SHORE

Exam Number: ☐ ☐ ☐

Year 12

Personal Development, Health and Physical Education

HSC Trial Examination

2017

General instructions

- Reading time – 5 minutes
- Working time – 3 hours
- Write using black or blue pen
- Write your exam number at the top of this page

Total marks – 100

Section 1 Pages 1 - 14

60 marks

This section has two parts, Part A and Part B

Part A – 20 marks

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

Part B – 40 marks

- Attempt Questions 21 – 27
- Allow about 1 hour and 10 minutes for this part

Section 2 Pages 15 - 16

40 marks

- Attempt TWO questions from Questions 28 - 32
- Allow about one hour and 10 minutes for this section

Note: Any time you have remaining should be spent revising your answers.

DO NOT REMOVE THIS PAPER FROM THE EXAMINATION ROOM

Section I

Part A – 20 marks
Attempt Questions 1 – 20
Allow about 40 minutes for this section

Use the multiple-choice answer sheet for Questions 1 – 20

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1. Which of the following athletes is carbohydrate loading most beneficial for?
    A. Triathlete
    B. Sprint Cyclist
    C. Weight Lifter
    D. 50m Freestyle Swimmer

2. What has contributed to the decline in infant mortality rates over the past few decades?
    A. Decreased quality of maternal and neonatal care
    B. Decreased number of deaths in the first year of birth.
    C. Improved sanitation, medical diagnosis and health education
    D. Improved treatment, lack of support services and improved public sanitation

3. Which of the following can be described as intrinsic and positive motivation?
    A. Praise from a coach and winning a gold medal
    B. Winning a gold medal and achieving set personal goals
    C. Achieving set personal goals and praise from a coach
    D. Finishing a race despite being last in the field, receiving a trophy

4. Which of the following services does Medicare cover?
    A. Remedial massage for a sports injury.
    B. Emergency transport in an ambulance.
    C. Dental filling during an annual check-up.
    D. Emergency X-Ray on a suspected broken bone

5. Which of the following skills would require low levels of arousal for optimal performance?

    A. Putting in golf, dart throwing and archery
    B. Tackling in AFL, a UFC fight, dart throwing
    C. Archery, penalty kick in football, a UFC fight
    D. Putting in golf, penalty kick in football and tackling in AFL

6. Which of the following best defines health status?

    A. The study of disease in groups or populations in Australia
    B. The pattern of health of a population over a period of time
    C. The process of data and information collection to identify causes of diseases
    D. The health issues that are of greatest concern to government and support organisations.

7. *A tennis player has a 60% success rate with their first serve in the first set of a match.*

    Which stage of skill acquisition are they performing at?

    A. Cognitive
    B. Applicative
    C. Associative
    D. Autonomous

8. Which of the following forms of stretching is best completed in the warm down phase of an event?

    A. PNF
    B. Static
    C. Ballistic
    D. Dynamic

9. What is the type of Cardiovascular Disease, which affects the blood vessels in the limbs known as?

    A. Angina

    B. Cerebrovascular disease

    C. Coronary heart disease

    D. Peripheral vascular disease

10. Which of the following identifies the characteristics of the learner?

    A. Heredity, Ability, Personality, Coaching

    B. Prior Experience, Ability, Training Aids, Heredity

    C. Confidence, Personality, Ability, Prior Experience

    D. Personality, Surgery, Confidence, Prior Experience

11. What factor limits the impact of new and emerging treatments and technologies on health care provision?

    A. They are often less invasive.

    B. They often result in faster recovery.

    C. They often result in earlier detection.

    D. They are often covered by private health insurance.

12. What type of skill would best describe the taking of a kick during a penalty shootout for the A-League Grand Final?

    A. Open, Gross, Serial, Self-Paced

    B. Gross, Self-Paced, Discrete, Open

    C. Fine, Discrete, Open, Externally Paced

    D. Externally-Paced, Gross, Closed, Continuous

13. Which of the following is an example of a State Government health responsibility?

    A. Kids help line

    B. Waste disposal services.

    C. Immunisation programs in schools

    D. Pharmaceuticals reduction in cost on the PBS list.

14. *A netball coach wants to determine the most valid and reliable method for selecting the shooters (GA and GS) for the starting team from a group of 4 players in the squad.*

    Which would be the most effective method?

    A. Giving 10 shots on goal without a defender for each player

    B. Giving 10 shots on goal with a defender present for each player

    C. Getting each player to complete the Illinois Agility Run, the Beep Test and Ruler Drop Reaction Test

    D. Giving 5 shots to 2 of the players with a defender present and 10 shots to the other 2 players without a defender

15. Which of the following would be an example of the Ottawa Charter action area of Developing Personal Skills?

    A. A fun-run being conducted by a local community group to promote physical activity

    B. A child care centre using the SunSmart app to evaluate if UV conditions are safe for outside play during summer

    C. A workplace using the Federal Government's Healthy Workers Initiative website to create a health workplace for their employee's

    D. A parent comparing products to purchase for healthy snacks in the supermarket using the Health Star Ratings on the packaging

16. *A sprinter is performing intervals at 90% of their maximal heart rate as part of a training session.*

    Which principles of training are they incorporating?

    A. Variety, training thresholds
    B. Progressive overload, variety
    C. Training thresholds, specificity
    D. Specificity, progressive overload

17. Which of the following strategies represents a benefit of partnerships for health promotion to reduce ill health in society?

    A. Ensuring patient rights
    B. Collaborative approach
    C. Advocating for diversity
    D. Creating a supporting environment

18. *Health expenditure in Australia continues to increase. Two thirds of the expenditure is directed towards curative services, with one third towards preventative measures. There are many benefits for increasing preventative measures expenditure.*

    Which of the following would best represent reasons for increasing preventative measures expenditure?

    A. Cost effective, social justice, improvement of quality of life
    B. Cost effective, social justice, creation of additional employment in health industry
    C. Reinforcement of individual responsibility, social justice, growing and ageing population
    D. Growing and ageing population, improved quality of life, creation of additional employment in health industry

Question 19 Relates to the table below

	Changes to Heart	Changes to lungs
W	• Resting heart rate decreases • Stroke volume and Cardiac output increase	• Lung capacity remains unchanged • Oxygen uptake increases
X	• Resting heart rate increases • Stroke volume and Cardiac output increase	• Lung capacity increases • Oxygen uptake increases
Y	• Resting heart rate decreases • Stroke volume and Cardiac output decrease	• Lung capacity decreases • Oxygen uptake decreases
Z	• Resting heart rate increases • Stroke volume and Cardiac output decrease	• Lung capacity remains unchanged • Oxygen uptake decreases

19. Which letter represents changes that would be observed for an athlete who has undertaken an aerobic training program?

