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for Health, Physical
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Spring-Summer 2004

Indiana Association for Health, Physical Education, Recreation and Dance

Indiana AHPERD 2003-2004

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<http://www.indiana-ahperd.org>

Message from the President



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Greetings from IAHPERD, your state association! We have made it through the wintery months of Indiana and now can enjoy the newness of life that spring offers.

Our **United We Serve** theme for 2004 brings to mind the five interlocking circles of the Olympic rings. The vision I have for a united, healthy association can also be observed in the Olympic Games that unite athletes from different countries in the spirit of healthy competition.

I hope many of you will have the chance to watch some of the Olympics this summer. It will be an opportunity to enjoy viewing the world's best athletes. For me, the gold medal will go to the spirit of the athletes who traveled to Greece to take part in an event that truly unites our world together.

We can all relate to these games; the enthusiasm for doing one's best against an opponent. For most of the participating athletes, their best effort won't bring them a medal, but the satisfaction of knowing that by doing their best, they had the opportunity to represent their country at this world event. The Olympic Creed highlights, "The most important thing is not to win but to take part, just as the most important thing in life is not the triumph but the struggle." This lesson of life really becomes apparent to our students, of which many participate in sports at their own developmental level.

Even during this time when the United States is involved in conflict in the Middle East, the world's best athletes, fans, and volunteers will come together in a united effort of the Olympic spirit. Watching the Summer Olympics reminds me of how our Indiana professionals participate daily in doing their best to promote health, physical education, recreation, dance, sport, and allied areas. Often our best performance doesn't get recognized with medals, accolades, and media coverage. However, we know deep in our hearts that what we do does count very much in the lives of those we reach day in and day out. **You are the champions for a healthier Indiana!**

A final note of reflection related to the Games is the

closing ceremonies. I wish that when the stadium cauldron flame is extinguished, the Olympic officials would light another torch and continue the torch's journey to the next country. Thus, the spirit of the games would be perpetually kept alive through the symbol of the lighted torch.

The Spirit of IAHPERD'S torch continues to illuminate the skies of Indiana. Your Board of Directors is working hard to make sure our torch always stays burning! IAHPERD members need to support the cause by joining the movement and uniting in service to change the shape of Indiana. Our torch has continued to burn as it travels across the state.

In January, our torch shone brightly as Elise Studer-Smith and the Advocacy Committee became a force within the circle of Indiana legislators. Representatives Charlie Brown and Bill Ruppel sponsored House Bill 1014, which reinforced daily physical activity and nutritional food alternatives in school vending machines.

In February, a large group of teachers braved the snow to be active in Regional Workshops in New Albany (Lisa Lock) and Rochester, as well as attended the Team IAHPERD Leadership Conference at McCormick's Creek State Park in Spencer.

In March, the Program Directors and their Councils worked to create a program for our annual state conference. Over 100 presenters are scheduled to share their expertise with our membership at the IUPUI University Place Conference Center on November 4-6. In addition, exhibitors representing a wide spectrum of health and fitness education fields will display their wares and hold live demonstrations ensuring that this conference will be the largest, inclusive gathering of HPERD professionals anywhere in the state.

In April, another Regional Workshop was held in North Manchester (Bobbi Lautzenheiser, Mary Jo McClelland) and many of us traveled to the AAHPERD National Convention in New Orleans. In May, Becky Hull and the Shape Up Indiana Task Force brought together thousands of students and teachers to participate in the

Youth Fitness Day on the campus of IUPUI and ACES (All Children Exercising Simultaneously) Day at their individual schools.

Under the leadership of Cheryl Carlson and the staff of the American Heart Association, over 700 IAHPERD members were active in conducting successful Jump Rope for Heart and Hoops for Heart events. Hoosiers raised almost a million and a half dollars for medical research and educational programs to help prevent heart disease and stroke.

Memoriam – Dr. Harold “Hal” H. Morris

AAHPERD past-president Harold H. Morris recently passed away January 22, 2004. He was a professor and former chair in the Kinesiology Department at Indiana University. Known to most AAHPERD colleagues as Hal, Morris had formally retired from Indiana in December 2003.

Morris shared a passion for physical activity at an early age. While he was in high school, he earned seven letters in varsity sports, including track. He continued on to participate in track and field at Fort Hays State College, in which his team went undefeated during his four years as an undergrad. It was at Fort Hays that Morris realized he had an interest in coaching as well and became an assistant track coach and assistant cross-country coach as he completed his masters degree.

Morris then coached and taught at various colleges and universities, and pursued a doctorate at Indiana University with an emphasis in motor learning/control and statistical applications. He went on to teach as an associate professor and director of the Human Performance Laboratory at Northern Illinois University. He was also head track coach; his teams went undefeated in 1972-73. Three of his team members competed in the final trials for the 1972 U.S.A. Olympic track and field team.

Morris exercised his research and lab interests at Ithaca College. As an assistant professor and later professor, he taught courses in measurement and statistics, motor learning and motor control, and was a statistical consultant for his department. He continued teaching measurement and statistics at Indiana University in 1978. He also began researching motor components of reaction time, the psychological refractory period, and between- and within-subjects research designs.

In 1983, Morris was offered the position as department chair for Indiana University, which he held until 2001. During that time, Morris strengthened the department and worked with the faculty to change the name from the

As the academic year comes to a close, I salute you for actively promoting the IAHPERD mission and want to thank you for giving your all every day in serving our citizens with the best our profession has to offer. For many, the summer months provides a time to change gears, to relax, and to renew your inner spirit. I encourage you to take time to feel good about your year of teaching and service to others. You do “make a difference” in changing the shape of Indiana.

God bless you all!



Department of Physical Education to the Department of Kinesiology. This name change served to reflect the growth of research within the department as well as the growth of awareness of the importance of physical activity. He also spearheaded a campaign for the new Human Performance Laboratories that opened in 1989.

Morris continued to teach advanced statistics courses during his tenure as chair and continued to remain active outside of the university in his professional field. He authored or co-authored numerous articles in peer-reviewed journals such as *Research Quarterly for Exercise and Sport*, the *International Journal of Sports*, and the *Journal of Human Movement Studies*. He was active in many memberships including AAHPERD, Indiana AHPERD, the American Academy of Kinesiology and Physical Education, and the American College of Sports Medicine. For AAHPERD, Morris held many positions: AAHPERD president (1991-1992), Measurement and Evaluation Council chair, president of the Research Consortium and twice the Research Consortium representative to the Board of Governors, and a member and chair of the editorial board of *Research Quarterly for Exercise and Sport*.

In 2002, Morris was awarded AAHPERD’s highest honor, the Luther Halsey Gulick Medal. In 1998, he received the President’s Recognition Award from NASPE, and was a three-time Honor Award recipient from AAHPERD, Indiana AHPERD, and the Measurement and Evaluation Council. He was also honored with the Midwest District AAHPERD Presidential Recognition Award and elected as a Fellow into the Research Consortium. One award that gave him particular pride was the 2001 School of HPER Outstanding Teacher Award, an honor for his tutelage in statistics.

State of the Profession



NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION

NUTRITION AND PHYSICAL ACTIVITY RECOMMENDATIONS

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REPORT EXERTS IN SUPPORT OF CHILDREN'S PHYSICAL ACTIVITY

After scanning some reports about physical activity needs in children, it seemed appropriate to share in this column some excerpts of these reports with state professionals. Below is a fact sheet produced by the American Heart Association about children's lack of physical activity and unhealthy lifestyles:

Children today are less fit than a generation ago. They are showing signs of cardiovascular risk factors such as excess weight, higher blood-cholesterol and cigarette smoking.

It is estimated that 4.1 million adolescents ages 12-17 are smokers. Three thousand become smokers every day.

The process leading to heart attacks and stroke begin in childhood.

Inactive children weigh more; have higher blood pressure and lower levels of high-density lipoproteins (HDL) (bad cholesterol).

At least one half the youth do not participate in healthy physical activity. Less than 36 percent of K-12 schools offer physical education and in many of those classes lifelong physical activity is not fostered.

Children between the ages of 6-17 are getting weaker and slower on endurance.

Approximately 11 percent males and 9.9 percent females between the ages of 12-17 are overweight.

About 10 percent of adolescence between the ages of 12-19 have cholesterol levels above 200 mg/h.

Children spend on average 17 hours a week watching television plus the time they spend on video games.

Some additional facts are found in the *Surgeon General's Report on Physical Activity and Health*.

About 14 percent of children did not participate in light-to-moderate or vigorous physical activity. One half of adolescents from ages 12-21 did not participate in vigorous exercise.

Females are less active than males and black females are less active than white females.

Physical activity in children declines, as they grow older.

Daily attendance of high school students in physical education declines from 42 percent in 1991 to 25 percent in 1995.

Only 19 percent of high school students were physical active for 20 minutes in physical education. These findings are very disturbing. The report recommends supporting physical activity in K-12 children by:

- Making physical activity enjoyable
- Helping children gain confidence in their efforts at physical activity
- Supporting children's efforts at physical activity
- Helping children learn about the benefits of physical activity and have positive attitudes
- Helping children overcome barriers to physical activity

The report to the President of the United States from the Secretary of Health and Human Services and the Secretary of Education entitled ***Promoting Better Health for Young People Through Physical Activity and Sports***, it is stated that families play a critical role in shaping a child's physical activity experiences. Adolescents are more likely to be active when their parents or siblings are physically active. The report's strategy suggests to "include education for parents and guardians as part of youth physical activity promotion initiatives." Listed below are suggestions for parents and guardians to try:

- Encourage the family to be physically active regularly
- Be an active role model
- Curb television and video games
- Plan and participate in active family activities
- Facilitate participation in school and community activities
- Advocate for quality school and community physical activity programs

Physical educators, health educators, coaches and recreation directors should enable active family involvement through such things as activity-related homework. The development and dissemination of promotional materials or providing media campaigns targeted to parents and guardians are ways these professionals can spread the word. Healthcare providers should counsel parents and guardians about the importance of physical activity and point out possible programs. Both groups should encourage active role modeling by parents and guardians and suggest family discussions about the value of physical activity."

The above reports demonstrate evidence of the unhealthy situation of children as well as some ideas for change. So far major initiatives to changing behavior have yet to "turn the tide" to healthy lifestyles. What will it take to move children and adults from low carbohydrate diets (low carb diets) to high carbonator activity (high carb activity)? The focus on the family appears to have some merit. Possible school collaborations with community recreation programs that focus upon family recreation might begin the "turn." If school programs begin teaching activities in which the entire family can participate, promoting increased physical activity through media and materials and drawing parents into the planning for their family activity, then recreation programs would provide the "vehicle" in which to use the skills learned, it just may work. Of course it would take education and promotion for the parents and cooperation and collaboration with the community recreation facilities, but it certainly has possibilities.

More Popular Than *Time* and *Newsweek*!



A recent study found that the Journal of Physical Education, Recreation & Dance is the 4th-most-used periodical in the Illinois State University library, beating even *Time* and *Newsweek*.

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Regional Workshop in Action!

Lisa R. Lock
New Albany-Floyd County Schools

Carol White
St. Mary's Catholic, New Albany
St. Mary of the Knobs Catholic, Floyds Knobs

Region 2 of the Indiana Association of Health, Physical Education, Recreation, and Dance held a winter workshop on February 4, 2004 at Hazelwood Middle School in New Albany. The southeast region is composed of Clark, Dearborn, Floyd, Harrison, Jackson, Jefferson, Jennings, Ohio, Ripley, Scott, Switzerland, and Washington counties. Presenters came from as far as Indianapolis to participate in this daylong training. During the registration time, attendees networked amongst themselves and visited the SkateTime and American Heart Association exhibitor booths.

The morning session began with door prizes and a warmup activity with chiropractor, Dr. Steven Hoffman. He identified ways to get our brain neurons firing and demonstrated how to tap into hidden energy with simple pain relief and posture exercises. Teachers learned the correct way to teach basic warmup exercises to their students. Participants left this session with an increased awareness of the energies in their body.

Suzie Crouch with the Indiana Department of Education made a wonderful presentation on the Coordinated School Health Program. Teachers were provided with copies of the CD-ROM "Making the Connections" and a personal challenge to spearhead this program in their home schools and corporation. Copies of this program are currently available at the Indiana AHPERD website: www.indiana-ahperd.org.

Sarah Titzer presented a program on Action for Healthy Kids. The teachers were challenged to work with administrators and the school nutritionist to make healthy changes for students in their school.

The afternoon was divided into five breakout sessions with teachers allowed to attend the presentations that matched their greatest need. Those sessions included:

SkateTime-Jason Meier

- Free skate time was available to attendees so that they could learn the advantages of

integrating recreational skating into their program.

- SkateTime programs are developmentally appropriate for students in K-12 and are safe for all types of gym floors.

