manage the health of Australians</li><li>• Discussion is supported with a range of relevant examples</li></ul>	5–6
<ul style="list-style-type: none"><li>• Describes the ways in which creating supportive environments are used to manage the health of Australians with some examples</li></ul> OR <ul style="list-style-type: none"><li>• A thorough description of a health issue that includes examples of supportive environments used to manage the issue</li></ul>	3–4
<ul style="list-style-type: none"><li>• Describes supportive environments with limited examples</li></ul> OR <ul style="list-style-type: none"><li>• Outlines the incidence of a health issue</li></ul>	1–2

**NOTE:**

Range of examples may apply to a variety of health issues or an in-depth treatment of one health issue.

**Question 21 (c)** (10 marks)*Outcomes assessed: H2, H3, H5, H15, H16***MARKING GUIDELINES**

<b>Criteria</b>	<b>Marks</b>
<ul style="list-style-type: none"> <li>• Clearly demonstrates an understanding of the health status of Australians. Discusses how this influences the provision of health care facilities and services</li> <li>• Demonstrates evidence of critical analysis through, for example, a discussion that acknowledges that not all needs are being met and proposing strategies to meet future health care needs</li> <li>• Assessment is supported by a range of relevant examples</li> </ul>	9–10
<ul style="list-style-type: none"> <li>• Establishes the health status of Australians AND describes how this has influenced the provision of health care facilities and services</li> <li>• Discussion is supported by relevant examples</li> </ul>	7–8
<ul style="list-style-type: none"> <li>• Describes the health status of Australians AND outlines how this has influenced the provision of health care facilities and services</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>• Outlines the health status of Australians and describes how this has influenced the provision of health care facilities and services</li> <li>• Provides examples</li> </ul>	5–6
<ul style="list-style-type: none"> <li>• Briefly describes health status and provision of health care facilities and services</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>• A description of the health status of Australians</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>• A description of the provision of health care facilities and services</li> </ul>	3–4
<ul style="list-style-type: none"> <li>• Outlines the health status of Australians OR outlines the provision of health care facilities and services</li> </ul>	1–2

**Question 22 (a)** (4 marks)*Outcomes assessed: H11***MARKING GUIDELINES**

Criteria	Marks
<ul style="list-style-type: none"> <li>Describes how arousal affects performance. Gives relevant examples to illustrate that the level of arousal can have a positive or negative effect on performance</li> </ul>	4
<ul style="list-style-type: none"> <li>Describes how arousal affects performance with limited use of examples</li> </ul> OR <ul style="list-style-type: none"> <li>Describes either positive or negative effects of arousal on performance</li> </ul>	3
<ul style="list-style-type: none"> <li>Provides good examples of different sports requiring different levels of arousal and attempts an explanation of the relationship between arousal and performance</li> </ul> OR <ul style="list-style-type: none"> <li>Outlines how arousal affects performance</li> <li>Provides a good description of arousal</li> </ul>	2
<ul style="list-style-type: none"> <li>General statement about arousal and performance</li> </ul>	1

**Question 22 (b)** (6 marks)*Outcomes assessed: H9***MARKING GUIDELINES**

Criteria	Marks
<ul style="list-style-type: none"> <li>Demonstrates an understanding of prescribed judging criteria</li> <li>Presents a clear and logical discussion of how these are used to assess a performance. Provides relevant examples of sports that use prescribed judging criteria to assess the quality of a performance</li> </ul>	5–6
<ul style="list-style-type: none"> <li>Demonstrates understanding of prescribed judging criteria with some relevant examples</li> </ul> OR <ul style="list-style-type: none"> <li>Clearly demonstrates understanding of prescribed judging criteria without providing examples of sports</li> </ul>	3–4
<ul style="list-style-type: none"> <li>Outlines how judging criteria measure performance</li> </ul> OR <ul style="list-style-type: none"> <li>Identifies a range of sports that use prescribed judging criteria</li> </ul>	1–2

**Question 22 (c)** (10 marks)*Outcomes assessed: H7, H8, H16, H17***MARKING GUIDELINES**

<b>Criteria</b>	<b>Marks</b>
<ul style="list-style-type: none"> <li>• Demonstrates a clear understanding of physiological adaptations</li> <li>• Analyses the adaptations (at rest and during exercise) resulting from an aerobic training program on a range of physiological capacities</li> </ul>	9–10
<ul style="list-style-type: none"> <li>• Demonstrates understanding of the principles of aerobic training</li> <li>• Demonstrates a clear understanding of physiological adaptation</li> <li>• Discusses a range of physiological adaptations. The discussion may concentrate on ‘at rest’ or during exercise, with links to the principles of aerobic training</li> </ul>	7–8
<ul style="list-style-type: none"> <li>• Identifies and explains physiological adaptations that occur as a result of aerobic training</li> <li>• Demonstrates some understanding of an aerobic training program</li> </ul>	5–6
<ul style="list-style-type: none"> <li>• General description of adaptation</li> <li>• Description makes reference to the results of an aerobic training program</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>• Provides a thorough description of the principles of an aerobic training program</li> </ul>	3–4
<ul style="list-style-type: none"> <li>• Lists physiological adaptations</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>• Provides a simple description of some changes that occur after a 20 week aerobic training program</li> </ul>	1–2

- Analysis may be supported by diagrams/graphs/tables.