    A. W

    B. X

    C. Y

    D. Z

20. *AIME – the Australian Indigenous Mentoring Experience involves University students mentoring Indigenous high school students to support Indigenous students through high school and into university, employment or further education at the same rate as all Australian students. AIME gives Indigenous students the skills, opportunities, belief and confidence to grow and succeed.*

    Which Ottawa Charter principles does this program best represent?

    A. Developing Personal Skills and Re-orientating Health Services

    B. Building Healthy Public Policy and Re-orientating Health Services

    C. Developing Personal Skills and Creating Supportive Environments

    D. Strengthening Community Action and Building Healthy Public Policy

Section I continues over the page

Part B – 40 marks Attempt Questions 21 – 27

Allow about 1 hour and 10 minutes for this part

Answer the questions in the spaces provided.
These spaces provide guidance for the expected length of response.

Extra writing space is provided on page 14. If you use this space, clearly indicate which question you are answering.

Marks

Question 21 **3**

What are the benefits of private health insurance for Australian Citizens?

Question 22 **4**

Describe the difference between morbidity and mortality. Use examples to support your answer.

Question 23 **5**

How does Building Healthy Public Policy improve the health of communities?

Question 24 **8**

To what extent is cancer a justifiable selection as a priority health issue in Australia?

Question 25 (a) **2**

Identify the cause of fatigue and the efficiency of ATP production for the alactacid (ATP/PC) energy system.

Question 25 (b) **5**

How can anaerobic training and strength training affect performance in high intensity and short duration events?

Question 26 **5**

There are many ways to assess high levels of skill and quality performances**.**

Explain *TWO* characteristics of a skilled performer that will contribute to a quality performance.

Question 27 **8**

To what extent do recovery strategies benefit performance?

Section I Part B extra writing space

If you use this space, clearly indicate which question you are answering.

End of Section I

Section II

40 marks

Attempt TWO questions from Questions 28 – 32
Allow about 1 hour and 10 minutes for this section

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

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In your answer will be assessed on how well you:

- demonstrate knowledge and understanding of health and physical activity concepts relevant to the question
- apply the skills of critical thinking and analysis
- communicate ideas and information using relevant examples
- present a logical and cohesive response

Marks

Question 28 – The Health of Young People (20 marks)

a) Explain how the influence of family / peers and technology make young people's lives similar and different to the young people of previous generations. **8**

b) To what extent do the priorities and values of young people relate to their health? **12**

Question 29 – Sport and Physical Activity in Australian Society (20 marks)

a) Explain the consequences for both the spectator and the participants of sport now that sport is a commodity and big business **8**

b) To what extent has the media pushed extreme sports to take excessive risks? **12**

Please turn over

In your answer will be assessed on how well you:

- demonstrate knowledge and understanding of health and physical activity concepts relevant to the question
- apply the skills of critical thinking and analysis
- communicate ideas and information using relevant examples
- present a logical and cohesive response

Question 30 – Sports Medicine (20 marks)

a) Explain the assessment procedures to determine the nature and extent of injuries. **8**

b) To what extent does rehabilitation procedures manage injury recovery? **12**

Question 31 – Improving Performance (20 marks)

a) (i) Outline the initial planning considerations for individual athletes looking to improve their performance. **3**

(ii) Describe the elements required when planning a training year (periodisation). **5**

b) Explain *TWO* types of training essential for improving performance in a specific sport. **12**

Question 32 – Equity and Health (20 marks)

a) Explain the impact of the health determinants on the inequities experienced by TWO population groups in Australia. **8**

b) To what extent does the application of the characteristics of health promotion strategies increase the potential for success? **12**

End of Paper

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HSC TRIAL EXAMINATION 2017

Personal Development, Health and Physical Education - Mapping Grid

Question	Mark	Content	Outcome	Band
1	1	Nutritional considerations	H11	2-3
2	1	Measuring health status	H2	2-3
3	1	Motivation	H11	2-3
4	1	Health care in Australia	H5	3-5
5	1	Anxiety and arousal	H11	3-5
6	1	Measuring health status	H1	3-5
7	1	Stages of skill acquisition	H9	3-5
8	1	Types of training and training methods	H8	3-5
9	1	High levels of preventable chronic disease	H1	3-5
10	1	Characteristics of the learner	H9	3-5
11	1	Health care in Australia	H5	3-5
12	1	The learning environment	H9	3-5
13	1	Health care in Australia	H5	3-5
14	1	Assessment of skill and performance	H9	3-5
15	1	Health promotion based on the Ottawa Charter	H4	3-5
16	1	Principles of training	H8, H10	3-5
17	1	Health promotion based on the Ottawa Charter	H5, H14	3-5
18	1	Health Care in Australia	H1, H14	5-6
19	1	Physiological adaptations in response to training	H7, H16	5-6
20	1	Health promotion based on the Ottawa Charter	H4, H15	5-6
21	3	Health Insurance	H5	2-3
22	4	Measures of epidemiology	H2	3-5
23	5	Health promotion based on the Ottawa Charter	H4	3-5
24	8	Identifying priority health issues	H1	5-6
25 (a)	2	Energy Systems	H7	2-3
25 (b)	5	Types of training	H8, H10	3-5
26	5	Characteristic of skilled performers	H9, H17	3-5

27	8	Recovery Strategies	H7, H8, H17	5-6
28a	8	The nature of young people's lives	H6, H15	3-5
28b	12	Developmental aspects that affect the health of young people	H2, H5, H16	5-6
29a	8	Sport as a commodity	H12, H16	3-5
29b	12	Deconstructing media messages, images and amount of coverage	H12, H16	5-6
30a	8	Assessment of injuries	H13, H16	3-5
30b	12	Rehabilitation procedures	H8, H17	5-6
31a (i)	3	Initial planning considerations	H8, H10	3-5
31a (ii)	5	Planning a training year (periodisation)	H8, H10, H16, H17	3-5
31b	12	How athletes train for improved performance	H8, H10, H16	3-5
32a	8	Populations experiencing health inequities	H1, H3, H16	3-5
32b	12	Characteristics of effective health promotion strategies	H5, H14, H15	5-6

HSC TRIAL EXAMINATION 2017
SUGGESTED ANSWERS AND MARKING CRITERIA

Section 1 – Part A

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

Core 1 – Health Priorities in Australia

Question 21

What are the benefits of private health insurance for Australian Citizens?