Indiana Golf Foundation-Roger Lundy

- Roger explained the Golf in Schools program, a free program that will utilize local PGA Golf Pros in their area.

Tae Kwon Do-Amber Garland

- Basic Tae Kwon Do maneuvers were introduced, demonstrated, and practiced.

Minds in Motion-Rebecca Culpepper-Hoffman

- The session provided curriculum-based themes, dance integration, and movement.
- The goal was to provide a basic understanding of how to integrate kinesthetic learning and dance into everyday lesson plans.

Junior Jazzercise-Janette Slone

- A fun-filled introduction to the lifelong benefits of exercise.
- Jazzercise developed this workout program to help schools promote fitness as a way of life to school-aged children.
- Junior Jazzercise is tailored especially for the musical tastes and physical needs of children.

Approximately 40 health and physical educators from both the public and private school sectors in southeast Indiana attended the regional workshop. The educators were reintroduced to IAHPERD and many applied to join our state association. There were positive evaluations and kudos turned in by all. All health, physical education, recreation, dance, sport, and allied professionals are encouraged to attend the annual state conference on November 4-6 at the IUPUI University Place Conference Center in Indianapolis. Some of our regional speakers (Rebecca Culpepper-Hoffman, Dr. Steven Hoffman, Roger Lundy, Jason Meier) will be on hand to present program sessions.

CFP and You! A Great Partnership

Misty Minniear
Council for Future Professionals, President
Manchester College

The Indiana Association for Health, Physical Education, Recreation, and Dance (IAHPERD) is a professional education association that provides opportunity for students studying at Indiana colleges and universities who are pursuing degrees in teaching, coaching, fitness, recreation, and other allied areas. One opportunity that the state association offers students is the chance to become actively involved through the Council for Future Professionals (CFP).

The CFP is currently composed of twelve students from six different colleges and universities in Indiana:

Bethel College

Julianne Houston, Dave VanLue

Butler University

Adrienne Akin

Indiana University

Lindsay Clipfell, Holly Pierce

Manchester College

Misty Minniear

Purdue University

Isaac Hook, Terri Horsky

University of Southern Indiana

Jonathan Day, Rachael Meier,

Aimee Muller, Michael Siwy

The council is designed to provide opportunities for students to be involved in their state HPERD association. It also serves as a tool for students to gain leadership skills, network with others in the profession, be an advocate for other students, and much more. CFP brings about new friendships and mentoring that will last a lifetime. Students who get involved remember their experience forever!

As a member of IAHPERD and CFP, students gain all of the advantages offered to professional members and more.

- Leadership training and opportunities
- Networking with other students and professionals
- Ideas and opportunity for professional development
- Participation in the state conference
- Eligibility for awards and scholarships

Through being an active member of the council, students get the opportunity to participate in a Leadership Conference (Spencer, IN) in February where IAHPERD training and CFP planning takes place. Students may also apply to represent Indiana at the Midwest District AAHPERD Leadership Conference (Angola, IN) in September and the AAHPERD National Student Leadership Conference (Alabama) in October.

All students are also encouraged to attend the IAHPERD State Conference at IUPUI University Place Conference Center Thursday-Saturday, November 4-6. As most students already know, this annual conference is where teachers, coaches, professors, and students in the HPERD fields come together to give presentations, share ideas, and network. This conference is a wonderful opportunity for faculty and students alike to learn and grow professionally in their perspective fields.

If these opportunities sound exciting and you would like more information or would like to apply to be a part of our student organization, please contact either Misty Minniear (mdminniear@manchester.edu) or Susan Flynn (flynnsm@purdue.edu).

*Share Your Copy of the
Journal with a Colleague*

Fit for Life: No Child Left Behind

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North Manchester, IN 46962

Today's adults were yesterday's students taking physical education and learning how to be fit. If that is true, how do we explain that one in two American adults do not participate in regular physical activity (US Department of Health and Human Services, 1996)? Physical education instruction that does not plan for fitness development indirectly sends a message to children and adolescents that fitness is not important for a healthy lifestyle.

Darst and Pangrazi (2002) recommend a developmentally appropriate physical education program should include a variety of physical fitness activities that keep students excited and interested. Physical fitness activities for middle school and high school students should be adapted to change the shape of secondary physical education and ensure that all young men and women will be successful for life. It should be something that benefits them and not something that is used as a punishment for misbehavior.

A Fit for Life physical education program should include exciting and challenging physical fitness routines that allow students to experience many types of exercise. A goal of the program should be to help students find fitness activities that are motivating to them personally. Emphasis should be on health-related components of physical fitness: cardiorespiratory endurance, flexibility, muscular strength and endurance, and body composition (Michigan Fitness Foundation, 2001). The purpose of this article is to provide examples of fitness routines that can motivate middle school and high school students so that **NO CHILD** is **LEFT** on his/her **BEHIND**.

FITNESS IS A BALL

This is a physical fitness circuit where each station utilizes some type of ball in the workout. Divide the class into teams of six, assigning one team per station. Utilize music recorded at 60-second intervals with 10-second rotation time. Teachers should feel free to adapt stations, activities, or balls to match student, equipment, and facility needs.

Volleyball Keep It Up (Upper Body Muscular Strength/Endurance)

A cageball or Omnikin ball and volleyball net/court are needed. Students play 3 on 3 modified volleyball with the goal to keep the ball in play. If a team lets the ball hit the floor on their side of the net, they get to quickly do 3-5 pushups.



Soccerball Roll Over (Muscular Strength, Flexibility)

Equipment needs: Six soccerballs and mats. Students lie on their backs holding the ball between their ankles. Students **SLOWLY** lift their legs, gently rolling over until the feet touch the mat over their head. Then they **SLOWLY** return the ball to the starting position. Repeat this throughout the music interval. It is essential that students take about 10 seconds to roll over and another 10 seconds to return the ball and their feet to the starting position.

Basketball Dribble (Cardiorespiratory Endurance)

Basketballs for six students and cones are needed for this station. Cones are set up at opposite sides of the gym. Starting at one cone, dribble the width of the gym around the cone and back. Continue to dribble throughout the music interval.

Fit Ball Curlups (Abdominal Strength)

Equipment needed: Six Fit Balls. Perform curlups on the Fit Ball. On subsequent rotations to this station, students perform alternative movements on the ball that are posted on the task sheet. (Review Pilates or Fit Ball books or tapes for ideas)

Medicine Ball Chest Passes (Upper Body Muscular Strength/Endurance)

Medicine balls are needed for this station. Standing approximately 8-10 feet apart, partners pass the medicine ball using chest passes.

Over/Under Football Handoffs (Flexibility)

The group stands in a single file line, approximately 2-3 feet apart in distance. Start with a football at one end. Keeping two hands on the ball, students pass the ball over

the head to the person behind them. When it reaches the end, students turn around and pass the ball between their legs to the individual behind them. Once it reaches the end, students twist and pass the ball to their right. Once it reaches the end the pass it back handing off to their left. Continue in this manner so students are stretching, bending, and twisting.

FITNESS COOKIE JAR EXCHANGE

A variety of fitness activities are written on individual cards and then placed in a shoebox (i.e., cookie jar). The shoebox is then placed in the center of the gym for students to pick up and return the cards.

Students work with a partner taking turns selecting the fitness cards from the box. Examples of entries on the fitness card include:

- Crab walk the width of the gym.
- Jog to a basketball and perform a lay up at different baskets.
- Perform a partner resistance exercise.
- Slide to the water fountain and get a drink.
- Skip to a basketball and dribble the length of the gym and back.
- Carioca around the outside of the basketball court.
- Jog to your teacher and tell him/her that physical education is fun.

Music can be programmed on a tape in 30-second intervals to indicate transitions for students. A 10-second interval without music can be used for retrieving a new fitness card. Students should be challenged to correctly perform as many repetitions as possible while the music is playing. This allows more individualization for students with varying fitness levels.

IT'S IN THE CARDS

Students get in teams of 5 or 6, sit in a circle, and are given a deck of playing cards. One student is selected to be the dealer. After the start signal, the dealer deals one card face down to each team member. Each student turns over his/her card and performs the designated task. As the last team member completes the task, the used cards are placed in the middle of the circle and new cards are dealt. A large wall chart visible to the class or individual sheets with designated fitness tasks that correspond with cards can be provided. Examples include:

Ace	Team jogs the perimeter of the gym
King	10 mountain climbers
Queen	10 jumping jacks
Jack	10 pushups
Joker	10 cartwheels
Heart	That number of jump rope jumps X 3
Spade	That number of curlups
Diamond	That number of squat thrusts
Club	Wild Card (Student Choice)

FITNESS SCAVENGER HUNT

Teams are set up of 4 to 5 students. The teams stay together and “search” for the exercise area of the gym or field. Teams are given a laminated sheet that lists the area to find and the activities to perform at the designated area. Sheets can have 7 to 8 activities, depending on how long the fitness segment of the lesson is going to last.

Each group can be assigned a different starting point to ensure that students cover all areas and that a backup of students does not occur at one of the fitness areas. Examples of entries on the exercise sheet could be the following:

- Jog to a corner of the gym and perform 25 curlups. All team members should work together.
- Skip to the open set of bleachers and perform 25 step ups on the first row. The count should be “up, up, down, down” with the steps.
- Run to the pushup sign and perform as many correct pushups as possible.
- Slide to the tumbling mats and perform 2 sitting stretches holding each for 8 counts.
- Move with alternating high knees to the jump ropes. Complete 25 jumps at a fast pace.
- Jog with your group to touch 4 walls, 3 different red lines, and 2 different black lines.
- Carioca to the jumping jacks sign and perform 25 jumping jacks with at least 4 different variations in arm or foot patterns.

JUMP ROPE/HAND WEIGHT STRENGTH CIRCUIT

Although a teacher can lead this circuit, another idea is to use a power point presentation to cue the students using clip art pictures from the Internet or digital pictures of students. The teacher is able to move around and assist students who are not using proper form or who need to adaptations. Each student picks up a jump rope and a set of hand weights. Play music and customize the slides to alternate the amount of time needed to jump, change equipment, and then perform a strength set. Continue alternating cardio/jump activities with strength activities. If students are new to some of these jumps, spend a day instructing them in jump rope skills. It is preferable to have all students performing the same activity at the same time, however, if you have a large class where students need to share equipment, one student jumps while the other lifts. (The American Heart Association’s Jump Rope for Heart has all jumps on video).

Rope Jumping

2 Foot Basic w/ Single Jump
2 Foot Basic w/ Double Jump
Double Side Swing
Single Side Swing
Straddle Jump
Straddle Crosses
Scissor Jumps
Jogging Jump
Left Foot
Right Foot
Criss Cross

Strength

Bicep Curl
Tricep Extension
Shoulder Press
Squat
Right Leg Lunge
Left Leg Lunge
Front Arm Raises
Side Arm Raises
Reverse Fly
Curlups
Modified Pushups

Step

Right Basic
Left Basic
Alternating Basic
Corner/Knees
Corner/Kicks
Corner/Glutes
Corner/Hamstrings
Corner/Side Leg Lift

Strength

Bicep Curl
Tricep Extension
Seated Lat Row
Tricep Press
Lateral Deltoid Raise
Squat
Anterior Deltoid Raise
Upright Raise

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AEROBIC STEP/RESISTANCE TUBE STRENGTH CIRCUIT

Place task posters on the walls at each station. Although each poster has directions, teachers need to do a brief walk through explanation/demonstration the first time using this circuit. Place 2 step boxes and 2-3 tubes of varying resistance at each station. (Posters providing pictures and explanations for using the resistance tubing can be secured from SPRI Products, 800-222-7774).

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What's on your wish list?

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Game Play: Teaching Children to Join the Movement

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“What are we going to do today?” “Are we going to play a game?” These are probably the most frequently asked questions in physical education. And though physical education teachers work hard to plan exciting and developmentally appropriate drills, children do not seem to appreciate or enjoy drill-for-skill practice. Perhaps this is because drills frequently occur under controlled conditions that bear little or no relation to a game. Students may not find drills particularly challenging and start to lose interest. The purpose of this article is to provide a variety of challenging games that apply fundamental movement skills and sustain student interest in skill development.

Once most students have developed the fundamental locomotor, manipulative, and stability skills in the primary grades, teaching game play in elementary physical education can familiarize students with the principles, tactics, and strategies of games they will encounter in their junior high/middle school experience. Game play can also reinforce problem-solving and social skills.

