

2018 HSC Personal Development, Health and Physical Education Marking Guidelines

Section I, Part A

Multiple-choice Answer Key

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

Section I, Part B

Question 21

Criteria	Marks
<ul style="list-style-type: none"> • Sketches in general terms how building healthy public policy has been applied to the prevention of lung cancer • Supports with a relevant example 	3
<ul style="list-style-type: none"> • Sketches in general terms building healthy public policy <p>OR</p> <ul style="list-style-type: none"> • Sketches in general terms an example(s) of lung cancer prevention strategies 	2
<ul style="list-style-type: none"> • Identifies some relevant information about health promotion or lung cancer 	1

Sample answer:

Supermarket chains have been forced by government legislation to adopt point of sale regulations when dispensing cigarette products. This has led to cigarettes only being sold at one register in a supermarket and stored out of sight. The reduction in access and promotion of tobacco products has led to a decreased number of smokers. This will influence the overall levels of lung cancer in Australia.

Question 22

Criteria	Marks
<ul style="list-style-type: none"> Provides characteristics and features of the determinants of health that affect a preventable condition other than cancer or CVD Supports with relevant examples 	4
<ul style="list-style-type: none"> Sketches in general terms the determinants of health that affect a preventable condition other than cancer or CVD <p>OR</p> <ul style="list-style-type: none"> Sketches in general terms the determinants of health that affect a condition May provide example(s) 	2–3
<ul style="list-style-type: none"> Provides some relevant information on the determinants of health OR a preventable condition 	1

Sample answer:

Mental health is a preventable condition affecting many Australians.

Sociocultural determinants include the influence of peers, media and societal pressures. For many women, body image influences their feelings of self-confidence and happiness. They often feel pressured to diet, as a result of the media images and expectations to look thin. This need for society and peer acceptance leads to young women feeling anxious, and in some cases leads to anorexia or bulimia as a result of their low sense of self-worth.

Young men living in isolated rural communities can also suffer from depression. Increasing rates of male suicide are in part due to the lack of appropriate support services located in rural areas. This environmental determinant is caused by living in a remote location leading to social isolation. Not being able to access appropriate health services (eg Headspace) when they are struggling to manage their mental health is detrimental for young rural men.

Answers may include:

Sociocultural, socioeconomic and environmental determinants of health.

Question 23

Criteria	Marks
<ul style="list-style-type: none"> Identifies issues and provides positive and/or negative points regarding the impact of emerging new treatments and technologies on health care in Australia Supports with relevant examples 	5
<ul style="list-style-type: none"> Provides characteristics and features of the impact of emerging new health treatments and technologies in Australia Supports with example(s) 	4
<ul style="list-style-type: none"> Sketches in general terms emerging new health treatments and technologies and/or their impact on health care in Australia 	2–3
<ul style="list-style-type: none"> Provides relevant information on health care in Australia 	1

Sample answer:

Health care in Australia has seen the emergence of many new treatments and technologies. Keyhole surgery is a less invasive technology that assists surgeons in both detecting and treating problems. This technology has meant that patients spend less time in hospital, greatly reducing hospital bed costs. It is also a less invasive procedure, so patients recover quicker and are less at risk from complications such as infections of open wounds (eg open heart surgery).

Keyhole surgery equipment is very expensive, and subsequently is not readily available in all hospitals. This means that patient access is limited. Public health patients will be at a huge disadvantage, as they will have to go on waiting lists to access these procedures.

Treatments that prevent or detect cancer early have also reduced the overall cost of health to the Australian government. Implementing the free vaccine for the HPV virus in a national school program has significantly reduced the incidence of cervical cancer in Australia.

Question 24

Criteria	Marks
<ul style="list-style-type: none"> Clearly demonstrates the relationship between the roles of individuals, communities and governments in addressing health inequities experienced by Aboriginal and Torres Strait Islander peoples Provides relevant examples 	8
<ul style="list-style-type: none"> Demonstrates the roles of individuals, communities and governments in addressing the health inequities experienced by Aboriginal and Torres Strait Islander peoples Provides relevant examples 	6–7
<ul style="list-style-type: none"> Demonstrates the roles of individuals and/or communities and/or governments in addressing the health inequities experienced by Aboriginal and Torres Strait Islander peoples Provides examples <p>OR</p> <ul style="list-style-type: none"> Provides characteristics and features of the roles played by individuals, communities and governments in addressing the health inequities experienced by Aboriginal and Torres Strait Islander peoples Provides examples 	4–5
<ul style="list-style-type: none"> Sketches in general terms the roles of individuals and/or communities and/or governments <p>OR</p> <ul style="list-style-type: none"> Sketches in general terms health inequities experienced by Aboriginal and Torres Strait Islander peoples 	2–3
<ul style="list-style-type: none"> Provides some relevant information on the roles OR Aboriginal and Torres Strait Islander peoples 	1

Sample answer:

Individuals, communities and governments must all play a role to positively change health inequities facing the ATSI population group.

Governments need to ensure that there has been adequate identification of priority areas and health inequities experienced by the ASTI population. This can include lower life expectancy, higher levels of chronic illnesses, high rates of diabetes, higher rates of substance abuse, high infant mortality rates.

Governments are required to allocate funding and develop health promotion initiatives, healthy public policy and legislation aimed at promoting positive change. Governments align the distribution of funding to each community reflective of that community's needs including the development of special community services and programs. Close the Gap funding targets educational outcomes of ATSI children through programs such as AIME.