Criteria	Marks
• Provides characteristics and features of the benefits of private health insurance • Supports response with examples	3
• Sketches in general terms some benefits of private health insurance	2
• Provides some relevant information about private health insurance	1

Students learn about	Students learn to
• health care in Australia – range and types of health facilities and services – responsibility for health facilities and services – equity of access to health facilities and services – health care expenditure versus expenditure on early intervention and prevention – impact of emerging new treatments and technologies on health care, eg cost and access, benefits of early detection – health insurance: Medicare and private	• evaluate health care in Australia by investigating issues of access and adequacy in relation to social justice principles. Questions to explore include: – how equitable is the access and support for all sections of the community? – how much responsibility should the community assume for individual health problems? • describe the advantages and disadvantages of Medicare and private health insurance, eg costs, choice, ancillary benefits

Sample Response: *Private health insurance is available to Australians in addition to Medicare. Benefits of such cover include avoiding waiting lists in public hospitals, which means patients can schedule their hospital visits in advance to suit their needs. They can also choose their doctor/specialist and may also opt to stay in a private room. Extras or ancillary cover provides cover for other health services not covered by Medicare, such as physiotherapy, dental, massage, acupuncture and many more. The benefit of such coverage is that patients can choose an insurance provider based on the range of benefits available to suit their specific needs.*

Markers comments (DS):

This question was generally answered well. A range of benefits as examples needed for a 3/3.

Question 22

Describe the difference between morbidity and mortality. Use examples to support your answer

Criteria	Marks
• Provides characteristics and features of morbidity AND mortality • Makes clear the difference between the two measures of epidemiology • Supports response with examples	4
• Sketches in general terms information related to morbidity AND/ OR mortality	2-3
• Provides some relevant information about morbidity OR mortality	1

Students learn about	Students learn to
• measuring health status – role of epidemiology – measures of epidemiology (mortality, infant mortality, morbidity, life expectancy)	• critique the use of epidemiology to describe health status by considering questions such as: – what can epidemiology tell us? – who uses these measures? – do they measure everything about health status?

Sample Response:

Morbidity and mortality are two separate measures of epidemiology. Morbidity refers to trends in illness, disease or injury that do not result in death for specific population groups. It is measured using prevalence and incidence data. Prevalence is the total number of cases of a given disease in a given population at a specific point in time. For example, in 2014, 40% of Indigenous Australian adults had obesity. Incidence is the number of new cases, such as 130,000 new cases of cancer being diagnosed in 2016.

Mortality differs from morbidity in that it is concerned with death rate rather than disease. That is, the number of people who die from a certain condition, not the amount of people living with a certain condition. The mortality rate is the number of deaths from a specific cause or in within a specific population over a period of time (usually one year). For example, in 2016, almost 47000 people died from cancer at a rate of 128 deaths per day.

Markers comments (DS):

Overall, this question was done well. To get a top band mark students needed to know the difference between the two measures and have examples that were data specific (epidemiology). Most students knew the difference between mortality/morbidity but lacked in examples or used poor/generalised examples.

Question 23

How does Building Healthy Public Policy improve the health of communities?

Criteria	Marks
• Makes evident the relationship between Building Healthy Public Policy and how it improves health of communities • Provides a examples to clearly demonstrate this relationship	5
• Provides characteristics and features of how Building Healthy Public Policy improves health of communities	3-4
• Sketches in general terms how Building Healthy Public Policy improves the health of communities	2
• Provides some relevant information about Building Healthy Public Policy OR improving the health of communities	1

Students learn about	Students learn to
• health promotion based on the five action areas of the Ottawa Charter – levels of responsibility for health promotion – the benefits of partnerships in health promotion, eg government sector, non-government agencies and the local community – how health promotion based on the Ottawa Charter promotes social justice – the Ottawa Charter in action	• argue the benefits of health promotion based on: – individuals, communities and governments working in partnership – the five action areas of the Ottawa Charter • investigate the principles of social justice and the responsibilities of individuals, communities and governments under the action areas of the Ottawa Charter • critically analyse the importance of the five action areas of the Ottawa Charter through a study of TWO health promotion initiatives related to Australia's health priorities

Sample Response:

Building Healthy Public Policy relates to the decisions made at all levels of government and by organisations that work towards improving health. It combines the development of legislation, fiscal measures, taxation and organisational change. Such a coordinated effort can lead to health, income and social policies that improve equity within communities. Essentially, it can encapsulate all other aspects of health promotion as defined by the Ottawa Charter. It can ensure the delivery of safer and/or healthier goods and services, such as plain packaged cigarettes with health warnings to reduce the likelihood of people smoking, or funding Quitline services that provide easy, accessible and affordable options for people to quit their habit and reduce the burden on Australia's health care system. It can also include the creation of healthy, more enjoyable environments and public spaces, by placing a ban on smoking in places like restaurants, public parks and public transport, which reduces the options for smokers to light up and reduces the chances of the majority of the non-smoking public being exposed to passive cigarette smoke.

Markers comments (DS):

This was a mixed response. Many students confused health promotion such as Close the Gap with it being an example of Building Healthy Public Policy or use of Pharmaceutical Benefits Scheme as an example of Building Healthy Public Policy which is more about equity (social justice). A range of specific examples of law/legislation/taxation was needed with evidence of how these have improved the health of communities, while some students focused on individuals only.

Question 24

To what extent is cancer a justifiable selection as a priority health issue in Australia?