Boundary Ball

Equipment: 6-8 small playground or gator skin balls, 2 sets of 5 cones (2 different colors)

Playing Area: The playing area is the entire gym or activity space. The Boundary Line for each team is the back end line of the gym. A throwing line is established for each team and is defined by cones. One color of cones defines the ‘stop line’ for one team and another color of cones defines the ‘stop line’ for the other team. The

throwing line can vary depending on the skill level of your students. Beginning throwers may throw from the volleyball ‘spike line’ (just past the centerline towards the opposing team’s Boundary Line). More developed throwers may throw from the centerline of the gym. Players may not cross the throwing line.

Review/Practice: Following a fitness development activity, challenge the students to practice the fundamental skills of overhand throwing and catching.

Objective: The objective of the game is to improve eye-hand coordination, encourage positive teamwork, and improve/maintain cardiorespiratory endurance.

Players: Students are divided into two teams and each team is assigned to a side of the gym.

Game Play Procedures: The students attempt to throw the balls across the other team’s Boundary Line. Students may choose to throw or defend the Boundary Line. When a ball crosses the opposing team’s Boundary Line, the throwing team is awarded one point. Defenders attempt stop the balls from crossing the Boundary Line.

Catch a Thief

Equipment: 6 beanbags, 8 cones or floor tape to mark jail areas

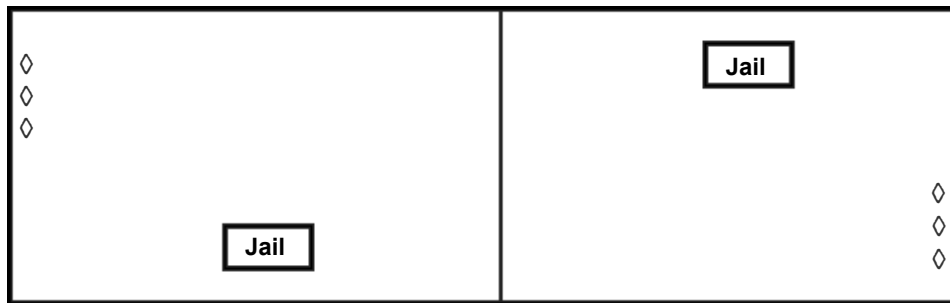
Playing Area: Place 3 beanbags on the back boundary line and mark off a jail area on the sideline for each team. The larger the playing area or the fewer the players, the more active the game can become. Remind students to focus on getting the beanbags and not guarding the jail.

Review/Practice: Set up fleeing, dodging, chasing, and tagging situations for the students to practice following the fitness activity. Penalties for unnecessary roughness, such as pushing or tripping, can be applied.

Players: Divide the class equally into 2 teams.

Objective: The object of the game is to retrieve the 3 beanbags from the other side without losing your beanbags. The first team to capture all 6 beanbags is declared the winner.

Game Play Procedures: Each player who carries a beanbag back to his/her side without being tagged may keep the beanbag. Players who get tagged while on the other side must go to the jail area. The only way to be



rescued is for a teammate to come get the player and return to their side of the floor. If either player is tagged then both players must return to jail. Only one prisoner may be rescued at a time.

Adapted Softball

Equipment: Paddles or racquets, foam balls, cones, hula hoops

Playing Area: Three cones are used as bases and set up in the shape of an arc. Hoops are used for striking and pitching zones.

Review/Practice: Following a fitness development activity, challenge the students to practice the following fundamental skills: underhand toss, two- and one-hand catch, sidearm strike.

Objective: When batting, the objective is for players to strike a foam ball with paddle or racquet and get around all three bases (no home plate). Each player who gets around all three bases scores a point for his/her team.

Players: Begin with teams of four boys and girls (pitcher, catcher, and two outfielders). Progress from 4 vs. 4 to 5 vs. 5, etc. (adding more outfielders) as students become more familiar with tactics and game strategies.

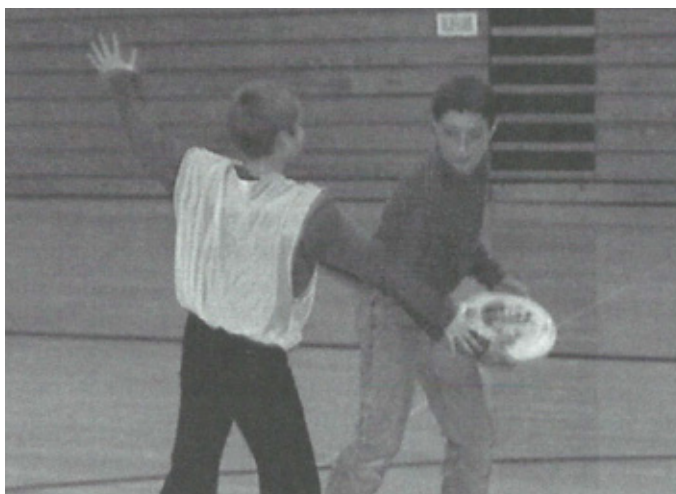
Game Play Procedures:

- Pitching: A player underhand tosses the ball so that it is within the batter's reach. The pitcher must be changed every 20 pitches.
- Strikes: Three strikes and out.
- Fair Ball: A batter must hit the ball in the arc between the first and third base to be a fair ball. A foul ball counts as a strike.
- Outs: A batter is out if he/she strikes out, is caught, or if

a base is tagged before the batter runs past it. Number of outs required for an inning to be over depends on number of players on each team.

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Invited Article

New Era in Driver Education Licensure in Indiana

Stanley Henderson and
John Bodeker

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On January 21, 2004, the professional standards board unanimously approved new standards for driver education instructors, which would make driver education a full license area for teachers and align instructor-training standards in Indiana with the national standards for driver education instructors established by the American Driver and Traffic Safety Education Association (ADTSEA).

Making driver education a full license area will enhance its credibility and adoption of the ADTSEA national standards for driver education instructors and instructor trainers will expand the availability of driver education instructor training in the state.

Currently, there are only four institutions in the entire state that offer the coursework required to become a driver education instructor—Indiana State University, IUPUI, St. Joseph College, and Bethel College. The number of driver education teachers in the state has dropped by more than 50% in the past 10 years, and only about half of the schools in the state with driver education aged students offer driver education classes. The cost of the classes that are offered averages about \$350.00 per student.

The new standards will allow people who want to become driver education instructors to be licensed through a nine credit-hour course of instruction instead of the current 12 credit hour program (a three credit-hour course in general health and safety is on longer required). However driver education instructors certified through the ADTSEA program will be required to complete on-going professional development and training as a condition to renew their certification. Then is no current requirement for any additional driver education training or updates once someone is licensed as a driver education instructor.

The ADTSEA system provides for people with the

proper qualifications to become driver education instructor trainers through an intensive three-week training program. These instructor trainers can then work with a local college, university, or technical school to offer driver education coursework for qualified individuals to become driver education instructors. This provides the opportunity for greatly expanded driver education instructor training sites, and potentially could reduce the costs associated with obtaining a driver education instructor license.

The Bureau of Motor Vehicles is currently looking into making the changes necessary to reconcile the BMV's requirements for commercial school driver education instructors with the new Professional Standards Board requirements. Once completed, this will allow individuals to be licensed as commercial school driver education instructors by meeting the ADTSEA standards as offered through any accredited college, university or technical school. It will also allow for qualified commercial school personnel to become driver education instructor trainers, thus providing the potential for commercial schools to train their own staff through accredited institutions. This would reduce their dependence on the current availability of driver education coursework and potentially reduce the cost involved in staff training and licensing.

Finally, ADTSEA certified driver education instructor trainers receive periodic inspection and evaluation by ADTSEA personnel to insure compliance with curricular content, delivery and student evaluation. This type of evaluation of curricular compliance does not currently exist, but will be instituted for all ADTSEA certified instructor trainers in the state.

In conclusion, the hope for this new system is that it will bring a renewed credibility to driver education and its instructors through the issue of a full license for the discipline, expand the availability and reduce the cost for driver education instructor training, increase the requirements for on-going professional development and training for driver education instructors, introduce an evaluation of curricular standards, and ultimately increase the availability and overall quality of driver education while reducing its cost for all the state's beginning drivers.

Standards for Teachers of Driver & Traffic Safety

STANDARD #1: The teacher of Driver and Traffic Safety understands the knowledge and skills necessary to perform the driver task and be able to teach these skills to beginning drivers.

PERFORMANCE

The teacher of Driver and Traffic Safety:

1. applies concepts of sensory perception to the driving task.
2. performs basic and preventive maintenance.
3. makes vehicle checks and road condition checks before teaching behind the wheel phase.
4. demonstrates ability to assess beginning driver's skills.
5. ensures beginning drivers and mentors work together as a team in practicing risk reduction driving strategies.

KNOWLEDGE

The teacher of Driver and Traffic Safety:

1. understands and can explain how alcohol and other drugs, fatigue and lack of anger management have a negative effect on operating motor vehicles.
2. can define for beginning drivers the need for trip planning to ensure smooth reduced risk driving.
3. knows strategies for partnering to ensure beginning drivers and mentors work as a team while practicing risk reduction driving strategies.
4. explains basic maintenance and preventative maintenance of a vehicle.

DISPOSITION

The teacher of Driver and Traffic Safety:

1. appreciates and advocates the value of making the correct choice to eliminate alcohol and other drugs, and avoid fatigue and anger while using a motor vehicle.
2. values professional skills and behavior, and recognizes the risk and potential consequences that result in reduced risk choices within the Highway Transportation System.
3. appreciates and advocates the legal and moral obligations relative to using the Highway Transportation System.

STANDARD #2: The teacher of Driver and Traffic Safety will demonstrate the ability to conduct laboratory instruction in a safe learning environment, using the

driving task, skills and knowledge to assess beginning drivers.

PERFORMANCE

The teacher of Driver and Traffic Safety:

1. demonstrates application of risk management principles in simple driving situations using both off street and on street driving lessons.
2. demonstrates basic driving skills instruction, using an off street driving environment, to prepare the beginning driver for on street driving practice (e.g., starting, stopping, backing, steering, parking).
3. conducts on street driving lessons that will develop safe driving practices, using preselected routes that meet stated instructional objectives.
4. assesses the beginning driver during both off street and on street driving activities.
5. demonstrates lawful driving habits.

KNOWLEDGE

The teacher of Driver and Traffic Safety:

1. defines scheduling practices and grading policies that will ensure successful reduced risk completion of off street and on street driving practices.
2. understands safe and lawful driving habits (e.g., preparing to drive, pre-drive checks, blind spots).
3. understands how to apply risk management principles in simple driving situations, both off street and on street in all driving situations.
4. knows how to accurately assess safe driving habits.

DISPOSITION

The teacher of Driver and Traffic Safety:

1. advocates the importance of developing safe driving habits.
2. maintains a valid driver's license.
3. appreciates the need for application of risk management principles that will ensure the use of safe driving practices in order to maintain an accident free environment.
4. appreciates the importance of providing a mentoring process for use by students and adult mentors to use in the completion of the driver licensing regulations.
5. values the need for continuing curriculum improvement to incorporate new technologies and teaching methods.

STANDARD #3: The teacher of Driver and Traffic Safety will have the knowledge and skills necessary to provide quality classroom instruction by providing a nurturing learning environment and appropriate student assessment.

PERFORMANCE

The teacher of Driver and Traffic Safety:

1. develops and delivers appropriate classroom lesson plans.
2. evaluates one's own teaching performance.
3. demonstrates the ability to evaluate student performance.
4. identifies students with learning differences and provides necessary classroom and driving interventions.
5. evaluates updated supplemental curricular materials for classroom use.
6. integrates current trends into the curriculum.
7. demonstrates appropriate teaching and learning methodologies in coordinated classroom and laboratory presentations.

KNOWLEDGE

The teacher of Driver and Traffic Safety:

1. knows and understands how to access informa-

tion/resources on alternative technologies and procedures for safe driving to ensure that curricular materials are updated (e.g., professional journals, professional organizations).

2. understands how to assess students with disabilities for correct adaptations/interventions for operation of a motor vehicle.
3. understands how to use modifiers that enable a student with disabilities to operate a motor vehicle.
4. knows how to update curricular materials.
5. understands various strategies for assessing student performances.
6. understands teaching and learning methodologies.

DISPOSITION

The teacher of Driver and Traffic Safety:

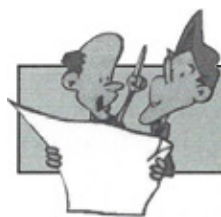
1. supports current National Highway Traffic Safety Administration goals and instructional outcomes to include driver choice to eliminate alcohol or other drug use while using a motor vehicle, usage of occupant protection as a crash countermeasure, and recognition of fatigue factors that contribute to crashes.
2. values the need for appropriate student assessment.