**Question 23 (a)** (3 marks)*Outcomes assessed: H2***MARKING GUIDELINES**

<b>Criteria</b>	<b>Marks</b>
<ul style="list-style-type: none"> <li>• Outlines the impact of ONE social factor on the health of young people</li> <li>• Supports with at least one example that clearly links this to the social factor</li> </ul>	3
<ul style="list-style-type: none"> <li>• Basic statement on the relationship of one social factor on the health of young people</li> </ul>	2
<ul style="list-style-type: none"> <li>• Lists one or more social factors</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>• General comment on the health of young people</li> </ul>	1

**Question 23 (b)** (5 marks)*Outcomes assessed: H2, H5***MARKING GUIDELINES**

<b>Criteria</b>	<b>Marks</b>
<ul style="list-style-type: none"><li>• Demonstrates a clear understanding of the diverse nature of young people's lives</li><li>• Discussion supported with a range of relevant examples that highlight the diversity of young people's lives</li><li>• Establishes the relationship between the nature of young people's lives and the effect on health status</li></ul>	5
<ul style="list-style-type: none"><li>• Briefly explains how the diversity of young people's lives affects health status</li></ul> OR <ul style="list-style-type: none"><li>• Discusses the diverse nature of young people's lives with limited links to their health status</li></ul> OR <ul style="list-style-type: none"><li>• Discusses the health status of young people with limited links to the diverse nature of their lives</li></ul>	3–4
<ul style="list-style-type: none"><li>• Outlines the diverse nature of young people's lives</li></ul> OR <ul style="list-style-type: none"><li>• Outlines the health status of young people</li></ul>	1–2

**Question 23 (c)** (12 marks)*Outcomes assessed: H2, H6, H15, H16***MARKING GUIDELINES**

<b>Criteria</b>	<b>Marks</b>
<ul style="list-style-type: none"> <li>• Demonstrates a clear understanding of how supportive networks can enhance personal skills</li> <li>• Makes judgement about the value of supportive networks in enhancing health</li> <li>• Demonstrates an understanding of a range of personal skills, and links these to attaining better health.</li> </ul>	10–12
<ul style="list-style-type: none"> <li>• Discusses how supportive networks can enhance a range of personal skills</li> <li>• Demonstrates an understanding of how supportive networks can enhance personal skills</li> <li>• Demonstrates an understanding of a range of personal skills, and links these to attaining better health</li> </ul>	7–9
<ul style="list-style-type: none"> <li>• Describes supportive networks with some mention of personal skills</li> <li>• Some links to health status</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>• Description of supportive networks</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>• Description of personal skills</li> <li>• May link to health of young people</li> </ul>	4–6
<ul style="list-style-type: none"> <li>• Identifies a range of personal skills</li> <li>• Identifies the features of supportive networks</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>• General statement about the value of support networks</li> </ul>	1–3

**Question 24 (a)** (3 marks)*Outcomes assessed: H12, H16***MARKING GUIDELINES**

Criteria	Marks
<ul style="list-style-type: none"> <li>• Outlines the changes that one sport has made to suit the needs of the media</li> </ul>	3
<ul style="list-style-type: none"> <li>• Outlines the changes that one sport has made with poor links to what the needs are</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>• Lists a range of changes that sports have made as a result of media needs</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>• General comment on the relationship between sport and the media</li> </ul>	2
<ul style="list-style-type: none"> <li>• Identifies one change to a sport to meet the needs of the media</li> </ul>	1

**Question 24 (b)** (5 marks)*Outcomes assessed: H12, H16***MARKING GUIDELINES**

Criteria	Marks
<ul style="list-style-type: none"> <li>• Demonstrates a clear understanding of the different meanings that different cultural groups give to physical activity and sport</li> <li>• Provides a range of relevant examples to support the discussion</li> </ul>	5
<ul style="list-style-type: none"> <li>• Describes the meanings given to physical activity and sport by different cultural groups; but with limited use of relevant examples</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>• Describes a range of examples of sports and physical activities that are important to different cultural groups</li> </ul>	3–4
<ul style="list-style-type: none"> <li>• General comment on the meanings given to physical activity and sport by different cultural groups</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>• Lists a variety of physical activities undertaken by identified different cultural groups</li> </ul>	1–2