Criteria	Marks
• Makes judgements about cancer being a justifiable selection as a priority health issue • Clearly shows how cancer satisfies the criteria for being selected as a priority health issue • Provides examples to support the judgement made	8
• Shows how cancer satisfies the criteria for being selected as a priority health issue • Provides examples that support cancer being selected as a priority health issue	6-7
• Provides characteristics and features of how cancer was selected as a priority health issue • Provides some examples	4-5
• Sketches in general terms about identifying priority health issues OR • Sketches in general terms about cancer	2-3
• Provides some relevant information about cancer OR identifying priority health issues	1

Students learn about	Students learn to
• identifying priority health issues – social justice principles – priority population groups – prevalence of condition – potential for prevention and early intervention – costs to the individual and community	• argue the case for why decisions are made about health priorities by considering questions such as: – how do we identify priority issues for Australia's health? – what role do the principles of social justice play? – why is it important to prioritise?
• high levels of preventable chronic disease, injury and mental health problems – cardiovascular disease (CVD) – cancer (skin, breast, lung) – diabetes – respiratory disease	• research and analyse CVD, cancer and ONE other condition listed by investigating: – the nature of the problem – extent of the problem (trends) – risk factors and protective factors

– injury – mental health problems and illnesses	– the sociocultural, socioeconomic and environmental determinants – groups at risk

Sample Response:

Cancer is a chronic disease that is existent in high levels within our society and as such, health authorities need to consider a range of factors to determine the extent of the burden cancer poses and its potential to be reduced. These factors include social justice principles, priority population groups, prevalence of the condition, potential for prevention and early intervention and cost to the individual and community.

Cancer is responsible for approximately 20% of the total burden disease in Australia, making it the most burdensome group of the diseases. It is estimated that 1 in 2 Australians will be diagnosed with some form of cancer by age 85. Furthermore, lung cancer is the fourth biggest killer of Australians annually and cancer types make up half of the top 10 causes of premature death in 2011-2013. In fact, the prevalence of the condition has almost tripled in the 30 years in 2016.

Due to the cancer being the most burdensome condition in the country, it clearly creates a large cost to the individual and the community. Cancer cost almost $5 billion annually in direct health system costs to treat those affected. The rate of out-of-pocket expenses to individuals has also increased as many aspects of cancer treatment are not covered by Medicare or Private Health Insurance. Beyond the financial cost is the indirect costs to the community. If 50% of the population is projected to be directly affected in their lifetime, this leads to countless days in lost employment for patients and their relatives who care for and support them.

Whilst cancer presents a sizable issue overall for Australia's health, it also impacts on certain population groups within society to a far greater extent. Indigenous Australians are more likely than non-Indigenous Australians to experience all forms of cancer, which is truly alarming for Australia's first peoples. People from Low Socio-economic communities are more than 1.5 times more likely to develop cancer than those in the highest SES groups. Additionally, cancer impacts those in rural and remote areas more, whilst men and women experience higher rates of specific cancers (lung and breast respectively).

Despite the burden cancer poses, one of the most positive aspects of it being identified as a priority health issue is that it is largely preventable and can be detected early. Lifestyle factors such as smoking and exposure to the sun's rays are the two biggest contributors to Australia's most prolific cancers (lung and skin cancer respectively). Furthermore, Australia has some of the most advanced screening procedures in the world to help detect skin and breast cancers and allow them to be removed before they spread to chronic concerns. Cancer incidence is on the rise, but is due largely to the fact that improved measures exist to detect and reduce it.

Finally, the aforementioned factors can all be closely linked to social justice principles. Social justice refers to the notion of eliminating inequity in health, promoting inclusiveness of diversity and establishing supportive environments for all Australians. As discussed, the existence of priority population groups highlights that inequities exist within our diverse community. By considering such principles, any efforts to tackle cancer can ensure that supportive environments are created to address what is justifiably a priority health issue for all Australians.

Markers comments (DS):

Not answered well. Many students used incorrect syllabus content to answer the question (talking about nature, risk factors, extent, determinants) rather than the five (5) indicators for a condition to become a priority health issue. Those that did use correct syllabus content did not address the directive term "to what extent" and make strong judgements.

Core 2: Factors Affecting Performance

Question 25 (a)
Identify the cause of fatigue and the efficiency of ATP production for the alactacid (ATP/PC) energy system.

Criteria	Marks
• Recognises and names the cause of fatigue and efficiency of ATP production for alactacid energy system	2
• Recognises and names the cause of fatigue OR efficiency of ATP production for alactacid energy system	1

Students learn about	Students learn to
• energy systems – alactacid system (ATP/PC) – lactic acid system – aerobic system	• analyse each energy system by exploring: – source of fuel – efficiency of ATP production – duration that the system can operate – cause of fatigue – by-products of energy production – process and rate of recovery

Sample response:

The cause of fatigue for the alactacid energy system is the limited stores of ATP and creatine phosphate. Also, there is a very a rapid and quick ATP production but only for a very limited time for the alactacid energy system.

Markers comments (DS):

Most students could recognise and name the cause of fatigue for the alactacid energy system. Some struggled with the concept of efficiency. To get 2/2 students needed a good understanding of both concepts.

Question 25 (b)

How can anaerobic training and strength training affect performance in high intensity and short duration events?

Criteria	Marks
• Makes evident how anaerobic and strength training affects performance in high intensity and short duration events • Communicates ideas and information using relevant examples • Presents a logical and cohesive response	**5**
• Provides characteristics and features of how anaerobic and strength training affects performance in high intensity and short duration events • Communicates ideas and information using relevant examples	**4**
• Sketches in general terms how anaerobic and/or strength training affects performance • Provides some relevant examples	**3 – 2**
• Provides some relevant information about anaerobic and/or strength training	**1**

Students learn about	Students learn to
• types of training and training methods – aerobic, eg continuous, Fartlek, aerobic interval, circuit – anaerobic, eg anaerobic interval – flexibility, eg static, ballistic, PNF, dynamic – strength training, eg free/fixed weights, elastic, hydraulic	• assess the relevance of the types of training and training methods for a variety of sports by asking questions such as: – which types of training are best suited to different sports? – which training method(s) would be most appropriate? Why? – how would this training affect performance?

Sample Response:

Anaerobic training is designed to improve anaerobic conditioning targeting the ATP/PC and lactic acid energy systems. It is particularly useful in enhancing performance in sports that require speed and power thus sports that are high intensity and short duration, for example sprinters in Track and Field and cycling. An example of a method of training that is anaerobic is anaerobic interval training where the effort/intensity is at 95-100 % with a full recovery between reps. A track sprinter (100m) will use reps varying distance between 20-60m with 2-6 minutes' recovery. The emphasis being on quality not quantity.

Strength is maximal force generated in a singular muscular contraction. Sports that are high intensity and short duration need to develop power or speed strength through appropriate strength training sessions. Examples include the jump events in track and field and the throws. Power can be improved through weight training (3-5 sets, fast lift speed, 2-5 min rest between sets with 20-50% of 1RM as intensity) Other specific training types include plyometric and medicine ball training.