TOP TEN REASONS TO DO "JUMP ROPE OR HOOPS FOR HEART

10. Every 33 seconds someone dies from cardiovascular disease and stroke.
9. Heart disease and stroke kill 564,640 people a year; more than AIDS and cancer combined.
8. In 2002, the cost of cardiovascular disease and stroke is estimated at \$329.2 billion.
7. 1 in 5 people have some form of cardiovascular disease.
6. About 50 million Americans age 6 and older have high blood pressure.
5. 10% of adolescents exceed 200 total cholesterol which is considered borderline high risk.
4. Cardiovascular disease is the number 1 killer in the U.S.
3. 62% of adults 18 or older report not enough physical activity to achieve recommended levels
2. More than 61 million Americans have one or more types of cardiovascular disease.
1. 15% of children between the ages of 6-11 and 15% of adolescents (ages 12-19) are overweight.



Fighting Heart Disease and Stroke



Developing Conceptual Change

Redirecting the Dodge Ball Debate

Structured Role Playing as Method Transform Preservice Teacher Beliefs

Reprinted with Permission Teaching Elementary Education, 13(1), 2002

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The professional interest aroused by the game of dodge ball is both impressive and disturbing. Beginning with the Hall of Shame series (Williams, 1992), continued conversation has proceeded on a number of fronts, most recently the April 2001 issue of JOP-ERD, national print media reports, Sports Illustrated, television commentary, and the online debate as observed on the PE Central website. Everybody wants in.

Can any good come out of this? It is becoming increasingly clear that no single argument—or group of those who defend dodge ball as an appropriate activity for our children. In many ways, the game symbolizes deep and pervasive attitudes about the nature of physical education in the schools the freedom if teachers to choose activities for their programs, and the relative “harm” of playing the game compared to more serious issues that threaten our schools. How can the physical education profession redirect the dodge ball debate in teacher education programs in order to set the stage for transformation in the belief systems of loyal defenders of the game?

Transformation is a term that is widely used in education and is often linked with any change process. Mezirow (2000) defines it as a process of revising taken-for-granted assumptions through critical reflection. Because it involves dislodging deep-seated beliefs and perspectives, transformative learning can be “an intensely threatening emotional experience”

(Mezirow, 2000, p. 6). One method of triggering a transformative experience is through role reversal exercises (Cranton, 1994). Role reversals can create a sense of disequilibrium and stimulate critical self-reflection, a key component of any learning process.

The purpose of this paper is to describe a recent role-playing exercise involving a university supervisor and a student teacher that examined the student teacher’s long-standing support of dodge ball. The supervisor had become

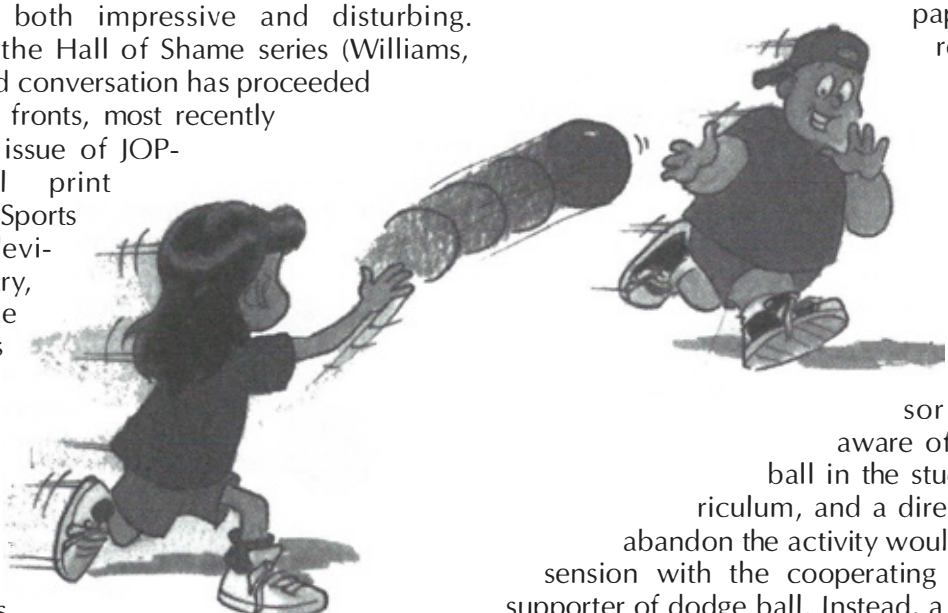
aware of the use of dodge ball in the student teacher’s curriculum, and a direct confrontation to abandon the activity would have created dissonance with the cooperating teacher—a strong supporter of dodge ball. Instead, a different approach was formulated. A script was constructed involving an imaginary but realistic conversation between a defender and an opponent of dodge ball. Reasonable arguments based on current media accounts were brought forward to the debate. A key component of the exercise was to have the university supervisor play the role of the dodge ball defender. The defender was viewed as a first year teacher in a middle school setting. In contrast the student teacher played the role of the dodge ball opponent (a teacher educator at the university). The conversation follows:

DB Defender: There are lots of reasons why we have dodge ball in our program. I really don’t understand what’s so bad about it.

DB Opponent: What are some of your reasons?

DB Defender: First, dodge ball teaches kids about teamwork and strategy. Kids have to work with others as a team to play the game well.

DB Opponent: I don’t understand the “teamwork” or “strategy” in the simple goal of throwing balls at oppo-



nents. Suppose if you put students in the “trenches,” one strategy is to loft a ball high to them in order to throw the ball at a targeted person. But I wouldn’t call that a very sophisticated strategy!

DB Defender: Fine. But dodge ball teaches throwing skills— that’s a skill everyone needs to learn.

DB Opponent: I agree that throwing is an important skill to learn. But I don’t think I’ve ever seen dodge ball played where the teacher stops the game and corrects someone’s throwing mechanics—elbow position, weight transfer, timing, etc. It’s a stretch to say that “instruction” takes place during dodge ball

DB Defender: Maybe “teach” isn’t the best choice of words, but kids still get a lot of practice throwing. We put a lot of balls out there during our version of the game.

DB Opponent: They don’t get nearly as much practice as they would if they simply paired up and played “catch” using baseball gloves. I’ll bet they could get as much throwing in a few minutes as they would get in a 20 minute dodge ball game.

And they’d also practice the skill of catching as well—two useful skills for softball or baseball. Have you ever seen softball or baseball coaches use dodge ball as the primary way to practice throwing?



DB Defender: No. But what about learning how to dodge and weave? Certainly they’re gaining that kind of practice during dodge ball!

DB Opponent: You’re right. They do learn to dodge and weave from a dangerous situation—a ball being thrown at them from high speed over a relatively short distance! But aren’t there other activities that they could be doing to learn about dodging and weaving?

DB Defender: The danger thing is always brought up, but we use softer balls rather than those smaller, hard ones that others might use. And we also limit the throws to below the waist rather than at the head. We’ve got ways of modifying the game. And dodge ball is a good outlet to allow students to release some aggression in a supervised setting.

DB Opponent: I won’t deny that students who play dodge ball probably have fewer injuries than students on the football team. But why put kids in this situation in the first place? Having a lot of balls on the floor may let them throw more often, but the tradeoff is an increase in the risk of the game. Keeping the throws below the waist doesn’t mean that an occasional way-

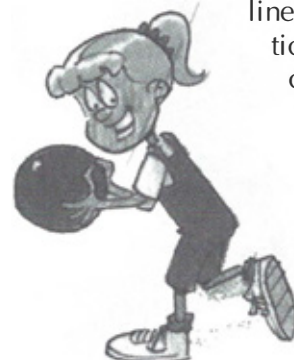
ward ball wouldn’t eventually find its way into someone’s head. Besides, I have sensitive body parts below my waist that I would rather not have hit by a ball traveling 40 miles per hour!

DB Defender: You seemed to step around the idea that dodge ball can be an outlet. Anyway, the kids in my classes are usually laughing and enjoying themselves. They have fun—plain and simple. Don’t you believe in fun?

DB Opponent: I’m all for fun. I think enjoyable learning experiences should be a goal for every unit. But should the idea of “fun” be a primary reason for conducting an activity? Don’t you have other goals in your classes?

DB Defender: Of course I do. And I evaluate my students as well. You make it sound like I don’t know how to do my job!

DB Opponent: Speaking about assessment—how would you assess your students in this dodge ball unit? The number of times they hit another student with the ball? The number of times they were hit? Can you



imagine a teacher on the sidelines recording those statistics? Maybe you could check on their heart rates with a heart rate monitor to show that they were “participating” at a high level!

DB Defender: Real funny. Kids do get a workout—I see the sweat dripping from their foreheads at the

end of the game!

DB Opponent: Are you sure those drips aren’t from fear of being hit? Just kidding. But if aerobic activity is what you want, there are more than enough activities that can provide a good workout for your students without all of the liabilities of dodge ball. I’ve seen you do them.

DB Defender: Look, dodge ball is a good old American game that’s been played for many years. Nothing that bad can stand the test of time. Both you and I have played it, and we’ve survived. In the big picture, it’s harmless compared to lots of other activities.

DB Opponent: You’re right about the tradition of dodge ball. But what kind of message have we been sending all those years? When students leave our school PE programs, they carry a lot of memories about those classes. And it’s surprising how many of them remember dodge ball as “all they did” in PE. But

when you probe a little deeper, you find they don't respect our profession very much for playing the game. You can almost read their minds: "Same old stuff in PE. Nothing has changed much." And kids talk with parents, too. Sooner or later, other teachers in the school also learn about it. Dodge ball becomes symbolic of the content in our programs.

DB Defender: Look - it's my program, and if I want to play dodge ball, that's my decision—not yours and certainly not any of those textbook writers!

DB Opponent: But it isn't "your" program—the program is for the benefit of the students. I can see that you take some personal ownership in this game, but you — didn't invent dodge ball. And I don't think you should dismiss those textbook writers so quickly. Many if not all have worked in schools just like you or have been involved in supervising field experiences. The Council on Physical Education for Children lists dodge ball as an inappropriate activity for K-12 programs. Our professional associations have an established view on this game and lots of other games that have "stood the test of time" but are nevertheless questionable.

DB Defender: You make it sound like dodge ball is all we do. We do plenty of other useful, appropriate activities in the program. Why should playing this game for a few classes or even a few weeks be such a problem?

DB Opponent: There are lots of critics out there who define us by our worst practices. Consider the History teacher who does nothing but have her students silently read book chapters all hour, asking if they have any questions in the last two minutes of class. We're defined by our outcomes, too. There are students who finish three years of English at the middle school yet still can't put together a coherent story with acceptable language skills. When students leave your PE program, I'm sure you want them to be "physically educated." You want them to leave with a real enthusiasm for doing our activities so that they can build a healthy lifestyle. You and I share more in common than you think. We both love physical activity and want students to enjoy it too.

DB Defender: OK—I'm not sure I'm fully convinced by everything you've said. But I am going to think more about this game and maybe a few other things I am doing too.

DB Opponent: You and I both need professional growth. It's just that any growth or learning experience has an element of risk or fear to it. Learning always involves leaving something behind. That's the catch—and the fun—of growing. I hope we both do it for the rest of our professional lives.

There are a number of opportunities to use this

role-playing exercise prior to the student teaching experience. For example, inappropriate and appropriate activities in physical education are a frequent topic within introductory courses in pedagogy in the student's major. An early examination of student beliefs and assumptions seems warranted given the power that early socialization experiences provide for preservice teachers. The approach used in this paper need not be done one-on-one; the reading can take place in a large group setting, stimulating discussion on the arguments provided by each character. Instead of the instructor providing the script, students could also be given the task to write a script for any controversial issue or activity. This approach would encourage preservice teachers to view an issue from multiple perspectives, engaging them in the critically reflective process that is necessary for initiating the transformative learning experience.

And how did it end up with the student teacher? Following our reading of the script, he reported that the role reversal exercise caused him to rethink how dodge ball is experienced by students and perceived by both teacher educators and the public. He had never closely examined the game carefully along the arguments provided, and hearing himself speak from the perspective of the dodge ball opponent gave him a set of convictions that opposed his taken-for-granted assumptions about dodge ball. We had an amiable discussion on the merits of this role-reversal approach, and the exercise headed off a confrontation that neither of us wanted. I was unable to determine whether he experienced a true revision of previous assumptions and beliefs, or whether he merely engaged in "strategic compliance" with my goals for the exercise. Any one experience—no matter how well crafted—runs the risk of falling short of expectations. Yet it seems he and I had recognized that we could engage a difficult and volatile issue without the usual power differential that pervades most student teacher/university supervisor controversies. Surely that outcome alone provides a reasonable rationale for considering the script-writing exercise as a tool for transforming student beliefs and assumptions.

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Join Indiana AHPERD Today

Share This With Your Parents and Principal!

NASPE TELLS PARENTS AND ELEMENTARY SCHOOL OFFICIALS “RECESS IS A MUST!”