Communities are empowered to generate positive change in addressing health inequities facing the ATSI population through the implementation of government funding, programs and policies. Communities need to ensure that they fulfil their role in providing services that are largely based on local needs. Communities have used strategies that involve community elders in the delivery of health-based information that enables community members to make positive decisions regarding their health. Examples may include education programs on the risks of smoking while pregnant (infant mortality). Further examples may include community members acting as mentors to ensure that youth continue to engage in education, improving

the access to health knowledge (reducing the ATSI representation in preventable and chronic illnesses).

Individuals have a role in embracing change and working towards adopting positive behaviours. Access to the community programs and support structures enables individuals to make healthy decisions and reduce the impact of health inequities. For example, individuals abiding by a code of conduct within their rugby league club (tackling violence) to take a stand against domestic violence.

Question 25

Criteria	Marks
<ul style="list-style-type: none"> • Demonstrates why arousal differs in a variety of sports • Makes evident the relationship between arousal and a variety of sports • Provides relevant examples 	5
<ul style="list-style-type: none"> • Provides characteristics and features of the required level of arousal across a variety of sports • Provides examples 	3–4
<ul style="list-style-type: none"> • Sketches in general terms the arousal levels required in sport • May provide example(s) 	2
<ul style="list-style-type: none"> • Provides some relevant information on arousal found in sport 	1

Sample answer:

Arousal could either inhibit or enhance sporting performance. Optimal arousal is the required level of arousal for an athlete to perform at their very best. Arousal is an emotional and mental state that prepares and motivates the athlete to be 'in the zone' and depending on the type of performance it can be positive or negative.

The levels required for a sport vary depending on the type, level and/or intensity of that particular sport. In sports that incorporate major muscle groups such as weightlifting, higher levels of arousal are required to increase levels of intensity so that the appropriate skills may be better executed (eg tackling).

In contrast, sports which incorporate finer skills (eg archery) may benefit from lower levels of arousal to increase focus and concentration. If arousal levels are heightened in sports of this nature errors can increase and accuracy may suffer.

Answers could include:

Inverted U hypothesis.

Question 26

Criteria	Marks
<ul style="list-style-type: none"> Provides a judgement of how the characteristics of a skilled performer can be used to appraise elite performance Makes the relationship evident between characteristics of a skilled performer and appraisal of elite performance Provides relevant examples 	7
<ul style="list-style-type: none"> Describes the characteristics of a skilled performer and how they can be used to appraise elite performance Provides examples 	5–6
<ul style="list-style-type: none"> Describes the characteristics of a skilled performer OR how elite performance can be appraised May provide examples 	3–4
<ul style="list-style-type: none"> Sketches in general terms the characteristic(s) of a skilled performer OR how performance can be appraised 	2
<ul style="list-style-type: none"> Provides some relevant information on the acquisition of skill OR on appraising performance 	1

Sample answer:

Elite performers can be appraised through characteristics such as anticipation, consistency, good technique and kinaesthetic sense. Some of these characteristics are more useful than others in appraising performance.

Elite athletes read the play and predict the next move using anticipation. An elite athlete may be able to read the opposition's tactics enabling them to anticipate externally paced skills. A football player's skill may be appraised by how well they anticipate an externally paced pass and run onto it within a vacant space without losing momentum. This ability to anticipate a pass separates elite performers from less skilled performers, as it is difficult to develop, and is often a skill that has a significant impact on the game's result.

An elite performer consistently performs their skill successfully on a regular basis despite being under pressure or in a different environment. An elite athlete's consistency can be appraised through statistics relating to their performances. For example, a professional cricketer would consistently hit the ball in the middle of the bat on more occasions than an amateur athlete. This high level of consistency is highlighted by commentators when describing a talented performer. This is an effective method of appraisal because it is objective and reliable.

Elite performers' superior technical execution of a skill is smooth, consistent and efficient, in contrast to an amateur's. An amateur has ineffective technique generating less power and speed and causing rapid fatigue. An elite swimmer would be more streamlined and generate more power with minimal strokes allowing them to record better times, especially when competing over longer distances.

Elite athletes can sense their movements as if their body is automatically moving based on an awareness of time and space. 'Muscle memory' is based on proprioception or the awareness of the position of our joints. The elite athlete has a feel for their movement and is alert to movement error compared to inexperienced performers who make mistakes because their 'muscle memory' is less developed. Elite athletes are able to make modifications to their skill while executing the movement, eg a basketballer can adjust their shot in mid-air depending on the defender's actions. This method of appraisal has limitations since it relies on the opinion of the athlete and what they are feeling, making it more subjective.

Answers could include:

- Characteristics of skilled performers eg kinaesthetic sense, anticipation, consistency, technique.
- Objective and subjective performance measures.
- Formal and informal appraisal.

Question 27

Criteria	Marks
<ul style="list-style-type: none"> Makes evident the relationship between physiological and neural strategies and the recovery of a marathon runner Makes clear the characteristics and features of physiological and neural recovery strategies Provides accurate and relevant examples 	8
<ul style="list-style-type: none"> Provides characteristics and features of the role physiological and neural strategies play in the recovery of a marathon runner Provides relevant examples 	6–7
<ul style="list-style-type: none"> Provides characteristics and features of the role physiological and/or neural strategies play in recovery Provides examples 	4–5
<ul style="list-style-type: none"> Sketches in general terms the role physiological and/or neural strategies play in recovery May provide examples 	2–3
<ul style="list-style-type: none"> Provides some relevant information on recovery strategies 	1

Sample answer:

Physiological recovery strategies can include aspects such as cool down and hydration. The focus of these recovery strategies is to remove by-products, refuel and replace lost fluids. In a marathon event the duration results in a large amount of fluid loss, muscle soreness due to repetition of gross motor contractions, and may result in a build-up of by-products such as lactic acid.