Anaerobic training and strength training when using correct training methods and protocols can have a significant impact on sports of high intensity and short duration improve performance.

Markers comments (DS):

Most responses were generalised and outlined some relevant information. Many failed to use training protocols for anaerobic interval training or use sports specific examples. Many also failed to identify power as strength type in short duration/high intensity events and use training protocols for this and sports specific examples, or other training types apart from weights.

Question 26

There are many ways to assess high levels of skill and quality performances**.**

Explain *TWO* characteristics of a skilled performer that will contribute to a quality performance.

Criteria	Marks
• Makes evident the relationship between each characteristic and how these contribute to a quality performance. • Communicates ideas and information using relevant sporting examples • Presents a logical and cohesive response	5
• Provides characteristics and features of TWO characteristics of a skilled performer. • Communicates ideas and information using some sporting examples	3 - 4
• Sketches in general terms two characteristics of a skilled performer.	2
• Provides some relevant information on characteristics of a performer	1

Students learn about	Students learn to
• assessment of skill and performance – characteristics of skilled performers, eg kinaesthetic sense, anticipation, consistency, technique – objective and subjective performance measures – validity and reliability of tests – personal versus prescribed judging criteria	• develop and evaluate objective and subjective performance measures to appraise performance

Sample Response:

Characteristics of a Skilled Performer (response should contain TWO of the following):

- ***Kinaesthetic sense*** *- allows the athlete to 'feel' the movement as they perform it. Highly skilled players are especially alert to movement error and are even able to make corrections and modifications while executing the movement. EG – an aerial skier who makes adjustments in the air after a faster rotation so they land their skill without incident.*
- ***Anticipation*** *- Skilled performers are better able to predict what may happen in specific situations during their performance. They can then give more attention to out-manoeuvring an opponent. This is especially important in externally paced activities or where fast movement and decision making are necessary. It leads to better timing of responses and the ability to predict play. EG – A player from NSW intercepting a QLD pass in the State of Origin, resulting in a long break and better field position for the next play for his team.*
- ***Consistency*** *– A skilled performer is able to perform the desired movement repeatedly throughout a performance and in a number of performances aiding in successful performances. They rarely make errors in*

their performance and are reliable in execution of skills. EG – Swimmer Emma McKeon was the most successful swimmer at the Rio Olympic with numerous finals, medals and personal best times.

- ***Technique** – A skilled performer has refined the technique of the skills required in their sport and execute this on a regular basis (consistency).This results in fewer injuries to the player, fewer errors in the performance, allows for concentration on other skill aspects and makes the performance appear effortless. It is essential for a quality performance. EG – Roger Federer has been labelled the greatest male tennis player of all time. His game play is effortless, and technique flawless, resulting in numerous championships and years at the top of the world tennis rankings.*

Markers comments (DS):

Most students answered this well. Top band needed a good explanation of the characteristics and links to quality performance with a range of specific examples. Some students confused characteristics of the learner with those of a skilled performer.

Question 27
To what extent does recovery strategies benefit performance?

Criteria	Marks
• Makes clear judgments on how recovery strategies benefit performance • Makes the relationship evident between the recovery strategies and improved performance • Provides relevant examples	**8**
• Provides reasons showing how recovery strategies can benefit performance • Provides relevant examples	**6 - 7**
• Provides characteristics and features of the recovery strategies • Provides some relevant examples	**4 - 5**
• Sketches in general terms the recovery strategies	**2 - 3**
• Some relevant information about recovery strategies	**1**

Students learn about	Students learn to
• recovery strategies – physiological strategies, eg cool down, hydration – neural strategies, eg hydrotherapy, massage – tissue damage strategies, eg cryotherapy – psychological strategies, eg relaxation.	• Research recovery strategies to discern their main features and proposed benefits to performance.

Sample Response:
Recovery strategies, including physiological, neural, tissue damage and psychological strategies benefit athletic performance to a significant extent. Recovery strategies aim to ensure the athlete can resume normal training and competition which is a huge benefit to performance.

Physiological strategies focus on two elements, the removal of metabolic by-products (cool down) and a nutritional plan to replace lost fluids (hydration) and energy rich-nutrients. An effective cool down including gradually slowing movement such as jogging - walking and stretching, returns the body to pre-exercise temperature while

removing waste products including lactic acid which contributes to muscle stiffness and soreness. By utilising the cool down as a physiological recovery strategy the athlete reduces the risk of Delayed Onset Muscle Soreness (DOMS) and swelling in muscles and joints from occurring. Hydration is a crucial recovery strategy to overcome dehydration caused by physical activity especially endurance events. Dehydration leads to decreased performance due to the physiological effects including increased core body temperature and pulse rate. Elite level athletes weigh themselves before and after exercise determining the amount of fluid lost and then hydrating (drinking 600mL for every half kilogram lost) to ensure they recovery fully and can participate properly when next required.

Neural strategies including hydrotherapy and massage aim to relax muscles that have been fatigued or damaged as a result of high intensity exercise. Hydrotherapy (steam rooms, spas with jets, heated swimming pools) uses water to relax, soothe pain and assist metabolic recovery including removal of wastes which can cause stiffness and soreness. The water provides support for movements eliminating jarring and straining and allowing the athlete to recovery more effectively by realigning and stretching tired muscles. A footballer uses contrast water therapy (alternating between hot and cold water immersion) moving between pools or showers to enhance the blood flow which more rapidly disperses wastes, reduces muscle soreness and promotes faster recovery. This obviously benefits future performance by allowing the athlete to be ready and able to perform at the best in training on Tuesday for improved fitness and skills to be developed. Massage (eg compression or Swedish massage) works along the same lines as hydrotherapy in relieving swelling, reducing muscle tension, removing toxins and wastes and promoting flexibility. Massage has been shown to shorten recovery time between training workouts and events which is going to benefit the athlete by allowing them to train and compete more frequently and effectively improving performance.

Tissue damage strategies such as cryotherapy (the use of cooling eg ice baths) helps slow down the inflammatory response and prevent build-up of waste. This recovery strategy has a huge impact on performance as it treats minor injuries effectively while quicken recovery. This benefit allows athletes especially those involved in collision and sustained intensity sports eg an AFL player using an ice bath to recovery quicker by decreasing muscle soreness and stiffness and avoid reduced flexibility. Cryotherapy can also be used in the form of ice packs within the ICER principle (without Rest) in the rehabilitation of soft tissue injuries to enhance recuperation and recovery time while still being able to train and compete.