RESTON, VA, May 15, 2001- “Recess is a critical part of the school day!” responds the National Association for Sport and Physical Education (NASPE) to the potential and actual elimination of recess by elementary school officials. Hoping to gain more academic time, school officials are curtailing recess and physical education in elementary schools. The availability of recess in many schools across the country is often based on preset allocations for teachers’ free and planning times as well as state requirements for student time in the classroom.

“Parents need to know that the elimination of recess and physical education may be detrimental to their children’s overall health and learning,” said NASPE Executive Director Judith C. Young, Ph.D. “A six-hour or longer school day is too long for children to go without breaks and without opportunities for substantive physical activity.

“Time for recess during the day may enhance overall learning in the classroom,” she added. “In addition to providing opportunities for needed physical activity, unstructured time contributes to creativity, cooperation, and learning about social interaction. Children learn how to cooperate, compete constructively, assume leader/follower roles and resolve conflicts by interacting in play. Play is an essential element of children’s social development.”

Young pointed out that “adults do not focus on work or sit in meetings for more than two hours at a time without breaks. Children certainly need similar breaks in their routine.”

While recess is unstructured time, physical education is a planned instructional program with specific objectives. An essential part of the total curriculum, it is the role of quality physical education programs to increase the physical competence, health-related fitness, self-responsibility and enjoyment of physical activity for all students so that they can be physically active for a lifetime.

“In fact, extended periods of inactivity are not

appropriate for normal, healthy children or adults,” Dr. Young said. “NASPE recently issued guidelines recommending that children ages 6 to 11 accumulate at least one hour and up to several hours of physical activity each day. This may occur appropriately in multiple periods of moderate to vigorous activity lasting 10 minutes or more.”

Children must be provided with appropriate physical activity options and taught how to make positive choices. If children do not establish physical activity habits when they are young, they are more likely to experience the negative impact of inactivity as adults.

To have the necessary time for academics as well as recess, the NASPE Executive Director suggests consideration of a longer school day. Teachers are also coming up with new approaches to enhance student learning. In Sacramento, CA, NASPE’s 1994 National Elementary Teacher of the Year, Debbie Vigil, introduces her students to new skills in physical education class once a week and then works with classroom teachers to reinforce those skills during the other days of the week.

Learn more about the National Association for Sport and Physical Education (NASPE) at www.aahperd.org, the web site of the American Alliance for Health, Physical Education, Recreation and Dance (AAHPERD). NASPE is the largest of AAHPERD’s six national associations. A nonprofit membership organization of over 25,000 professionals in the fitness and physical activity fields, NASPE is the only national association dedicated to strengthening basic knowledge about sport and physical education among professionals and the general public. Putting that knowledge into action in schools and communities across the nation is critical to improved academic performance, social reform and the health of individuals.

For more information, contact:
Paula Keyes Kun (703) 476-3461,
pkun@aahperd.org

Reviewed Article

Percent Body Fat Measures of Athletes with Disabilities Using Air Displacement Plethysmography (BOD POD)

Ronald Davis, School of Physical Education
and
Leonard Kaminsky, Human Performance Lab
Ball State University
Muncie, IN

Athletes with disabilities are concerned with personal physical fitness profiles as much as athletes without disabilities, particularly the component of body composition. The literature suggests that minimal quantities of surplus fat will add to the load that must be moved or propelled during an athletic performance, especially basketball; thus lower levels of body fat would be advantageous during locomotor movements (Sheppard, 1990). From a physical fitness perspective, body composition is a measure of one's total body fat related to body mass, (e.g., percent body fat). Athletes with disabilities should have an accurate measure of their body composition to help evaluate the nutritional aspects of their training programs.

Several methods for determining body composition have been reported, (e.g., skinfold measures, hydrostatic weighing, and electrical impedance) for able-bodied individuals. However, few studies could be identified using these methods for individuals with disabilities. Frey and Rimmer (1995) and Kelly, Rimmer, and Ness (1986) used skinfold measures on adults (athletic and non-athletic) with mental retardation. While these methods might be considered acceptable when applied to individuals with cognitive impairments, determining body composition for athletic populations with lower body impairments need further investigations. The use of skinfold calipers, combined with prediction formulas, has potential to yield measurement error since these prediction formulas are established on subjects without disabilities. New techniques for measuring body composition for individuals with orthopedic lower body impairments should be investigated. One such technique is air displacement plethysmography commonly used in a device called the BOD POD (Dempster and Aitkens, 1995).

The BOD POD is an egg-shaped chamber that is large enough to hold a single adult in a sitting position.

The BOD POD requires the individual to have the functional ability to enter independently and sit on a seat without means of assistance for balance support. Once inside, the individual must remain relatively motionless and to obtain a measurement of body volume. In order to obtain accurate measurements, the manufacturer recommends only Lycra type material be worn during testing.

The use of the BOD POD with able-bodied subjects has been reported in the literature. McCrory, Gomez, Bernauer, and Mole (1995) conducted an evaluation study to compare hydrostatic weighting and air displacement plethysmography (BOD POD) using 68 adults without a disability in a test-retest study. The test-retest coefficients were not significantly different indicating a high reliability for both methods. In their discussion, McCrory, et.al. questioned the use of such a device on special populations, and challenged further research to investigate the application of the BOD POD to individuals with disabilities. It was therefore the purpose of this study to investigate whether the BOD POD was a reasonable method of measuring body composition for individuals with disabilities.

Methods

Subjects

Subjects in the study represented individuals with spinal cord injury, cerebral palsy, polio, and amputations. All subjects were men participating in a nationally sponsored wheelchair basketball camp. These athletes were considered to be highly motivated, above average in their basketball skills, and playing at a competitive recreational level. The basketball camp was considered developmental in nature as no athletes in this study were considered elite players. All subjects had some type of lower body disability with the predominate impairment identified as spinal cord injured (SCI). All subjects were

volunteers and were free to discontinue participation at any time without prejudice from the researchers or directors/coaches of the basketball camp. All subjects were classified as intermediate to advanced in their skills to participate in competitive wheelchair basketball. Prerequisites for participation in the camp required each athlete to be fully independent in all self-help skills and activities of daily living, e.g., personal hygiene, transfer skills from wheelchair to other surfaces. Only athletes with paraplegia or similar conditions participated.

Subjects (n=17) were recruited by contacting the directors of the basketball camp and arranging a presentation during camp orientation. After a complete explanation of the study, athletes were asked to volunteer. Each volunteer was read the consent form and provided time to ask questions related to the study. Once the athlete read and signed the consent form, a schedule of testing was developed.

Experimental Protocol

Each subject reported to the laboratory for their testing session which lasted approximately 15 minutes per visit. Since the manufacturer recommended minimal clothing to be worn during testing, each subject reported to the lab wearing standard issue nylon gym shorts. Standard issue Lyrca shorts were not available, therefore nylon material was chosen. In addition, subjects had not eaten or exercised for the previous three hours and had to void their bladder within one hour of testing (Sparks, Kaminsky & Whaley, 1999).

Measures

Upon arrival to the lab, individual skinfold measurements were taken at the biceps, triceps, subscapular and suprailiac (Dumin & Womersley, 1974; Sedlock & Laventure, 1990). While the skinfold measurements were being taken, the BOD POD was calibrated using a cylinder of known volume. The subject's weight was measured using a standard physician's balance scale by placing a small platform on the scale with a high-back chair secured to the platform. The subjects positioned themselves next to the high-back chair and transferred to the chair with assistance as needed from the researchers. The subject's weight was measured, minus the weight of the platform and chair, and recorded. All weight measurements occurred prior to testing. Next, the subject transferred from the scale to their wheelchair and moved into position near the front of the BOD POD. The subjects transferred again to the inside of the BOD POD, and when they had maintained an unassisted seated balance, the door was shut and testing began.

Once inside the BOD POD, the subject's raw body volume was determined. During this trial in the BOD POD (approximately 40 seconds) the subject's raw body

volume was determined across two measurements. The two measurements had to produce within the criteria of 150 ml if the two values were inconsistent; a third measurement of body volume was needed to obtain two values within 150 ml. The inconsistent value was then disregarded. If none of the three values were consistent, the trial was abandoned and the next trial began. Within each trial, after the body volume measurements, thoracic gas volume was measured. Once again, the subject sat quietly within the BOD POD with the door shut. The subject wore nose-clips during this portion of the trial. After about 30 seconds the researcher gave each subject a signal to place the end of a single-use tube in his mouth and breath normally. On a second signal, the subject gave three gentle puffs against an occluded airway. This measured thoracic gas. This procedure was used to meet the criteria of a figure; a figure of merit rates the subject's compliance to the procedure. An acceptable criterion for figure of merit is reported as a number less than 1. All subjects within this study met the figure of merit criteria. Raw body volume, surface area artifact (used to correct the raw body volume for body surface area), tidal volume, predicted thoracic gas volume, acceptable measured thoracic gas volume, corrected body volume, and percent fat were recorded. Only percent fat measures were used for comparison within this study. All data recording methods were implemented to assure subject confidentiality and anonymity.

Results

Means and standard deviations for height, weight, age, and years of playing experience are shown in Table 1. Subjects appear to have started their competitive basketball experience in their late twenties and had minimal playing experience, while height and weight data appear consistent with the literature. Appropriate data were obtained from the BOD POD measurements for all subjects. As shown in Table 2, similar mean values were obtained between the two body composition methods, $t(16)=-.676$, $p>.05$. The Pearson Product Moment correlation was $r = .67$ between the two methods.

Discussion

Physical fitness data, including body composition, is helpful in individualizing training programs. Results of this study appear to indicate that the BOD POD is a reasonable piece of technology to be used with individuals with disabilities for purpose of body composition measurement. There appears to be a basic relationship between the data produced from skinfold measures and that of the BOD POD within the limits of this study. Additional studies are needed to address reliability of this instrument as applied to this population. Although these results show promise for the BOD POD,

Table 1 Wheelchair basketball players' demographics

Subjects N=17	Ht (cm)	Wt (kg)	Age	Yrs Exp
Mean	178.98	76.06	31.18	5.03
SD	4.90	12.27	18.22	9.01

Table 2 Correlation between body fat measures

Methods	Skinfold	BOD POD
Body Fat (%)	20.9 \pm 1.7	22.0 \pm 2.4
r	0.67	

generalization to all individuals with disabilities is questionable.

The constraints of the BOD POD as applied to the population within this study centered around three assumptions: the subject's ability to transfer, independent sitting balance, and degree of muscle atrophy affected by the disability. These three assumptions are related to the type of and/or level of disability and must be discussed when considering the application of the BOD POD for individuals with disabilities.

Subjects within this study were considered athletic and very functional. As previously mentioned, all subjects had to meet a certain daily living criteria in order to participate in the basketball camp. One of the functional criteria required of the camp participants was the ability to perform an independent wheelchair transfer, (e.g., moving their bodies from the wheelchairs to another surface such as a desk chair, bed, couch, etc.). In order for the subjects to successfully utilize the BOD POD, each subject had to have the ability to transfer from their wheelchair to the seat within the device. Since all subjects were considered paraplegic, this was not a concern. However, subjects with limitations in all four limbs or SCI quadriplegic would not be able to independently complete this maneuver. Individuals with progressive neuromuscular conditions such as muscular dystrophy or multiple sclerosis would need additional assistance to use the BOD POD. Technicians would have to be trained in assisting with wheelchair transfers in order to maintain a safe testing environment and reduce risk factors. A second concern would be the individual's ability to balance while seated without support.

While inside the BOD POD the subjects had to have the ability to sit independently for an extended

period of time. Once again, individuals with paraplegia SCI at the mid to lower thoracic level would be able to complete this task without assistance. Those subjects injured higher, (e.g., Thoracic 1 or 2) or those consider SCI quadriplegia (e.g., cervical 1-8) would need some form of assistance to maintain sitting balance. Additional support such as handles, crutches or canes would disrupt the accuracy of the measurement and increase the difficulty of using the BOD POD.

Further, individuals with SCI generally require a padded cushion to sit on for extended periods of time, (e.g., 5-10 minutes). The padded cushions are designed to relieve pressure and disperse weight bearing over the buttocks region. Individuals with SCI who sit on hard surfaces for extended periods of time increase the chances of developing pressure sores or decubitus ulcers. Decubitus ulcers, or skin breakdowns, if untreated can lead to systemic infections. Since the BOD POD requires the individuals to have minimal clothing inside the chamber during testing, adding a padded cushion could negatively affect the body composition measurement.