A cool down can assist recovery as it gradually reduces the heart rate and metabolism to a pre-event state. It also assists in the removal of waste products such as lactic acid which will reduce muscle cramps and assist in preventing muscle soreness. Failure to conduct a cool down may result in blood pooling, dizziness and severe delayed onset muscle soreness (DOMS). An effective cool down strategy for a marathon runner may include a short low intensity cool down jog and static stretching routine targeting the lower body to aid in the prevention of DOMS.

Hydrotherapy is a neural recovery strategy that can assist the recovery of a marathon runner. Hydrotherapy involves the use of water to relax and soothe pain brought on by the repetitive muscular contractions experienced by marathon runners. The water provides support for the major muscles and allows movements with reduced impact on joints and muscles. A common hydrotherapy recovery session may include slow and uniform movements through waist-deep water 24 hours after the event, to assist in promoting blood flow without stress from impact.

The use of hot water environments assists in the recovery of a marathon runner by vasodilation of blood vessels, allowing blood to flow more freely and aiding in the lowering of blood pressure and the removal of waste products.

The use of cold water with hot water therapy (contrast water therapy) enhances the circulation of blood through vessels, increases blood mobility, resulting in the rapid dispersal of waste and reduction of muscle soreness promoting a faster recovery.

Answers could include:

- Physiological strategies eg cool down, hydration, refuelling, stretching, compression garments, rest/sleep.

- Neural strategies eg hydrotherapy (cold water immersion, contrast water therapy, hot water immersion, pool/beach sessions), massage, foam rolling, acupuncture.

Section II

Question 28 (a)

Criteria	Marks
<ul style="list-style-type: none"> Provides characteristics and features of young people's lives that have changed over recent generations Provides a clear link between the changes and the influence on health status supported by relevant examples 	8
<ul style="list-style-type: none"> Provides characteristics and features of young people's lives that have changed over recent generations Provides examples of how the changes have influenced health status 	6–7
<ul style="list-style-type: none"> Sketches in general terms some aspects of young people's lives that have changed over recent generations Makes a general statement about the influence of change on health status 	4–5
<ul style="list-style-type: none"> Sketches in general terms change experienced over recent generations and its influence on health 	2–3
<ul style="list-style-type: none"> Provides some relevant information regarding young people's lives or health status 	1

Sample answer:

Over recent generations there have been significant changes to the world that impact on the lives of young people and their health. The impact varies between individuals, with potential to enhance or have a negative impact on health. Australian young people generally enjoy good health but emerging issues and trend data point to inequity and areas of concern.

Young people live in a highly technological world with access to powerful communication and information tools. Previous generations would research in a physical library but now information is available on demand so young people have more access to health information, can utilise online services and have tools available to plan for better health. Although health information is readily available it is important that critical consumerism is used, eg using government-based websites to access accurate information to better plan for a balanced lifestyle.

A range of health issues have emerged with the expansion of technology, such as overusing screens, reduced physical activity, disrupted or inadequate sleep, poor concentration, seeking information about unhealthy practices, engaging in cyberbullying, participating in unsafe distracted behaviour as a driver or pedestrian, eg increased road fatalities due to the use of mobile phones by drivers.

Global trends affecting the nature of work have seen a significant change to work choices and opportunities. The current generation of young people is challenged by a competitive global job market and many industries that were once available are now off-shore. As a result young people need more flexible educational options to better prepare for an uncertain future. This causes some young people to report higher levels of anxiety as they struggle with the competitive aspects of schooling and societal expectations. Alternatively it can be viewed with optimism and excitement, allowing young people to pursue occupations more closely aligned with their area of interest.

The cost of living has risen considerably over the years particularly for items such as education, sport and recreation. This generation has new costs in terms of ICT and communication. Many young people are working long hours in casual work in order to

support their basic needs and lifestyle. Reduced discretionary time can reinforce sedentary patterns with effects on fitness, weight maintenance and stress management.

Cost of living has also compromised the independence of young people. Many young people are remaining at home for longer due to a challenging financial environment. While this can provide emotional and financial support for young people for longer periods it may also be a major cause of frustration influencing mental wellbeing.

Question 28 (b)

Criteria	Marks
<ul style="list-style-type: none"> Provides characteristics and features of young people who are most at risk in relation to a selected health issue Provides a clear and logical judgement about the actions that have been implemented to support the young people most at risk Supports with relevant examples 	11–12
<ul style="list-style-type: none"> Provides characteristics and features of young people who are most at risk in relation to a selected health issue Provides a judgement about the actions that have been implemented to support the young people most at risk Supports with examples 	8–10
<ul style="list-style-type: none"> Provides the characteristics and features of young people who are most at risk in relation to a selected health issue Identifies actions that have been implemented to address the health issue 	5–7
<ul style="list-style-type: none"> Sketches in general terms a health issue relevant to young people and/or sketches in general terms an action implemented to address the health issue 	3–4
<ul style="list-style-type: none"> Provides some relevant information regarding a health issue relevant to young people 	1–2

Sample answer:

The incidence of mental health disorders is growing across the teen population but depression is most common among girls aged 15–19. This can be explained by the social and academic pressures faced during adolescence, and the increasing use of social media where unrealistic images of how to look, what to wear, behavioural stereotypes and gender expectations are relentless. Feelings of inadequacy are common.