**Question 24 (c)** (12 marks)*Outcomes assessed: H12, H16***MARKING GUIDELINES**

<b>Criteria</b>	<b>Marks</b>
<ul style="list-style-type: none"> <li>• Demonstrates a clear understanding of socially constructed barriers</li> <li>• Makes judgements about the appropriateness of a range of strategies that could overcome the socially constructed barriers to female participation in sport</li> <li>• Supports discussion with a range of relevant examples</li> </ul>	10–12
<ul style="list-style-type: none"> <li>• Discusses strategies that could be used to overcome the socially constructed barriers to female participation in sport</li> <li>• Demonstrates an understanding of socially constructed barriers</li> <li>• Provides relevant examples</li> </ul>	7–9
<ul style="list-style-type: none"> <li>• Describes a range of strategies to improve female participation in sport</li> </ul> OR <ul style="list-style-type: none"> <li>• Thorough description of socially constructed barriers to female participation in sport</li> </ul> OR <ul style="list-style-type: none"> <li>• General description of socially constructed barriers with some reference to strategies</li> </ul>	4–6
<ul style="list-style-type: none"> <li>• Identifies some barriers to female participation in sport</li> </ul> OR <ul style="list-style-type: none"> <li>• Identifies some strategies used to overcome barriers</li> </ul>	1–3

**Question 25 (a)** (3 marks)*Outcomes assessed: H13, H16***MARKING GUIDELINES**

<b>Criteria</b>	<b>Marks</b>
<ul style="list-style-type: none"> <li>• Outlines the difference between direct and indirect injuries</li> <li>• Provides relevant examples for each</li> </ul>	3
<ul style="list-style-type: none"> <li>• Defines direct and indirect injuries with no examples to support definitions</li> </ul>	2
<ul style="list-style-type: none"> <li>• Lists some examples of direct and indirect injuries</li> </ul>	1

**Question 25 (b)** (5 marks)*Outcomes assessed: H8, H13***MARKING GUIDELINES**

Criteria	Marks
<ul style="list-style-type: none"> <li>• Demonstrates a clear understanding of the role of physical preparation in preventing sports injuries</li> <li>• Supports discussion with a broad range of relevant examples</li> <li>• Establishes the relationship between physical preparation and preventing injury</li> </ul>	5
<ul style="list-style-type: none"> <li>• Outlines some examples of physical preparation linked to the prevention of sport injuries</li> </ul> OR <ul style="list-style-type: none"> <li>• Describes a broad range of examples of physical preparation with limited links to preventing injury</li> </ul>	3 - 4
<ul style="list-style-type: none"> <li>• Outlines some types of physical preparation</li> </ul> OR <ul style="list-style-type: none"> <li>• General statement about ways of preventing sports injuries</li> </ul>	1–2

**Question 25 (c)** (12 marks)*Outcomes assessed: H8, H13, H16, H17***MARKING GUIDELINES**

Criteria	Marks
<ul style="list-style-type: none"> <li>• Makes judgements about the appropriateness of policies and procedures that regulate when an injured athlete returns to play</li> <li>• Demonstrates a clear understanding of the policies and procedures that regulate when an athlete returns to play</li> <li>• Uses a broad range of relevant examples from a variety of sports, or in one particular sport</li> </ul>	10–12
<ul style="list-style-type: none"> <li>• Discusses how policies and/or procedures are used to regulate when an injured athlete returns to play</li> <li>• Discussion supported by a range of examples</li> </ul>	7–9
<ul style="list-style-type: none"> <li>• Describes policies and/or procedures that are used to decide when an injured athlete returns to play</li> <li>• Supports description in the relevant examples</li> </ul>	4–6
<ul style="list-style-type: none"> <li>• Identifies policies and/or procedures relating to return to play</li> </ul>	1–3

Note: TOTAPS may represent 1 immediate procedure

**Question 26 (a)** (3 marks)*Outcomes assessed: H7, H17***MARKING GUIDELINES**

<b>Criteria</b>	<b>Marks</b>
<ul style="list-style-type: none"><li>• Outlines a range of physiological characteristics of an overtrained athlete</li></ul>	3
<ul style="list-style-type: none"><li>• Outlines some physiological characteristics</li></ul> OR <ul style="list-style-type: none"><li>• Description of an overtrained athlete</li></ul>	2
<ul style="list-style-type: none"><li>• Lists some physiological characteristics</li></ul>	1