The BOD POD manufacturer recommended tight fitting Lycra material clothing during testing. When working with individuals with disabilities, especially those with SCI, muscle atrophy is generally present in the lower extremities. Despite the researchers efforts, tight fitting Lycra material clothing could not be used in this study. The Lycra shorts that were attempted fit tightly through the waist and hips area, but did not fit appropriately through the thigh region of their legs. Because of the variance in fit of the Lycra shorts, standard issue nylon gym shorts were used instead. Since the gym shorts were shorter in length, the issue of tight fit through the upper leg and thigh area was eliminated. The issue of appropriately fitting clothing

is a constraint that needs closer attention in future research studies for individuals with disabilities.

Additional studies are recommended to address the reliability of the BOD POD for measuring body composition for individuals with disabilities considered non-athletic. Results of this study appear to warrant such recommendations. Safety issues must be considered and further investigated with this population, as well as issues of claustrophobia. The BOD POD appears to offer another alternative for measuring components of physical fitness for special populations. Measurements from the BOD POD are made quickly and are non-threatening to those unfamiliar with more traditional measures, e.g., skin calipers or hydro static weighting. Such non-threatening methods are important to consider when addressing certain special populations.

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Public Playground Equipment Safety for the Practitioner

Thomas W. Bowler, Chairperson,
Council on Play American Association for Leisure and Recreation

Reprinted with Permission Safety Notebook, 8(2), November 2003

An area often overlooked by practitioners in the field is the safety of playground equipment. Accidents of a significant nature occur all too frequently on this apparatus as evidenced by the 200,000 children who are seriously injured in some type of playground accident each year. Based on this information we, as practitioners, should take a better look at this issue. Specifically we should be concerned with groundcover, fasteners, entrapment areas, concrete footings, the concept of "use zones," aging equipment, and signage indicating appropriate use of playground equipment.

Appropriate groundcover around playground equipment is essential in protecting a participant during a fall. When groundcover is being selected, the practitioner must look at the height of the equipment being used in the area to insure that the proper choice is made. The head is used as the benchmark in the playground industry for serious injury. Because a fall with an impact in excess of 200 G's will, more than likely, result in a serious injury to the head, it is imperative to select an appropriate material that will minimize a possible head injury. (At the present time, there is no testing available to pinpoint the threshold for orthopedic fractures to the elbow, arm, legs, and ribs).

In addition to the height of equipment, regional weather will also affect the type of groundcover used in a play area. Groundcovers need to be appropriate for the environment. The practitioner must know the different properties of sand (coarse and fine), wood chips, and chopped rubber materials to make an informed decision based on the height and locale of their equipment. For example, wood chips work well in the northeast, however in arid, dry climates, it should not be the material of choice. In the winter-time, wood chips will freeze in many areas of the country and will lose their shock-absorbing properties. Sand works well as a groundcover in many parts of the country, however in the south, without proper maintenance, sand can become quite hard packed and unforgiving in the hot sun. Coarse, compacted sand at nine inches (CPSC p.5) will only protect the head from serious injury up to a four-foot fall. Therefore, if you have swings, with an eight foot fulcrum point, nine inches of compacted sand does not provide sufficient shock absorption. Clearly, no single groundcover is the best choice for all circumstances. Even if one chooses the optimal groundcover there is no guarantee that it will continue to function effectively without attention.

Groundcover must be regularly maintained for adequate safety. In some cases, maintenance can occur on a weekly basis. If there is high usage, however, daily inspection and maintenance may be required. With normal usage, for

instance, loose filled materials (i.e., sand, wood chips, and rubber chips) will become displaced. With high frequency of usage, it is reasonable to check this on a daily basis. Sand in hot, dry climates must be tilled in order to maintain maximum attenuation potential; foreign objects can get into the groundcover as well. Debris, sticks, stones, candy wrappers, bottles, cans, feces, and even needles from drug users can make the playground a dangerous and uninviting place to play. An inspection plan can help prevent and correct problems of this nature. It is an essential component of an effective playground maintenance program.

Fasteners present another area of concern for the playground supervisor. Bolts, nuts, "S" hooks, and rapid or quick links all fall within this category. Fasteners have the ability to puncture skin as well as to entangle clothing on a playground structure. Generally speaking, bolt ends should not protrude more than two thread lengths beyond the nut for safety (ASTM p.6). This can be verified simply by visually inspecting the fasteners. "S" hooks need to be crimped to the tolerance of 0.04 inches (the thickness of a typical credit card or the thickness of a dime) to keep users safe. Playground "S" hook pliers should be used for this type of crimping because the garden-variety pliers found in normal workshops have a fulcrum, which is too short. In addition to crimping hooks, these "S" hook pliers have the added advantage of being able to open them as well. One word of caution; never re-use an opened "S" hook once it has been crimped. Its strength will be compromised.

The manufacturer of your equipment should be consulted regarding the type of chain that should be used on their swings (using the wrong type of chain [i.e. in test pounds] or inferior fasteners can compromise the integrity of the swing). If a chain is broken or weakened it must be replaced in its entirety. The practice of joining broken chains together is not advised. Rapid links or quick links should never be used for this purpose.

Entrapment is another problem that is not obvious and can be overlooked on a playground. By definition, an entrapment is a space on the playground through which a child cannot withdraw a body part (ASTM p.2). On the majority of playground equipment, the most common entry method for children is feet first. The torso of a child often passes through an opening with ease but sometimes the head, being larger, may not. This type of entrapment puts the head at risk and strangulation may result. Generally speaking, gaps or spaces on a playground that are within the 3-inch to 9-inch range, constitute an entrapment space. There are exceptions to this general rule but for the nature of this article, it is not necessary

to delve into those exceptions. Three-dimensional probes for a torso and head mold can be purchased to test for head entrapments. Two-dimensional probes are also available, however, one only needs a twelve-inch ruler to ascertain if a potential problem exists. If an entrapment space is suspected, the practitioner should close the playground and seek the advice of a Certified Playground Safety Inspector. This individual will be trained to recognize such problem areas. The manufacturer of the equipment should also be consulted. The practitioner should never take it upon him/herself to retrofit or modify the problem area. In doing so, the liability will now rest with the retrofitter since the equipment has been altered.

Exposed concrete footings can be another source of accidents on playgrounds. The reasons concrete footings become exposed are twofold. First, the exposure could be the result of faulty installation. During the original installation, the post specifications may not have been followed and thus the poured cement may not be below the original grade. Secondly, if the groundcover is not maintained at an appropriate level the concrete footers may become exposed. The reason for exposure could be a maintenance issue. Exposure from either of these conditions can present tripping hazards and falling upon them may result in serious injuries. Proper maintenance can keep the likelihood of this to a minimum.

Playground practitioners should be familiar with the concept of "use zones" which help minimize the chance of injuries by providing for six feet of space between all stationary playground equipment within a play area (formerly this space was entitled "fall zones" [CPSC]). The rationale for a "use zone" is for children to have adequate room to mount and dismount equipment without the fear of hitting or bumping into other objects. Moving objects, such as single axis belt swings require additional spacing and the formula used to determine the space needed is quite simple. Measure the vertical distance from the fulcrum point to the groundcover and then double this figure and the resulting number is the amount of space required horizontally in front of and behind the swing for safety. For example, if a vertical swing distance from the groundcover to the fulcrum point is eight feet, sixteen feet would be needed behind the swing, as well as in front of the swing. Swings require a great deal of space on a playground and should always be offset in a safe location away from other modules. To reduce the potential for traffic flow accidents, swings should never be attached to composite structures.

Aging equipment is another area to investigate as old equipment may be out of compliance with today's industry standards. Just because equipment does not show "outward damage" does not mean it should not be replaced. If playground equipment was installed in the 1980's or earlier, there is a strong possibility it does not meet today's compliance features. By checking the invoices of playground equipment (which should be kept on file), the age of equipment and installation can be ascertained. Practitioners need to keep an ongoing file on the playground and the following sub-categories are key within such a file: installation date; maintenance directions from the manufacturer; inspection records on a daily, weekly, monthly, and yearly

basis with dates clearly noted; work order requests indicating when tasks were accomplished; injuries with incident reports; log of injuries on specific pieces of equipment; and lastly, the one-time playground safety audit (performed Certified Playground Safety Inspector who is currently certified by the National Recreation and Park Association).

By definition, a playground safety audit is a one-time inspection to see if all playground equipment complies with today's playground industry standards. Audits should be performed on old and new playgrounds. Even new playgrounds need an audit when equipment is first installed. Though the equipment is brand new, workers can make mistakes during the installation process. It is extremely important that the agency hire someone to perform this playground safety audit soon after the playground has been installed. Children should be kept off playground equipment until this task has been accomplished. Older playgrounds need safety audits to verify their compliance with today's industry standards. For example, years ago one playground manufacturer produced an arch swing set frame holding five to six swings within "one bay" (i.e., support member uprights). In past years, this was an acceptable standard, but in keeping with today's compliance standards, only two swings per bay are now permissible. The rationale for the new standard is to prevent injuries due to children moving into the swing area, vying for a swing between two others and getting hit by a moving element. To make this older swing frame compliant, all but two swings need to be removed.

The American Society for Testing and Materials International (ASTM) and the U. S. Consumer Product Safety Commission (CPSC) produce standards, which are applicable to playground equipment. ASTM first produced and published F1487 (playground standards) for public playground equipment in 1993 and the latest edition was published in August 2001. Each time newer editions of their treatises are produced, a playground should be re-inspected to be sure it is in compliance. The committee within the ASTM physically meets, and does ballot voting via the Internet to keep the standard current as it is constantly scrutinized by professionals to define it more comprehensively. The CPSC originally published two handbooks on public playground safety in 1981. Revisions were published in 1991, 1994, and 1997. Currently, the Handbook for Public Playground Safety is going through a revision in preparation for a future printing.

In addition to non-compliant equipment, which can lead to lawsuits, litigation has been rampant within the playground industry based upon: age inappropriate equipment, use during inclement weather and lack of signage. Overhead ladders, track rides, fixed loop ring ladders, moveable swinging ring treks and manufactured moveable rungs on overhead ladders are some equipment pieces that are commonly cited in litigation. These types of overhead pieces of playground equipment need to be checked regularly for compliance. From a supervisory viewpoint, it is foolish to supplement such playground equipment with milk crates for example, to make access easier. If the child developmentally cannot reach the overhead piece, it means the playground piece is inappropriate for their age.

Children also get hurt when playing on equipment if weather conditions are inclement and create a safety hazard.

If the temperature is below freezing and the groundcover is frozen, allowing children on playground equipment could be placing them at risk. In areas of the country where the sun bakes the sand and heats up the equipment, permitting children to play on equipment can also be hazardous. Lastly, allowing children to use wet equipment that is slippery could be placing children at increased risk. All of the above examples point out the need for appropriate supervision, informed administrative decision-making, and effective signage.

Signage must be precisely developed, visible and used effectively for each specific playground and its needs. Signs at playgrounds should have at minimum: the age appropriateness of the equipment for the children; simple rules for play; and a telephone number to call in the event of an emergency. Placement of the signage is essential so that children and caregivers view the sign as they approach the equipment. Unfortunately, signs are not always present within

a playground and if they are, oftentimes their placement is ill advised.

To try to prevent playground accidents and attempt to insulate the agency from legal battles, it is necessary to be most vigilant with playground safety. The practitioner needs to develop a proactive attitude.

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Playground Safety Checklist

Supplies necessary: pencil, clipboard, 25-foot measuring tape and a trowel

1. Type of groundcover

Sand Pea stone Wood Chips Chopped Rubber
Synthetic Rubber Tiles Poured-in-Place Rubber Surfacing

2. Depth of loose-filled materials (Check with trowel and measuring tape in six random locations):

Loose-filled depths:

a) #1 Probe _____ #2 Probe _____ #3 Probe _____
#4 Probe _____ #5 Probe _____ #6 Probe _____

b) Groundcover depth is checked:

Daily Weekly Monthly Yearly Seldom Never

c) Groundcover is replenished on a regular basis.

Yes No

3. There is debris within the playground area.

Yes No

4. Bolt ends do not protrude more than 2 thread lengths beyond the face of the nut.

Yes No

5. "S" hooks on swings are crimped sufficiently (i.e., a credit card is unable to pass through crimped area).

Yes No

6. Quick links or rapid links are used on this playground.

Yes No

7. There are spaces (non-compliant) which are between 3 inches and 9 inches.

Yes No

8. Concrete footings are exposed (non-compliant) on this playground.

Yes No

9. There is a distance of at least six feet from stationary equipment to trees, fences etc.

Yes No

10. In front of and behind swings, there is at least two times the vertical distance from the groundcover to the fulcrum point.

Yes No

11. There is a file maintained for playground equipment.

Yes No

a) File contains installation date of equipment.

Yes No

b) File contains maintenance directions.

Yes No

c) Inspection records are listed within the file on a daily, weekly, monthly and yearly basis.

Yes No

d) Work order requests are so noted.

Yes No

e) Injury logs are kept on file.