Cyberbullying is also a common practice associated with social media and girls are often targeted. Despite the risks they continue to spend large amounts of time in an environment where they feel unsafe and at risk of public scrutiny.

This is also a period when many feel pressure to conform with gender stereotypical roles and can experience relationships where they do not have equal power. This may be difficult to discuss with their parents and it is not uncommon for girls to be uncertain about where to turn for support.

Female students generally perform well in academic pursuits and may apply more effort than boys in general. The intensity of the final years of high school often leads to them placing unrealistic expectations on themselves and the adoption of unsustainable study patterns.

These factors all lead to mental health issues such as depression.

The Headspace initiative has a lot of positive factors that lead to its effectiveness. It provides a range of centres and an online component to reach all young people in the 12–25 age bracket. It has trained counsellors and a wide range of health professionals to provide support. The program provides support across the range of areas that affect young people’s mental health such as school issues, work, relationships, drug and alcohol, mental health and sexual health.

The Headspace program also leverages off the many other people that can be part of the solution with the advice they provide. It reaches out to parents and schools giving them the tools and advice to identify and support young people experiencing mental health issues.

A potential area for improvement of the program is to establish more physical centres especially in rural areas. It might also be complemented by establishing a mentor program where young women who had 'survived' the teen years could provide credible advice and help to establish, and monitor progress towards, realistic goals.

Further actions could include changes to policy and legislation to protect young people in online environments and ensure accountability for responsible use in social media platforms. Addressing the issue of cyberbullying in the curriculum ensures that all students understand the implications of inappropriate use. Establishing new laws that criminalise cyberbullying are also proposed eg Dolly's Law.

Question 29 (a)

Criteria	Marks
<ul style="list-style-type: none"> Makes evident the link between factors and changing patterns of female participation in traditionally male-dominated sports Provides specific examples of factors that have influenced the pattern of female participation in male-dominated sports 	8
<ul style="list-style-type: none"> Provides characteristics and features of factors and their influence on changing patterns of female participation in traditionally male-dominated sports Provides examples of factors that have influenced the pattern of female participation in male-dominated sports 	6–7
<ul style="list-style-type: none"> Provides characteristics and features of factors that have influenced trends in female participation in traditionally male-dominated sports 	4–5
<ul style="list-style-type: none"> Sketches in general terms factors that have influenced the changing patterns of female participation in traditionally male-dominated sport(s) 	2–3
<ul style="list-style-type: none"> Provides relevant information on female participation in sport 	1

Sample answer:

Sport in Australia has been viewed as a male domain and sports tradition has predominantly been connected to male sports. Women’s participation in sport was far less due to perceptions of women’s place in society. Males were seen to be stronger and more capable of playing sport; women were traditionally considered to be suited to less vigorous pursuits, and adopting maternal and domestic roles. However, over the years those perceptions of women’s role in society and the bias against women’s sport have changed dramatically.

Female sports have struggled to gain media attention and it has often been reported in deficit terms compared with men’s sport. As such the sports have struggled to have a genuine and reliable financial base to expand. Those sports that have attracted the most attention such as tennis and netball are ones where elite performance compares favourably with that of men. Attention to female sports has often been restricted to participants who are seen as physically attractive rather than on ability. Anna Kournikova received more sponsorship and endorsement money than any other athlete and she had never won a singles grand slam.

The role of females in society has changed, so too has the stereotypical view of women in sport. Women’s perceptions of their own physical capabilities and acceptable body image have changed. Traditionally females believed that resistance training would lead to a masculine physique but are now more comfortable with images of a strong body which has become socially acceptable.

The language associated with female sport has changed with less emphasis on the physical appearance of women athletes. Media reports on athletes such as Elyse Perry, Samantha Kerr, Sally Pearson, Anna Meares and Penny Taylor are based on their superior athletic performances. The 2012 London Olympics were the first in which women competed in every sport. Women athletes are beginning to receive better financial rewards, however, men still are larger earners in most sports. The differences between the Australian men’s and women’s cricket, rugby league and football teams’ salaries serve as an example regarding pay inequality. Society is now recognising and appreciating the athleticism of women athletes and there has been more interest placed on women’s sport, hence more women participating in traditionally male-dominated sports.

Sporting administrations in developing their player and supporter base are taking responsibility for building junior and senior pathways for both males and females. Recently, data has indicated that there has been a considerable rise in the number of females who

have registered to participate in sports such as cricket, rugby, rugby league and AFL. This may be due to the rise in media attention towards these sports and the higher-standard competitions that these sports offer women. In the past two years, the AFL have offered highly skilled female players contracts to play in a national tournament that also saw record crowds, increased sponsorship and live television coverage. The Women's Big Bash league offers women opportunities to play cricket as a full-time athlete.

In recent times, current high profile sportswomen have 'opened the door' for up-and-comers to pursue a career in women's sport. It is now not unusual to find women participating in martial arts, motor sports and rugby league. This can be attributed to the change in social norms and the media's perception of women's involvement in those sports.