Psychological strategies target both the body and mind. Relaxation techniques such as listening to music, meditation or breathing exercises allow the athlete to relax so that they can recover emotionally which is an important part of any recovery program. If an athlete cannot switch off and is not able to sleep, they will not experience full recovery. Sleep (8+ hours) is an important part of short term recovery including soft tissue repair and the removal of chemicals built up as a result of activity. Psychological strategies benefit performance significantly by allowing the athlete to both physically and mental recover and be ready and fresh for the next performance. Eg after competing in the heats and qualifying for the finals of the Olympic 100 metre race the sprinter uses light relaxing movement prior to bed and gets a deep sound sleep. They have recovered and are ready to perform at their best for the final the following day.

Recovery strategies like physiological, neural, tissue damage and psychological strategies have extensive benefits for performance.

Markers comments (DS):

Generally quite well done but many students did not address the directive term "to what extent" well, failing to make judgements to get into the top band. Many students needed a clearer how (main features/protocols) and why (link to performance benefits) for each of the strategies.

Option – Sports Medicine

Question 30 (a)
Explain the assessment procedures to determine the nature and extent of injuries.

Criteria	Marks
• Identifies each of the steps within assessment procedures to determine injury nature and extent • Makes the relationship evident between the procedures and how the nature and extent of injuries are determined • Provides examples which highlight the steps and why they occur	**8**
• Provides characteristics and features of the assessment procedures • Provides relevant examples	**6 - 7**
• Sketches in general terms the assessment procedures • Provides some relevant examples	**4 - 5**
• Identifies some assessment procedures	**2 - 3**
• Some relevant information about injuries	**1**

Students learn about	Students learn to
• assessment of injuries – TOTAPS (Talk, Observe, Touch, Active and Passive movement, Skills test)	• perform assessment procedures to determine the nature and extent of injury in simulated scenarios.

Sample Response:
The assessment procedures that are used to determine the nature (eg soft tissue injury) and extent (eg 3rd grade ligament tear) of injuries is represented by the acronym TOTAPS. This six step assessment procedure allows the sports trainer to accurately and effectively identify the injury (its nature) and also how bad the injury is (the extent) to ascertain if the athlete can return to play or not. If the player is able to complete all tasks within the assessment procedure, then they should be allowed to return to the field. If they fail one of the steps they need to be treated and assessed by medical professionals.

*The first step is **Talk** where the trainer talks to the athlete to find out exactly what happened. They ask questions like what happened eg twisted knee, where it hurts, how much it hurts (scale of 1 – 10) and ask for other symptoms that only the athlete can give them eg feeling pins and needles. While the trainer is talking to them they also **Observe** the athlete for signs eg wincing, deformity, swelling, bleeding. It is important that the trainer also compares through observation the other side of the body eg compare left and right ankles to see what normal is for that athlete. For example, they may have a bony point that sticks out naturally. By talking to the athlete and observing them the trainer can see what the damage is and how much it is affecting the athlete and can begin to determine both the nature and extent of the injury. A gymnast who has fallen off the beam and is clutching their wrist in a lot of pain and the trainer can see an obvious deformity would assess the injury to be a suspected fracture and stop and treat as required, efficiently determining both the nature and extent of the injury.*

*The next step if the athlete has passed the first two is **Touch** where the trainer gently feels the injury for any signs of deformity or swelling and tries to pinpoint the area of pain. It the athlete is in too much pain or there is significant swelling, the trainer can determine that the extent of the injury is significant and stop and treat as required. If there is no pain, deformity or swelling then the trainer moves on to the next step which is **Active Movement** where the trainer asks the player to perform a range of joint movements eg can you bend your knee. If this can be done without pain and with full range of movement (compare to other leg), then further assessment can proceed.*

Passive Movement *occurs when the assessor physically moves the joint using a range of movements (flexion, extension, rotation) that can identify painful areas and any instability in the joint. This allows the trainer to determine the nature and of the injury eg knee dislocation and the extent of the injury eg slight ligament tear. If the athlete passes this assessment procedure, then the trainer moves on to the* ***Skills Test****. In this phase the player is asked to perform progressive skills that would be required in the game. For example, with an ankle injury the player would be asked to stand, walk, jog, run, hop, side step. If they are able to perform these skills satisfactorily then they can return to the game as the nature and extent of the injury has been determined as negligible.*

By following these assessment procedural steps the trainer is able to determine both the nature and extent of injuries so that they can be treated properly, decrease the risk of further injury and allow the athlete to return to play when and where appropriate.

Markers comments (GCS):

This question was generally answered well with most students able to accurately explain the TOTAPS assessment procedure. Many students were descriptive in this question and failed to explain the *nature and extent* of each step in the assessment procedure as the question specified. To gain a mark in the top band, students were required to clearly make evident the relationship between the TOTAPS procedure AND the nature and extent of injuries at each step using examples. Some students incorrectly explained DRSABCD and/or RICER.

Question 30 (b)
To what extent does rehabilitation procedures manage injury recovery?

Criteria	Marks
• Makes clear judgement(s) on how rehabilitation procedures contribute to recovery from injury • Makes evident the relationship between rehabilitation procedures and injury recovery management • Provides relevant examples for a range of specific injuries	**11 – 12**
• Provides clear reasons showing how rehabilitation procedures contribute to injury recovery • Provides relevant examples for specific injuries	**8 – 10**
• Provides characteristics or features of rehabilitation procedures • Provides examples	**5 – 7**
• Sketches in general terms the features of rehabilitation procedures • Provides an example	**3 – 4**
• Provides some relevant information regarding rehabilitation	**1 – 2**

Students learn about	Students learn to
• rehabilitation procedures – progressive mobilisation – graduated exercise (stretching, conditioning, total body fitness) – training – use of heat and cold	• examine and justify rehabilitation procedures used for a range of specific injuries, eg hamstring tear, shoulder dislocation

Sample Response:

Rehabilitation procedures including progressive mobilisation, graduated exercise, training and the use of heat and cold play an extensive role in injury recovery management. Without these procedures the athlete would not be able to return to play.