Yes No

f) File contains the playground audit.

Yes No

12. There has been an audit on this playground (i.e., compliance review).

Yes No

13. Swings are situated no more than two per bay.

Yes No

14. Milk crates or other devices have been/are being used on this playground to give children a height advantage.

Yes No

15. Has your playground ever been involved in litigation?

Yes No

16. Age-appropriate signage is present.

Yes No

a) Signage is visible as one approaches the playground.

Yes No

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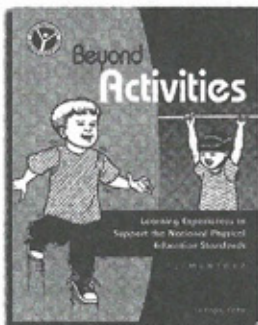
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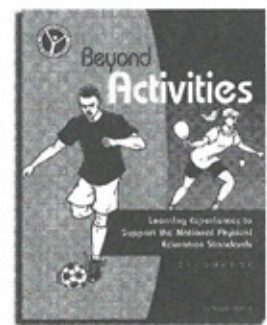
Beyond Activities: Learning Experiences to Support the National Physical Education Standards

Susan Kogut, Editor



These two volumes are more than just a collection of activities -- they are a collection of "learning experiences!" Each experience includes the applicable national standards, PLUS suggested teaching strategy, cues for instruction, practice activities, culminating activity, and assessment ideas. Most include a reproducible assessment instrument.

The learning experiences in each book are all from K-12 teachers recognized for their excellence -- NASPE Teachers of the Year and National Board certified physical education teachers. Each experience was carefully selected based on how well it aligns with the standards.



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2005

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Our Impact Goal: Reduce coronary heart disease, stroke and risk by 25% by 2010

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Miraculously, Kevin was able to return to work three weeks after his stroke and needed just two months of physical therapy for partial paralysis on his left side. He has volunteered to help us motivate people of all ages to learn and heed the warning signs of stroke.

How we're working for you in your community

We work every minute of every day to advance groundbreaking medical research, spread lifesaving knowledge and reach out to people of all ages. We're creating healthier communities — safe from the devastation of heart disease and stroke — to ensure stronger, longer lives for you and your loved ones.

1. Advocating for Your Health

We're working to change federal, state and local policies that affect our nation's cardiovascular health. They include:

- significant growth in federal funding for research
- reduced tobacco use, particularly among children
- increased physical activity and nutrition programs
- better access to affordable, quality medical care
- improved cardiac and stroke care systems

2. Improving Response to Cardiac Emergencies

Operation Heartbeats our initiative to place AEDs in emergency vehicles and large public places to save cardiac arrest victims. We train millions of Americans to respond to cardiac emergencies through CPR/AED classes for the public and advanced training for healthcare providers.

3. Expanding the War on Stroke

Operation Stroke is our initiative to improve community education, emergency response and treatment of stroke. We help survivors/caregivers through our free Stroke Connection magazine, toll-free Warmline (1-888-4-STROKE) and liaison with 2,000 support groups nationwide.

4. Providing Access to Online Information

For current activities near you, logon to <http://local.americanheart.org> and type your Zip code in the "Get Local Info" box.

Our award-winning Web sites (americanheart.org and StrokeAssociation.org) make it easy to access credible, authoritative information anytime, anywhere.

5. Customizing Health Information for Patients

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6. Finding Answers for Better Public Health

Nationwide, we spend \$135 million a year on heart and stroke research — over \$2 billion since 1949. Knowledge from these studies gives healthcare professionals in your community more ways to help heart disease and stroke patients live and recover.

7. Bringing Professionals Together for Learning

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8. Implementing Guidelines to Save Lives

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Individuals, corporations and foundations support our work through generous contributions. Planned giving vehicles include wills, trusts, gift annuities and gifts of appreciated assets.

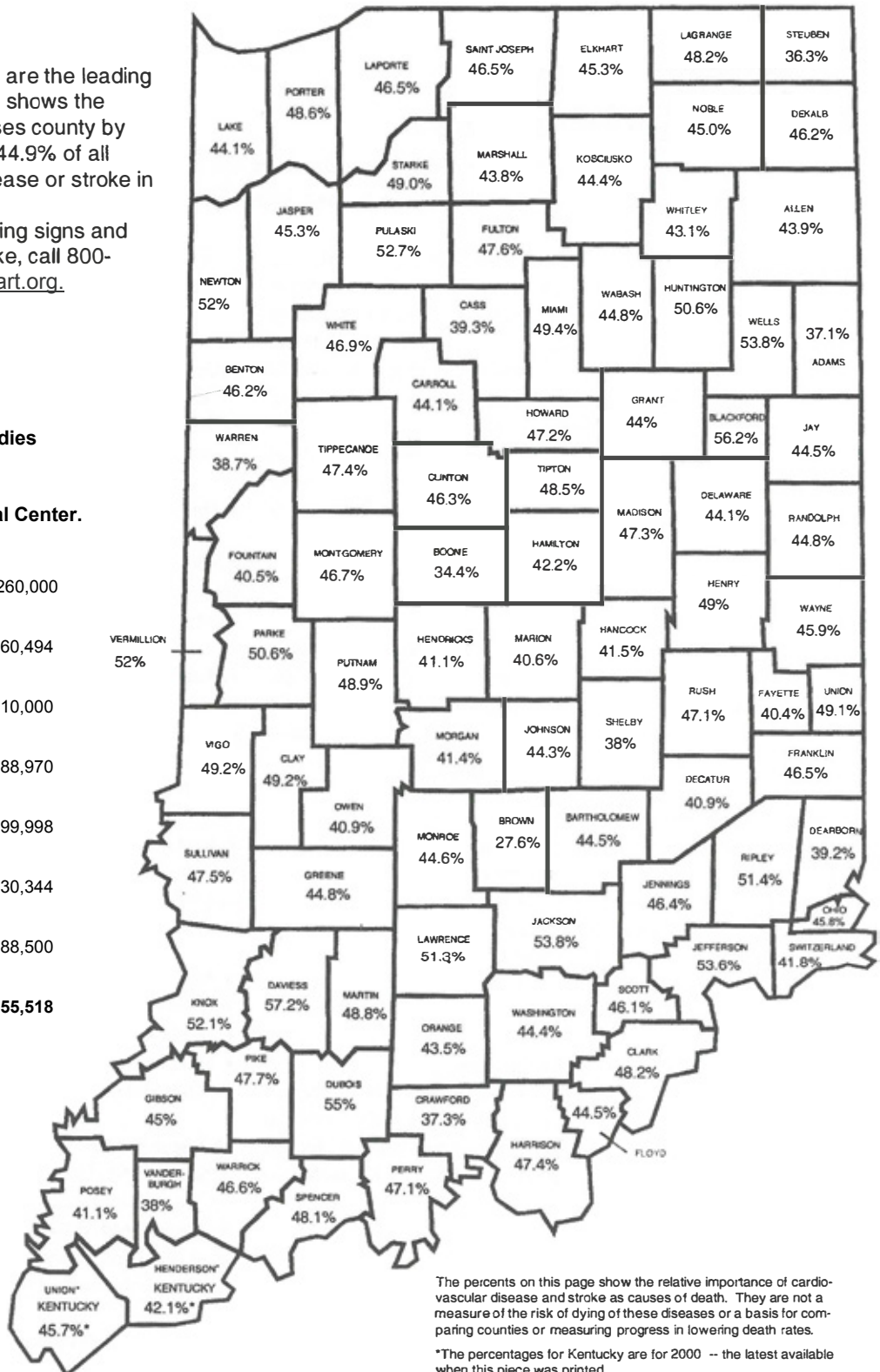
Heart Disease and Stroke in Indiana

and in Henderson and Union Counties, Kentucky*

Cardiovascular diseases and stroke are the leading cause of death in Indiana. This map shows the percent of deaths from these diseases county by county. Statewide, 20,817 deaths (44.9% of all deaths) were attributed to heart disease or stroke in 2001. (Indiana State Dept. of Health)
 For information on prevention, warning signs and treatment of heart disease and stroke, call 800-AHA-USA1 or logon to americanheart.org.

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Methodist Research Institute Indianapolis	1	\$ 99,998
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University of Notre Dame South Bend	16	\$2,188,500
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Please call the office nearest you to reach the community-based staff who serve your area of Indiana.

The percents on this page show the relative importance of cardiovascular disease and stroke as causes of death. They are not a measure of the risk of dying of these diseases or a basis for comparing counties or measuring progress in lowering death rates.

*The percentages for Kentucky are for 2000 -- the latest available when this piece was printed.

Health/Physical Education, Recreation, Dance, & Sport Technology Conference

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- Research (on effectiveness of technology use)

Hands-on sessions will be limited to the number of participants that the equipment will allow. This will ensure that everyone has access to the equipment. The sessions will be repeated as needed to meet participant demands.

Registration Costs:

	Prior to June 1	Prior to July 1	July 1 and after (including onsite)
AAHPERD or a state AHPERD member	\$160	\$190	\$220
Non-member	\$260	\$290	\$320
Student member (undergraduate or graduate)	\$100	\$110	\$120
Student non-member	\$150	\$170	\$190

Additional information will be available on the Midwest District AAHPERD web page at <http://www.aahperd.org/districts/mwd/template.cfm?template=mwd-programs.html> and in a mailing to all Midwest District AAHPERD members. For additional information, contact:

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HOOSIER HEARTBEATS

Jump For the Health of It

Elise Studer-Smith
Jump Rope for Heart Program Director
Sunman-Dearborn Intermediate School
West Harrison, IN



Rope jumping has increased in popularity during the past decade and is regarded as an excellent medium for fitness development. Lee (2003) reported that a 10-minute program of jumping rope can be as effective as 30 minutes of jogging for improving an individual's cardiovascular health. In addition, it ranks as one of the most efficient methods of burning calories in a short period of time when combined with a balanced diet.

The Indiana AHPERD and the American Heart Association are providing leadership to promote rope jumping in our schools through the Jump Rope for Heart program. Even Governor Joe Kernan and the Governor's Council on Physical Fitness and Sport are into it!

Jump Rope for Heart is a beneficial fitness and community service program that aims to educate Hoosier children and youth on the need for daily physical activity and the awareness of health-related physical fitness. The funds collected are used to support cardiovascular research and public education programs conducted by the American Heart Association. In addition, participating schools earn points to buy physical education equipment and health education materials. (NOTE: Jump Rope for Heart materials can be obtained by contacting the American Heart Association—Greater Midwest Affiliate at 6100 W 96th Street, Suite 200, Indianapolis, IN 46278 or by calling (317) 873-3640 X140. Additional information can be secured from the Indiana AHPERD website at www.indiana-ahperd.org).

Darst and Pangrazi (2002) champion rope jumping as a useful activity to teach students in physical education because it offers carryover value for activity in later life. Countless athletes and personal trainers reinforce jumping as a building block of fitness and improved sports performance. Basketball, tennis, football, soccer, and volleyball are some of the sports that include it as a regular part of training. Jumping provides an inexpensive workout that an individual can do almost anywhere, anytime.

Aside from burning calories and raising the heart rate, jumping is an overall body workout that increases muscular strength by toning not only the legs but also the back, shoulder, abdominal, chest, and arm muscles. Rope jumping is also a great cross-training exercise that helps



strengthen the bones of the lower body. By following proper form, jumping can be a low impact alternative to jogging or running.

Whether rope jumping is used as a 5-minute warmup or as the main source of exercise, teachers need to consider the following:

1. Plan jumping to be on a wood or padded surface to cushion the impact of landing. Encouraging students to wear proper shoes will also help.
2. Start off with an 8 to 9 foot adjustable speed rope. Have students step on the center of the rope with one foot while pulling both handles up until the tips reach their shoulders. The rope can be shortened to turn faster as advanced skill is acquired.
3. Encourage students to jump only as high as necessary to clear the rope (about an inch off the floor) while landing lightly on the balls of their feet.
4. Reinforce keeping the upper body upright and eyes focused straight ahead. Elbows should remain close to the sides (at a 45-degree angle) and wrists should make small circles while turning the rope.
5. Individualize instruction by adapting workloads by changing the amount of time jumped or the number of turns.

Rope jumping is an excellent activity physical educators can easily incorporate into their program. It is one of the best for improving fitness in our students by conditioning all parts of their body. In addition to student

benefits, teachers who participate in Jump Rope for Heart receive a complimentary one-year membership from Indiana AHPERD (upon submission of membership form). Coordinators of Jump Rope for Heart events may also request funding for innovative projects designed to enhance health, physical education, recreation, and/or dance within their school and/or community. So, what do you say? Join the Hoosier Heartbeats, jump on the Indiana AHPERD bandwagon, and get your students' jumping for the health of it!