Question 29 (b)

Criteria	Marks
<ul style="list-style-type: none"> • Makes a clear judgement on the importance of Australia’s sporting achievements in influencing Australians’ national and regional identity • Provides characteristics and features of how Australia’s sporting achievements have influenced the sense of national and regional identity • Provides accurate and relevant examples 	11–12
<ul style="list-style-type: none"> • Makes evident how Australia’s sporting achievements have influenced Australian’s sense of national and regional identity • Provides characteristics and features of how Australia’s sporting achievements have influenced the sense of national and regional identity • Provides relevant examples 	8–10
<ul style="list-style-type: none"> • Provides characteristics and features of Australia’s sporting achievements and how they have influenced Australian’s sense of national and/or regional identity • Provides some examples 	5–7
<ul style="list-style-type: none"> • Sketches in general terms Australia’s sporting achievements relating to the national OR regional identity of Australians 	3–4
<ul style="list-style-type: none"> • Provides relevant information on Australia’s sporting achievements 	1–2

Sample answer:

Australia’s sporting culture has for a long time been a significant part of our national identity. Australia has often compared itself with other countries in terms of sporting competition. Since the first Ashes series, cricket performance against England has been a major indicator of national pride or national embarrassment depending on the result. Other rivalries with the USA in swimming and New Zealand in rugby have a high level of national interest. Being successful against these countries and other countries builds patriotism among sporting fans and success brings greater acceptance on the world stage. As a small and isolated country other nations have often marvelled at our success.

When this success occurs it is naturally celebrated and when the victory comes against the world powers or the top ranked countries, it brings pride across the nation. For example, the America’s Cup in 1983 is still spoken about especially as it was against the USA, a powerhouse that had been undefeated for over 100 years. Australia was considered the underdog and this ability to compete, despite the challenges, against the best, is an Australian characteristic exemplified by the adoption of the ‘Boxing Kangaroo’ as a national symbol of our fighting spirit.

National identity is based on a large section of the Australian population having an interest in an Australian representative sporting team or athlete. When an Australian representative team succeeds, it promotes general confidence to compete against the best in the world in all domains and fosters personal qualities like confidence and pride. For example, Australia’s test cricket team during the ’90s was ranked number one in the world for a significant period of time. This brought with it positive media attention and public admiration. A number of players received particular honours with Steve Waugh receiving an Order of Australia and being named Australian of the Year. At the 2000 Olympics Cathy Freeman produced the most memorable performance of the games in beating the world’s best over 400 m. She too received the Order of Australia and was named Australian of the Year.

The important relationship between sporting success and national identity is recognised by governments. When Australia had a significantly disappointing result at the 1976 Montreal Olympics, the Federal government established the Australian Institute of Sport in response to

the impact on national pride they experienced at that time. The government had received much criticism for failure to adequately support the development of Australian athletes. Medal tallies at the Olympic Games are used in the media and in public dialogue as a measure of Australia's competitiveness on an international scale. When Australia exceeded expectations at the 2000 Olympics our national identity and pride lifted.

Communities can gain recognition with the success of their sporting heroes and this can often have a positive effect through the social and economic impact on that regional community. The town of Lithgow takes pride in the achievements of the 'Lithgow flash' Marjorie Jackson who won two Olympic gold medals. Donald Bradman, perhaps our most famous cricketer, spent a lot of his youth in Bowral where today there is an outstanding oval and museum dedicated to his achievements. The city of Newcastle experienced a range of major setbacks in the 1990s with the major employer (the steelworks) closing. In this depressed time the success of the Knights Rugby league team, in winning the NRL premiership, captured the imagination of the public and built a strong sense of community pride.

Question 30 (a)

Criteria	Marks
<ul style="list-style-type: none"> Makes clearly evident the relationship between the injury and its classification and management Provides a range of relevant examples 	8
<ul style="list-style-type: none"> Provides characteristics and features of the classification and management of the athlete's injury Provides a range of examples 	6–7
<ul style="list-style-type: none"> Provides characteristics and features of the classification and/or management of the athlete's injury May provide examples 	4–5
<ul style="list-style-type: none"> Sketches in general terms the classification and/or management of the injury 	2–3
<ul style="list-style-type: none"> Provides some relevant information about sports injuries 	1

Sample answer:

A hamstring strain suffered by a 400-metre runner as they sprint to the finish line would be classified as soft tissue and indirect. This is because the hamstring is a muscle and a strain is a common injury that occurs to muscles when they are torn. The injury has occurred as a result of the athlete working at maximum effort and the muscle fatiguing as they try to perform to their best at the end of the race. As a result an intrinsic force within the body puts pressure on the hamstring, and an indirect injury has resulted.

Soft tissue injuries such as a hamstring muscle strain are immediately managed by using the RICER method. This is a treatment regime that will ensure that a soft tissue injury is correctly managed, and reduces the impact that the inflammatory response may have on the injury if it is left untreated.

Rest is the first consideration in RICER, and refers to the immediate cessation of activity for the athlete. This will prevent further injury by minimising further movement and hence reducing bleeding in the area. In this case, the athlete would be initially treated on the track and placed in a comfortable position. Their leg would be elevated and supported while the trainer determines further action.

Ice is then administered to the injury site. The purpose of this is to reduce pain and swelling by cooling the area, and hence discouraging blood flow to the area. This will be carried out by placing a bag of crushed ice in a wet towel on the hamstring. This is administered for 20 minutes at a time on the injury. This treatment should be repeated every hour for the next 24–48 hours, to ensure that swelling is kept to a minimum.

Compression is another consideration to ensure that bleeding is reduced and therefore swelling is kept at a minimum. This can be achieved initially at the track by securing the ice to the injured hamstring with a clear plastic wrap wound around the ice. Additionally, an elastic bandage covering both above and below the injured hamstring will also alleviate swelling. This also can be administered over the next 24–48 hours to supplement the icing of the injury.

Elevation of the injury is a vital part of the process, and should be administered immediately when the athlete is rested once the injury has been sustained. This can be achieved by using a sports bag, or a pillow placed under the athlete's foot and hamstring to support and raise the leg. The purpose of elevation is to raise the injured hamstring above the level of the heart. This will assist in reducing the throbbing that may occur if swelling and blood flow to

the area are not minimised. This is again an action that the athlete can continue over several days to provide comfort and assist with an efficient recovery process.