**Question 26 (b)** (5 marks)*Outcomes assessed: H8, H10***MARKING GUIDELINES**

<b>Criteria</b>	<b>Marks</b>
<ul style="list-style-type: none"><li>• Demonstrates a clear understanding of plyometric training techniques</li><li>• Discussion is supported with a range of relevant examples that highlight how the training techniques enhance performance</li></ul>	5
<ul style="list-style-type: none"><li>• Describes the principles of plyometric training with limited links to improvement in performance</li></ul> OR <ul style="list-style-type: none"><li>• Briefly explains plyometric training and how it enhances performance</li></ul>	3–4
<ul style="list-style-type: none"><li>• Outlines plyometric training techniques to improve performance</li></ul> OR <ul style="list-style-type: none"><li>• Outlines a range of techniques</li></ul>	1–2

**Question 26 (c)** (12 marks)*Outcomes assessed: H8, H9, H10, H16, H17***MARKING GUIDELINES**

<b>Criteria</b>	<b>Marks</b>
<ul style="list-style-type: none"> <li>• Demonstrates a clear understanding of the use of technology in training sessions designed to improve skill</li> <li>• Makes judgements about the appropriateness of the use of technology in training sessions</li> <li>• Supports discussion with a range of relevant examples</li> </ul>	10–12
<ul style="list-style-type: none"> <li>• Demonstrates an understanding of the use of a range of technology across the different elements of a training session</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>• Discussion demonstrates an understanding of the links between technology and improving skill</li> </ul>	7–9
<ul style="list-style-type: none"> <li>• Describes the use of technology in training sessions with some links to the improvement of skill</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>• Thorough description of the different elements of a training session</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>• Thorough description of appropriate technologies</li> </ul>	4–6
<ul style="list-style-type: none"> <li>• Identifies elements of a training session designed to improve skill</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>• Identifies a range of technologies used in training sessions</li> </ul>	1–3

**Question 27 (a)** (3 marks)*Outcomes assessed: H3***MARKING GUIDELINES**

<b>Criteria</b>	<b>Marks</b>
<ul style="list-style-type: none"> <li>• Outlines the action of advocacy in enhancing the health of an identified disadvantaged group</li> </ul>	3
<ul style="list-style-type: none"> <li>• Basic statement defining advocacy</li> </ul>	2
<ul style="list-style-type: none"> <li>• Identifies a disadvantaged group</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>• General comment on advocacy</li> </ul>	1

**Question 27 (b)** (5 marks)*Outcomes assessed: H3, H4, H5, H14***MARKING GUIDELINES**

<b>Criteria</b>	<b>Marks</b>
<ul style="list-style-type: none"> <li>• Demonstrates a clear understanding of how both socio-economic status and access to health care influence the health status of Aboriginal and Torres Strait Islander peoples</li> <li>• Discussion is supported with a range of relevant examples</li> </ul>	5
<ul style="list-style-type: none"> <li>• Briefly explains how socioeconomic status and access to health care influence the health status of Aboriginal and Torres Strait Islander peoples</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>• Discusses the health status of Aboriginal and Torres Strait Islander peoples with limited links to socio-economic status and/or access to health care</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>• Demonstrates a clear understanding of how socioeconomic status OR access to health care influences the health status of Aboriginal and Torres Strait Islander peoples</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>• Discusses how socioeconomic status and access to health care influence health status without specific reference to Aboriginal and Torres Strait Islander peoples</li> </ul>	3–4
<ul style="list-style-type: none"> <li>• Outlines the health status of Aboriginal and Torres Strait Islander peoples</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>• General comment on factors that create health inequities</li> </ul>	1–2

**Question 27 (c)** (12 marks)*Outcomes assessed: H4, H5, H14, H15, H16***MARKING GUIDELINES**

<b>Criteria</b>	<b>Marks</b>
<ul style="list-style-type: none"> <li>• Demonstrates an understanding of the characteristics of effective health promotion strategies</li> <li>• Demonstrates a clear understanding of the factors which influence the health status of people living in rural and remote locations</li> <li>• Makes judgements about the appropriateness of different health promotion strategies in improving the health of people living in rural and remote locations</li> <li>• Provides a range of relevant examples</li> </ul>	10–12
<ul style="list-style-type: none"> <li>• Demonstrates an understanding of a range of characteristics of effective health promotion strategies</li> <li>• Discusses how these strategies can improve the health of people living in rural and remote locations</li> <li>• Provides relevant examples</li> </ul>	7–9
<ul style="list-style-type: none"> <li>• Describes characteristics of health promotion strategies with some link to the health of people living in rural and remote locations</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>• Thorough description of the characteristics of effective strategies of health promotion</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>• Thorough description of the factors influencing the health of people living in rural and remote locations</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>• Thorough description of the health status of people living in rural and remote locations</li> </ul>	4–6
<ul style="list-style-type: none"> <li>• Identifies a range of effective health promotion strategies</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>• Identifies a range of factors influencing the health of people living in rural and remote locations</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>– General statement about health promotion strategies or people living in rural and remote locations</li> </ul>	1–3