Progressive mobilisation involves gradually extending the range of movement of the injured area until the full range of joint movement is regained. For example, with a grade 2 hamstring tear progressive mobilisation would begin around day 4 after the injury with knee extensions then progress to light leg curls and bridging exercises from day 7 and introducing eccentric hamstring strengthening from day 14 onwards. This progressive mobilisation allows the athlete to regain full function to the injured areas without risking further injury which is a significant part of injury management showing the significant extent to which this rehabilitation procedure manages injury recovery.

Graduated exercise involves stretching, conditioning and achieving total body fitness. Stretching the injured area is an integral part of injury management to ensure that it heals without scarring which shortens muscle and makes it more prone to further injury. For example, with the hamstring injury it is crucial to start pain free static stretching after the initial rest and work up to dynamic stretching and then proprioceptive neuromuscular facilitation (PNF) to ensure that stiffness and scar tissue is decreased while the muscle is stretched and strengthened so that the rehabilitation process can continue to fully heal the injury. Conditioning (the build-up in fitness) also needs to be graduated to get the injured area back to pre-injury levels. An effective conditioning program will use the overload principle and when used correctly will ensure that conditioning of the injured area is pain free reflecting the significant extent rehabilitation procedures have on injury management. For example, working through the stages of a shoulder dislocation rehabilitation; increased resistance for strengthening would occur moving from isometric exercise to dumbbells and body weight exercises to regain strength conditioning for the athlete eg a javelin thrower. Total body fitness relates to conditioning, but involves gradually exposing the entire body to increasingly high levels of exercise to ensure the athlete gets back to their pre-injury fitness level to be able to train and perform efficiently decreasing the risk of injury occurring. Total body fitness including aerobic endurance and flexibility should be targeted in training throughout the rehabilitation process to ensure correct injury management occurs.

Training needs to be modified throughout the rehabilitation process to match the athletes current level of function eg a 3000m runner recovering from a ligament sprain in the ankle has progressed from walking, to slow speed jogging that is pain free. Training plays a significant role in injury recovery management, to the extent that if it does not occur the athlete cannot rehabilitate properly and therefore injury management would be ineffective. Once total body fitness is achieved full training can resume which would include participating in warm-up, drills, conditioning, skill development, tactical play and cool-down, enabling the athlete to continue to strengthen the injury area, rehabilitate completely and prepare for the demands of their sport without fear of re-injury.

The extent to which heat and cold affect injury recovery is significant. If the proper timing of the use of heat and cold does not occur, it will have a significant effect on the rehabilitation process and the overall management of the injury. Cold therapy eg an ice pack applied for 20 minutes every 2 hours, needs to be used in the first three to four days after injury to ensure the inflammatory response and subsequent physiological responses that occur including swelling and the development of scar tissue are kept at a minimum. This allows for a faster and more effective rehabilitation to occur. Ice can also be used once mobilisation and training occurs to reduce swelling and inflammation and allow the athlete to continue to train and work through the rehabilitation process. For example, the javelin thrower recovering from a shoulder dislocation would use ice packs to reduce pain and swelling as they start functional throwing activities. Heat is not used in the first three days as it can cause greater damage and injury. However, heat then needs to be used as part of the rehabilitation process to assist in warming up joints, reducing muscle spasm and tightness and assisting in the removal of waste products from the injury site. The athlete with the hamstring injury would use cold therapy for 20 minutes for the first three days. He could then move to alternate use of heat and cold for 5 minutes over a 20-minute period finishing on cold to reduce blood flow

for day 4 – 7. From day 7 onwards he would use hot packs or a warm bath for 10 minutes prior to rehabilitation exercises to help relax the hamstring muscles. This example highlights the huge extent to which heat and cold acting as a rehabilitation procedure manages injury recovery.

Without the four rehabilitation procedures (progressive mobilisation, graduated exercise, training and use of heat & cold) successful recovery from injury could not occur. Therefore, the extent to which rehabilitation procedures manage injury recovery is extensive and necessary to return athletes to the sports arena.

Markers comments (GCS):

Most students performed reasonably well in this question and were awarded marks predominantly in the 8-10 marks range. These students were able to identify the relevant syllabus point and describe the four associated dash points as well as providing examples. Stronger responses achieved marks in the top band (11-12 marks) by linking to the directive term and making clear judgments on how rehabilitation procedures contribute to recovery from injury. Stronger responses in the top band also made the relationship between rehabilitation procedures and injury recovery management clearly evident, citing appropriate examples throughout. Some students were unable to identify the syllabus point and provided general responses only.

Option – Improving Performance

Question 31 (a)

(i) Outline the initial planning considerations for individual athletes looking to improve their performance.

Criteria	Marks
• Sketches in general terms the initial planning considerations • Indicates how athletes improve performance • Provides relevant examples	3
• Sketches in general terms some initial planning considerations OR • Recognises and names all initial planning considerations	2
• Identifies some initial planning considerations OR • Provides some relevant information on planning considerations	1

Students learn about	Students learn to
• initial planning considerations – performance and fitness needs (individual, team) – schedule of events/competitions – climate and season	– describe the specific considerations of planning for performance in events/competitions. How would this planning differ for elite athletes and recreational/amateur participants?

Sample Response:

Assessment of performance and fitness needs
Schedule of events/competitions
Climate and season

Markers comments (TMW):

The students who knew their syllabus and were able to sketch in general terms the three initial planning considerations, indicate how athlete's performance was improved and provided examples scored 3/3 in this question. Many students simply identified the initial planning considerations and didn't indicate how these improved athlete's performance or provide examples. Some students simply didn't know this syllabus area and could only provide some relevant information.

Question 31 (a)

(ii) Describe the elements required when planning a training year (periodisation).