Referral is the last phase of RICER, and is vital in the case of an indirect type tissue injury. As the injury has resulted from an intrinsic force within the body, an athlete will not be able to determine the extent or nature of the cause of the injury without seeking expert advice. Seeing a doctor or physiotherapist will assist the athlete in determining how badly the hamstring muscle is strained. Once the grade of the strain is established, the physio will then recommend the appropriate rehabilitation needed for the injury. In the case of grade one hamstring strain, this may involve further rest, while a more severe hamstring strain may need surgical repair.

Question 30 (b)

Criteria	Marks
<ul style="list-style-type: none"> • Demonstrates a clear understanding of policies and procedures that regulate an athlete’s return to play after sustaining an injury • Identifies ethical considerations that affect an athlete’s return to play • Makes a judgement on the effectiveness of policies and procedures to address ethical considerations • Supports with relevant examples 	11–12
<ul style="list-style-type: none"> • Demonstrates an understanding of policies and procedures that regulate an athlete’s return to play after suffering an injury • Identifies ethical considerations that affect an athlete’s return to play • Supports with relevant examples 	8–10
<ul style="list-style-type: none"> • Provides characteristics and features of policies and procedures and/or ethical considerations that regulate an athlete’s return to play after suffering an injury • Provides some relevant examples 	5–7
<ul style="list-style-type: none"> • Sketches in general terms policies and procedures and/or ethical considerations that regulate an athlete’s return to play after suffering an injury 	3–4
<ul style="list-style-type: none"> • Provides relevant information on returning to play from injury 	1–2

Sample answer:

The growing professionalism of sport and its huge popularity in our society has placed high expectations and pressure on our sport stars to return to play from injury, often before they have returned to full fitness and are match ready. This is also a pressure felt across amateur and junior sports.

Pressure on athletes is often derived from external sources such as the club administrators, media hype or desire of the sponsors and fans to see players back on the field. High profile players, who are crucial to the success of the team, will often feel obliged to return to play well before their injury is fully recovered. For example, a rugby league halfback who has suffered from a knee injury may be forced onto the sidelines for a number of weeks. If the team is in danger of being eliminated from the final series, the pressure on that player from the fans, media and sponsors will be intense. The athlete may return prematurely, risking further injury and ultimately leading to a longer period of time needed out of the game to recover. Policies such as an independent medical clearance are now in place in most professional sports to remove the pressure from the player and coach to decide when to return to play. The club coach and medical staff have a duty of care towards the player’s wellbeing and health. Hence, club officials must ensure player safety is paramount to all selection decisions regarding injured players returning to play.

Pressure can also be an internal motivation, whereby the players may fear losing their position in the team, or may feel they are going to let their teammates down if they are unable to participate. A cricket fast bowler may suffer from a bruised heel from the repetitive pounding of bowling excessive overs in a test match. If the team is to play a series of test matches in a short space of time they may feel that they are jeopardising their career opportunities and letting their teammates down if they cannot recover in time to resume their place in the team for the next match. Players in these circumstances will often consider the use of pain killing injections to manage the pain of the injury and allow the player to participate. The danger with this practice is exacerbating the injury and actually making it worse. Pain killing injections numb the injured site, and in this case the bruised heel may then lead to more serious damage in the form of stress fractures if not treated appropriately.

The team physio should monitor the player's progress using results from pre and post testing. By making comparisons of fitness results in regards to the indicators of readiness (ie level of strength of the ankle joint, range of movement, pain-free sprinting action), an independent assessment can be determined. These procedures ultimately remove the decision and pressure from the player, and prioritise the player making a full recovery from injury as the most significant factor.

In recent times, sports such as rugby league and union have introduced policies that address player safety in regards to head injuries. The nature of these sports is becoming more powerful as the size and strength of the players increases. Hence head injuries in the form of concussion are occurring more regularly. Policy changes by the game administrators now require the referee to stop play and remove the injured player using a free head injury interchange. A SCAT or COG test is conducted by a club doctor who assesses for signs of dizziness, memory loss or blackouts. These procedures are vital for the long-term health of the rugby player. Repeated head knocks can lead to irreversible brain damage. Clubs are now very conscious of long-term litigation concerns if they continue to play athletes who have repetitive concussion injuries. It is therefore evident that player welfare is now a major consideration in the decisions made by club administrators as to when to return a player to the field from any form of concussive head injury.

Question 31 (a)

Criteria	Marks
<ul style="list-style-type: none"> Makes evident the relationship of both safe and potentially harmful training procedures to TWO training types Provides accurate and relevant examples 	8
<ul style="list-style-type: none"> Provides characteristics and features of both safe and potentially harmful training procedures related to TWO training types Shows some link between the training procedures and their outcomes Provides example/s 	6–7
<ul style="list-style-type: none"> Provides characteristics and features of safe and potentially harmful training procedures related to training types May provide examples 	4–5
<ul style="list-style-type: none"> Sketches in general terms safe and/or harmful training procedures related to training types 	2–3
<ul style="list-style-type: none"> Identifies information on safe/harmful training practices OR training types 	1

Sample answer:

There are many safe and many potentially harmful training procedures related to the various training types. Strength training exposes athletes to a high risk of injury when executing training if certain procedures are not followed. Participants should be aware of all safety precautions and potential harm from procedures before they commence a training program as incorrect forms and/or procedures will result in injury.

It is essential that an athlete uses only safe and well-maintained equipment as damaged or poorly-maintained equipment can result in injury. Precede specific strength-training programs with a general program to ensure that all required muscles are adequately developed and resistant to injury. Warm up prior to all strength-training sessions to reduce the chance of muscle strains or tears. Athletes must also use weights, sets and reps that are indicative of a person at their stage or development. Using weight that is too heavy will result in injury with possible long recovery periods.

Use spotters to ensure that technique is maintained as this will reduce cheat reps and exposure to injury. With the use of a spotter, an athlete can ensure controlled execution of movement and avoid the jerky contracts that result in muscle injuries. Ensure exercises are equally balanced to avoid an imbalance in muscle hypertrophy, resulting in such conditions as kyphosis (rounded shoulders due to an imbalance of the chest and back muscles).

To avoid injuries an athlete must ensure that they progressively overload in small increments to ensure that the body has the required time to adapt. This will avoid injury in joints and muscles and prevent long periods of recovery. To effectively and safely participate in strength training, an athlete must ensure that they adequately cool down and allow appropriate rest days to allow muscle recovery and prevent injuries from fatigue.

Although the level of intensity is not high in aerobic training, the duration and repetitive nature of movement can lead to both acute and chronic injuries. The safe training procedures for aerobic training can include commencing a training program with realistic goals, and ensuring that you have been given medical clearance to participate in the desired program. In addition, athletes should be aware of the correct technique as inferior techniques can lead to overuse injuries and possible fractures or muscle soreness. Ensure that there is an appropriate warm up and cool down period to reduce muscle strains. The progressive overload principle should be applied to allow the body to make adaptations before increasing the load.

Avoid overtraining by allowing adequate rest periods after long duration exercises. It is also recommended that cross training is implemented to avoid excessive fatigue of a specific muscle group.

Question 31 (b)

Criteria	Marks
<ul style="list-style-type: none"> • Demonstrates a clear understanding of the use of performance-enhancing drugs by elite athletes • Makes detailed judgements about elite athletes' use of performance-enhancing drugs • Provides accurate and detailed supporting examples 	11–12
<ul style="list-style-type: none"> • Demonstrates an understanding of the use of performance-enhancing drugs by elite athletes • Makes judgments about elite athletes' use of performance-enhancing drugs • Provides relevant examples 	8–10
<ul style="list-style-type: none"> • Provides characteristics and features of issues surrounding elite athletes' use of performance-enhancing drugs • Provides examples 	5–7
<ul style="list-style-type: none"> • Sketches in general terms issues surrounding elite athletes' use of performance-enhancing drugs 	3–4
<ul style="list-style-type: none"> • Provides some relevant information related to the use of performance-enhancing drugs 	1–2

Sample answer:

Performance-enhancing drug use in sport carries serious health risks and can jeopardise an athlete's future in the sport. Some performance-enhancing drugs may result in serious health risks including liver tumours, cancer, hypertension, kidney disease, fluid retention, mental health and fertility issues. Some physiological dangers can also include memory disturbances, testicular atrophy, baldness and gynaecomastia all of which can have significant chronic effects. Medical treatment would be required for a long duration to treat and manage the variety of physical repercussions.

There can also be changes in the social and psychological behaviours of an athlete. Some performance-enhancing drugs result in mood swings, irritability, aggression, sexual arousal, confusion and guilt. In addition, there can be short-term effects including increased reaction time and a reduction in focus, coordination and concentration. These repercussions can have a significant negative impact on relationships with friends and families leading to relationship breakdowns, alienation and isolation.

As a result of using drugs, the livelihood of an athlete can be dramatically affected. Athletes found guilty can be banned from the sport, lose reputation and subsequently income and sponsorships/endorsements and cancellation of contracts. In addition to future loss of income some athletes who use performance-enhancing drugs can be required to pay back income and endorsements if found guilty. This can cause significant financial pressures (loss of home etc) and cause relationship stress.

Despite the risk, many athletes still look towards using performance-enhancing drugs in the pursuit of finding the edge over other athletes. The desire to win can sometimes make an athlete overlook the above-mentioned risks as the success that comes from winning can hold significant potential for life changes. There may be high levels of motivation for athletes from disadvantaged backgrounds.

Question 32 (a)

Criteria	Marks
<ul style="list-style-type: none"> Clearly relates both economic and cultural change to the improved health of a population, demonstrating cause and effect Provides accurate and relevant examples 	8
<ul style="list-style-type: none"> Relates both economic and cultural change to the health of a population, describing cause and effect Provides relevant examples 	6–7
<ul style="list-style-type: none"> Provides the characteristics and features of the relationship between economic and/or cultural change and health May provide examples 	4–5
<ul style="list-style-type: none"> Sketches in general terms economic and/or cultural change in health and/or a population experiencing health inequity 	2–3
<ul style="list-style-type: none"> Provides relevant information in relation to economic or cultural change and/or health 	1

Sample answer:

For many groups health inequity is the product of more general socioeconomic disadvantage and a culture of limited expectations. Strategies that address the health concern without dealing with the fundamental causes will not provide a long-term benefit.

Homelessness is an increasing issue involving people from a wide range of ages both male and female. Homelessness puts at risk the most basic of human needs: food, clothing, shelter and hygienic facilities, making people vulnerable to ill health. Extremes of hot weather and winter cold are times when they are most at risk.

Other issues relate to poor self-esteem and associated mental health issues and extreme disadvantage in presenting for employment or training.

As a society we need to provide a genuine set of services that aim to break the cycle of homelessness and provides the support they need to move towards financial independence and an opportunity to integrate as an equal member of the community.