Criteria	Marks
• Provides the characteristics and features of periodisation when planning a training year • Presents ideas in a logical and cohesive manner • Uses relevant examples	5
• Provides some characteristics and features of periodisation • Uses relevant examples OR • Sketches in general terms periodisation • Uses relevant examples	3 – 4
• Provides some information on periodisation	1 – 2

Students learn about	Students learn to
• planning a training year (periodisation) – phases of competition (pre-season, in-season and off-season phases) – subphases (macro and microcycles) – peaking – tapering – sport-specific subphases (fitness components, skill requirements)	– develop and justify a periodisation chart of the fitness and skill-specific requirements of a particular sport

Sample Response:

Periodisation:

- has three phases of competition that allow progressive and different development/adaptation, ie pre-season (preparation), in season (competition) and post/off-season (transition).
- Describes subphases (macro, meso & microcycles) with a training program
- prepares athlete for peaking & tapering and optimal performance via a comprehensive training program
- minimises risk of injury
- prevents over- and under-training
- allows for specific athlete short- and long-term goal-setting
- encompasses fitness and skill levels to meet the needs of the sport/performance

- allows for emphasis on specific training types to improve performance, eg volume and intensity

Markers comments (GDI):

Most boys were able to answer this question with a high degree of confidence. The description of each element was of high quality by many students. The biggest issue in this question was simply knowing all five of the syllabus dash points – many boys neglected to talk about sport specific subphases. Generally boys used good sporting examples to support their answer. I would encourage boys to ensure they do not write too much for a 5 mark question like this – some boys were writing over 4 pages which is excessive for a question of this rating.

Question 31(b)
Explain *TWO* types of training essential for improving performance in a specific sport.

Criteria	Marks
• Identifies TWO types of training essential for improving performance in a specific sport. • Makes clear the relationship between each type of training and how these contribute to an improved performance. • Communicates ideas and information using a specific sporting example • Presents a logical and cohesive response	10 – 12
• Identifies TWO types of training essential for improving performance in a specific sport. • Provides characteristics and features of TWO types of training and how these contribute to an improved performance • Communicates ideas and information using a sporting example • Presents a logical response	7 – 9
• Provides characteristics and features of TWO types of training and how these contribute to an improved performance • Communicates ideas and information using a sporting example	5 – 6
• Sketches in general terms types of training. • May provide an example.	3 – 4
• Provides some relevant information on types of training or improving performance.	1 – 2

Students learn about	Students learn to
• strength training – resistance training, eg elastic, hydraulic – weight training, eg plates, dumbbells – isometric training • aerobic training – continuous/uniform – fartlek – long interval	• analyse TWO of the training types by drawing on current and reliable sources of information to: – examine the types of training methods and how they best suit specific performance requirements – design a training program – describe how training adaptations can be measured and monitored

• anaerobic training (power and speed) – developing power through resistance/weight training – plyometrics – short interval flexibility training – static – dynamic – ballistic • skill training – drills practice – modified and small-sided games – games for specific outcomes, eg decision-making, tactical awareness.	– identify safe and potentially harmful training procedures.

Sample Response:

Types of Training (response should contain TWO of the following, but be linked to the ONE sport – examples below link to various sports to show the versatility in sports students may respond with):

- ***Strength Training*** *– involves resistance training, weight training and isometric training. These are important for all sports in differing ways to improve performance. For example a rock climber would need to build strength mainly using resistance training and weight training using light weights or body weight to not increase any body weight but to increase strength to weight ratio of the individual. Essential will be isometric training to ensure when the climber needs to hold a position, they are capable for the duration of the climb.*
- ***Aerobic Training*** *– involves continuous, fartlek and long interval training. These various methods aim to increase the athletes' endurance and are essential for all sports, whether it be to build the aerobic base to develop higher anaerobic thresholds so an athlete can continue to work sub-maximally for longer, or increasing the anaerobic threshold to enhance anaerobic performance. Continuous training is the most common method used for long distance continued efforts, however fartlek is more specific to many events as stimulates the event requirements with continuous efforts interspersed with bursts of speed. These speed bursts could replicate the speed required in an event to pass an opponent, or power required to climb a hill section. They are essential to improving performance. Long interval training is important for athletes who require repetitive efforts, with the inclusion of rest periods, like those playing a team sport, who get the opportunity for a short break before having to repeat the effort. Overall a combination of all methods of aerobic training would improve performance in aerobic events, like those requiring the athlete to continue to move sub-maximally for extended periods of time.*
- ***Anaerobic Training*** *- involves developing power through resistance training, plyometric and short interval training. An athlete who requires explosive power would incorporate this type of training into their regular schedule, with the various methods used for most success with improving performance. EG a sprinter would use repetitions of anaerobic short interval training to stress and improve the anaerobic energy system. The athlete would use plyometric drills to enhance explosive starts, and resistance training with heavy loads moved at fast speeds to develop power. Overall a combination of all methods of anaerobic training would improve performance in anaerobic events, like those involving sprinting.*
- ***Flexibility Training*** *– involves static, dynamic and ballistic training. These can be regularly incorporated into every training session during the warm up, conditioning and cool down components, or as a stand-alone flexibility session. Depending on your sport will depend on the method of flexibility training required. ALL sports will require the static training to ensure an athlete's muscles are prepared for the activity, and fully ready to stretch to the required length during the activity. This is essential in the warm up and needs to include all major muscle groups to enhance performance. Additionally repeating this in the cool down will assist in returning the muscles to the resting state and reduce muscle soreness, allowing the athlete to repeat*

performances in the next few days. Dynamic flexibility is also essential for most sports as it replicates flexibility during movement. This training should be incorporated into a program following static stretching, as well as included during the conditioning phase of a training session. AN example would be walking deep lunges for hockey players. Ballistic stretching should be avoided by most athletes due to the potential to cause injury, although is essential for those requiring high levels of flexibility to develop a deeper flexibility as required in their sports.

- ***Skill Training*** *– Involves drills practice, modified and small-sided games and games for specific outcomes. These may involve environments being created that require certain skills to be focused upon and/or small numbers of players playing a modified game in a smaller space. Drills practice and small-sided games can improve performance by enabling specific skills to be focused upon within a relatively controlled environment for extended periods of time. They also allow for a greater amount of 'hands-on' time to be had by the athlete as there are fewer players involved and little time is lost to running or walking extended distances. This can improve performance by enabling skill level to increase at a faster rate due to more 'hands-on' experience being had in a relatively shorter period of time. Also, environments can be created to help provide learning experiences that will address specific needs of the team or individual athletes.*

Markers comments (GDI):

This question was completed to a high standard across the cohort. Many boys chose appropriate types of training for their chosen sport, clearly often using their own sporting experience to help answer the question. From this perspective it is important to remember not to use 'lingo' or other specific terms that boys may have learnt form their own sport, the answer needs to be clearly explained in general sporting terms or the marker may not understand what you are intending to explain. Also, the question clearly stated to refer to "a specific sport". Some boys did not use a sport at all, rather sport in general, whilst other boys used two sports. This unfortunately resulted in some easily dropped marks for those boys.

End of Paper