As the population grows there is a need for services that provide basic needs and maintain dignity. Housing and hostels need to be established that can provide a safe and stable environment. Ideally these centres will have integrated services that support homeless people in being able to prepare for work to provide for a better future. Other integrated services needed include mental health services and drug and alcohol counselling.

Importantly people need to have the stability of knowing that accommodation and support will be there as long as it is needed.

Community initiatives such as mobile showers, laundries and hair cutting services provide an important support role and need to be rolled out more widely.

The establishment of a network of employers with a culture of inclusion, who are prepared to provide work opportunities, is crucial. Also financial services such as banks that are willing to provide fee-free services to help sound management of money as the disadvantaged work to get themselves back on their feet.

Organisations such as Interact are now actively involved in highlighting the issues of homelessness. By involvement in charity fundraisers such as the annual winter Sleepout, Interact is raising awareness of the difficulties faced by the homeless and the support

services available. These initiatives can build on government agencies to address the welfare and mental health issues that ultimately lead to a person becoming homeless.

Without economic and cultural change the prospect for the homeless to live in the conditions that support better health are limited.

Answers could include:

ATSI, homeless, people living with HIV/AIDS, incarcerated, aged, culturally and linguistically diverse backgrounds, unemployed, geographically remote locations, people with disabilities.

Question 32 (b)

Criteria	Marks
<ul style="list-style-type: none"> • Draws out and relates the implications of multiple risk factors that may be experienced by populations affected by health inequities • Makes evident the link between multiple risk factors and the management of health inequities • Provides accurate and relevant examples 	11–12
<ul style="list-style-type: none"> • Provides the characteristics and features of risk factors that may be experienced by populations affected by health inequities • Provides the characteristics and features of the link between multiple risk factors and the management of health inequities • Provides relevant examples 	8–10
<ul style="list-style-type: none"> • Makes clear how more than one risk factor may contribute to health inequities • Makes clear how management approaches may recognise multiple risk factors • May use examples 	5–7
<ul style="list-style-type: none"> • Sketches in general terms the relationship between risk factors and health inequities <p>OR</p> <ul style="list-style-type: none"> • Sketches in general terms the implications of risk factors for the management of health inequities 	3–4
<ul style="list-style-type: none"> • Provides relevant information about risk factors or health status or management of health inequities 	1–2

Sample answer:

Health risk factors seldom occur in isolation. There is a strong correlation between factors such as low socioeconomic status, isolation, access to services, education standards, access to transport and inequity of health outcomes. When these conditions exist in combination individuals are over-represented in all indicators of ill health.

The key implication for any management strategy is to adopt a multifaceted approach to drive change. Simplistic approaches tend to be ineffective as they do not take into consideration the variety of challenges facing the groups at risk.

Attempts to increase the physical activity of a group through making aquarobic classes available may be ineffective if the cost is prohibitive, if transport is not readily available, if the individuals are non-swimmers and lack confidence in the water. A program design and promotion needs to think through the issues that people with multiple risk factors are faced with and provide the support they need to participate.

Programs to improve the educational standards of young people may need to consider the daily living standards of the young people and address these. If children arrive at school without breakfast their capacity to concentrate is reduced. An improved education program may not realise its potential unless fundamental needs of food and health care are being met.

Making health information leaflets available to populations may have limited impact if literacy levels do not allow them to be read and understood. Cultural groups may be literate in other languages only and require translation into their native language.

2018 HSC

Personal Development, Health and Physical Education

Mapping Grid

Section I Part A

Question	Marks	Content	Syllabus outcomes
1	1	Nutritional considerations	H11
2	1	Growing and ageing population	H1, H2
3	1	Motivation	H11
4	1	Range of healthcare facilities	H14
5	1	Types of training / training methods	H8, H10
6	1	Health Promotion – Ottawa charter	H4
7	1	Measures of health status	H2
8	1	Assessment of skill and performance	H9
9	1	The learning environment / practice methods	H10
10	1	Health insurance	H5, H14
11	1	The learning environment	H9
12	1	Chronic disease – nature of problem	H1
13	1	Complementary and alternative health care	H16
14	1	Physiological adaptation in response to training	H7
15	1	Measures of health status	H2
16	1	Anxiety and arousal / psychological strategies	H11
17	1	Chronic disease – extent of problem / trends	H2
18	1	Energy systems	H7
19	1	Health expenditure	H15
20	1	The learning environment	H17

Section I Part B

Question	Marks	Content	Syllabus outcomes
21	3	Ottawa Charter	H1, H4, H14
22	4	Determinants of health	H1, H3
23	5	Emerging treatments and technologies	H15
24	8	Inequities experienced by ATSI populations	H1, H2, H5
25	5	Arousal and performance	H11
26	7	Appraising skilled performance	H7, H9
27	8	Physiological and neural strategies in recovery	H7, H17

Section II

Question	Marks	Content	Syllabus outcomes
28 (a)	8	Nature of young people's lives	H2
28 (b)	12	The major health issues that affect young people	H6
29 (a)	8	Challenges to the male domain	H12
29 (b)	12	Australian sporting identity	H12, H16
30 (a)	8	How are sports injuries classified and managed	H13
30 (b)	12	Return to play	H13, H17
31 (a)	8	How do athletes train for improved performance	H8, H10, H17
31 (b)	12	Use of drugs	H8, H17
32 (a)	8	A social justice framework for addressing health inequities	H3, H15
32 (b)	12	Factors that create health inequities	H2, H3, H5, H14