References

- Darst, R. W, & Pangrazi, R. P. (2002). *Dynamic physical education for secondary school students* (4th ed). San Francisco: Benjamin Cummings.
- Lee, B. (2003). *Jump rope training*. Champaign, IL: Human Kinetics.



Regional Round Up: IAHPERD Needs You!

Darrell Johnson
State Director of Regions
Department of Physical Education and Sport Studies
Grace College

IAHPERD is your State Association! It is a professional organization dedicated to improving and promoting the quality of life of citizens in the Hoosier state through school and community programs in health, physical education, recreation, dance, sport, and allied areas. The purpose of the Association includes 1) education and training, 2) research and demonstration, and 3) recognition of its 1000+ members.

IAHPERD is in the process of "rounding up" professional members to join our leadership team to fill openings on our Regional Councils. At the start of the year, President Kim Duchane created a Regional Structure Task Force and charged the group to evaluate the Association's current regional format to determine if the regions were meeting our members' education and training needs. Based on the evaluation, the Task Force was asked to bring recommendations to the Board of Directors for consideration. The Task Force is comprised of:

Dale Berry (New Albany)
Darrell Johnson (Warsaw)
Bobbi Lautzenheiser (North Manchester)
Lisa Lock (Greenville)

Monica Malloy (New Albany)
Mary Jo McClelland (Wabash)
Sarah Titzer (Greenwood)
Tom Visker (Mishawaka)

At the Team IAHPERD Leadership Conference in February, the Program Directors and the members of their Program Councils were surveyed to determine if the leadership team wanted to revise our regional structure from our current nine region format to a three or four region format (i.e., northern, central, southern). The decision was made to remain with our nine regions. As a point of information, the IAHPERD regional structure consists of:

Region 1: Southwest Indiana consisting of Crawford, Daviess, Dubois, Gibson, Knox, Lawrence, Martin, Orange, Perry, Pike, Posey, Spencer, Vanderburgh, and Warrick counties.

Region 2: Southeast Indiana consisting of Clark, Dearborn, Floyd, Harrison, Jackson, Jefferson, Jennings, Ohio, Ripley, Scott, Switzerland, and Washington counties. **Region 3:** Southwest Central Indiana consisting of Brown, Clay, Greene, Hendricks, Monroe, Morgan, Owen, Parke,

Putnam, Sullivan, Vermillion, and Vigo counties.

Region 4: Southeast Central Indiana consisting of Bartholomew, Decatur, Delaware, Fayette, Franklin, Hancock, Henry, Johnson, Madison, Randolph, Rush, Shelby, Union, and Wayne counties.

Region 5: Northwest Central Indiana consisting of Benton, Boone, Carroll, Cass, Clinton, Fountain, Hamilton, Howard, Miami, Montgomery, Tippecanoe, Tipton, Warren, and White counties.

Region 6: Northwest Indiana consisting of Jasper, Lake, LaPorte, Newton, and Porter counties.

Region 7: North Central Indiana consisting of Elkhart, Fulton, Kosciusko, Marshall, Pulaski, St. Joseph, and Starke counties.

Region 8: Northeast Indiana consisting of Adams, Allen, Blackford, DeKalb, Grant, Huntington, Jay, Lagrange, Noble, Steuben, Wabash, Wells, and Whitley counties.

Region 9: Central Indiana consisting of Marion county.

In addition, the IAHPERD Constitution describes the regional structure and highlights membership, term of office, and responsibilities of the Regional Councils as follows:

Membership: The President shall appoint council members for each of the nine regions upon the recommendation of State Director of Regions and upon the approval of the Board of Directors. Each Regional Council consists of a Regional Coordinator and three professional members from the region. Additionally one college/university liaison from the region will work with the council to create, foster, and promote activities related to the interests of professionals in our field.

Term of Office: The Regional Council members shall serve for two years. The Regional Coordinator and three professional members shall be appointed to staggered terms with no more than two appointed in any one year. The college/university liaison can serve indefinitely.

Responsibilities: The main responsibilities of the Regional Council members are to:

- Attend the annual IAHPERD Leadership Conference,
- Assist the State Director of Regions to create, foster, and promote workshops related to the education, training, and interests of professionals in their region,
- Promote "special events" within the region (i.e., ACES Day, National Girls and Women in Sports Day, National Sport and Physical Education Week, National Dance Week), and
- Make nominations to the Awards Committee chair for Teacher of the Year and Association awards.

Already this year, several Regional Coordinators have hosted Regional Workshops in their areas of the state. Region 2 held a workshop on February 4 at Hazelwood Middle School in New Albany. Lisa Lock and her Regional

Council arranged for training for approximately 40 health and physical education teachers on the coordinated school health program, provided information about Action for Healthy Kids, and staged a variety of afternoon activity sessions (see related story in this issue). **Region 7's** Regional Workshop had an adapted physical education focus. Rochester Middle School served as the training site on January 30. Students with disabilities, adapting instruction, and classroom management were just a few of the topics presented to the 35 participants. The featured speakers were David Barrett and Kim Duchane. Charlee Schwank also highlighted Jump Rope for Heart to those in attendance. **Region 8** conducted their workshop on April 28 at Manchester College. Bobbi Lautzenheiser and Mary Jo McClelland and their Regional Council educated participants on cooperative games, rhythmic activities, academic standards for physical education, plus other important issues. All of the attendees found the workshop exciting and informative.

So, what do you say partner? Do you want to join our leadership team? We can use your new ideas! The Nominating Committee is working to "round up" IAHPERD members willing to serve on a Regional Council for their region of the state. If you are interested in becoming involved at the grassroots level with a minimal time commitment, feel free to contact Audrey Satterblom at satterba@mail.ips.k12.in.us or Kim Duchane at kaduchane@manchester.edu. Additional information may be obtained from our Association website www.indiana-ahperd.org.



ADVOCACY

Complete Players

Mike Tenoschok

Mt. Paran Christian School, Kennesaw, GA

Reprinted with Permission GAHPERD Journal, 36(3), Georgia AHPERD, November 2003.

Every profession has its standards that specify what minimum skills are necessary for entry level admission. For example, baseball scouts are looking for prospects with 5 specific raw skills. Can the player do the following?

1. Run
2. Throw
3. Field
4. Hit
5. Hit with Power

If the answer is yes to all five, then the prospect may have a future in major league baseball, as a complete professional, a superstar much in the manner of a Mickey Mantle, Barry Bonds or Sammy Sosa. If the player expects to make it in the "big" he must not only strive to develop these skills, he "must" develop them, as there are only 750 slots at the major league level. Consequently, if you are not willing to work to improve all 5 areas, you will not make it to the "big show."

Now what are the entry level skills of a physical educator? Essentially a college degree makes you employable. Since the job market in education is nowhere near as competitive as professional sports, it is possible to break into this profession with that degree. And on a day to day basis it is possible to utilize only a fraction of the techniques taught in the professional preparation program and still stay employed for over 20 years. Ballrollers are an excellent example. Ballrollers are the equivalent of batting .175 as a designated hitter with limited speed and no throwing arm and being signed to a multi-year contract for two decades. Unfortunately there is now way to put up physical educator statistics on a daily basis for parents the way stats are displayed in the paper for sports fans. A parent can get a better picture of the skills of a teacher, however, it takes several weeks to actually see what a child is receiving in the way of instruction. But bad as ballrollers are, what about the teacher who teaches only team sports at the exclusion of outdoor education, dance, lifetime sports and the other strands of the curriculum. Anyone can teach what they

like, but it takes true professionals to learn the areas that they don't like and still be effective in their instruction. The students deserve a well-rounded curriculum just as the fans deserve a well-played game.

What, however, are the characteristics of a complete professional in physical education? In my opinion a complete physical educator, a superstar, is not unlike a superstar major league baseball player. Consider the 5 essential skills:

1. Run: Run a program based on the individual needs of your students. All students are different and they all have specific needs to develop physically, emotionally and academically.
2. Throw: Throw the full curriculum at your students to insure a well-rounded physical education student. Physical education is more than just team sports. Outdoor education, lifetime sports, adventure activities, rhythms and dance, gymnastics, aquatics, and dual sports are all in your pitching repertoire to produce physically educated students.
3. Field: Field a program based on the NASPE Benchmarks for developmentally appropriate instruction. Nothing will kill a rally quicker than a poor play. Likewise nothing will destroy a program sooner than inappropriate activities (such as battleball and other roll-out-the-ball activities) that have no research base, grounding in standards, or place in a quality physical education program.
4. Hit: Hit all possible avenues with the good news about the "New" Physical Education. Advocate for your program and profession by promoting your program to students, parents, faculty, administration and community. Use the media, PTA meetings, school newsletters, etc. to promote your program.
5. Hit with Power: Be a power hitter by utilizing the research and muscle of affiliation with respected organizations. Join AAHPERD and your professional state organization, and attend professional conferences to maintain professional preparedness on the latest innovations in your field.

Contact information: Dr. Mike Tenoschok, Mt. Paran Christian School, 1275 Stanley Rd., Kennesaw, GA 30152. Email: tenoschok@aol.com . Tenoschok, M. (2003). Complete players. GAHPERD Journal. 36(3), 12. © 2003 by the Georgia Association for Health, Physical Education, Recreation and Dance

Be a "PRO" and make it to the "Big Leagues" by developing as a "Complete Player" in the profession of physical education.

LEGAL ISSUES

Coaches' Decisions Regarding Players with Disabling Conditions: Whether to Play Them and How Much

Lynne P. Gaskin

College of Education, State University of West Georgia, Carrollton, GA

Reprinted with Permission GAHPERD Journal, 36(3), Georgia AHPERD, November 2003.

Coaches at the middle and high school levels frequently ask themselves questions about athletes who have disabling conditions. "How do I know whether to play an athlete who made the team, wants to play, but has a disability?" "What about getting hurt—maybe even incurring an injury that will make his/her current condition worse, or perhaps maim for the rest of his/her life?" "What kind of guidance can I get to help me know whether to play the athlete and when?"

These questions are raised most often in interscholastic athletics. Coaches are concerned about the health and welfare of their athletes and want to do what is best for them as well as the team. Before the first actual game situation, however, several things should have occurred. This athlete, as all others who went out for the team, should have had a physical examination and a doctor's approval to participate. If the team physician had reservations about the player's participation, other doctors should have been consulted and made a compelling case for the player being allowed to participate. The player also must be able to perform or function effectively in a particular sport in spite of his disability (Southeastern Community College v. Davis, 1979). As with all other members of the team, this player, and his or her parents should have signed an agreement to participate. Additionally, all players should have been warned about the nature and severity of risks inherent in the sport—i.e., how they might be injured and the extent of injuries incurred while participating in the sport. It should be understood by the player, parents or guardian, and coach, that participating in the competitive sport may expose the individual to increased risk or severity of injury.

If the player has made the cut and is a member of the team, the coach already has discussed with him any limitations that he/she has or accommodations that are needed in order to participate on a level playing field. The player recognizes that he assumes the risk of injury or death

arising from playing with a known disabling condition. Now, the season has begun and the coach has reservations about the player getting hurt during a game and is questioning whether to play the student. Concern may be coming from two points: (a) the player is one of the most highly skilled athletes on the team and most likely will have a significantly positive impact on the team's performance, and (b) the player is a substitute who most likely will not make much of an impact and will get limited playing time. Regardless of the situation, however, the question about whether to play the athlete with a disabling condition continues to plague the coach.

HIGHLY SKILLED ATHLETE

Some coaches hesitate to play one of the best players on the team who has a disability because they are concerned about the player's health and possibility of getting hurt. The court in *Grube v. Bethlehem Area School District* (1982) provided excellent guidance when it ordered that a athlete with a disability be allowed to participate on "...the same terms and conditions as apply to all other members of the team" (p. 298). Therefore, if a coach who is concerned about the welfare of a player with a disabling condition, plays a lesser skilled, physically unimpaired athlete rather than a more talented athlete who has a disability, doing so may violate the order in *Grube*.

LESSER SKILLED ATHLETE

Similarly, some coaches hesitate to play a lesser skilled athlete who has a disabling condition because they are concerned about the athlete's health and safety. However, a player who has met the criteria for team selection, received medical clearance, and practiced with teammates should have the opportunity to play just as any other member of the team. A player with a disability who has less skill, but other attributes that contributed to being selected on the team, should be permitted to participate on the same terms and conditions as any other member of the team (*Grube*, 1982).

COACHING DECISIONS

Coaching decisions are discretionary in nature, and schools give coaches wide latitude in determining who plays and how much (*Schail v. Tippecanoe County Sch. Corp.*,

Contact Information: Lynne P. Gaskin, College of Education, State University of West Georgia, Carrollton, GA 30118. Email: lgaskin@westga.edu. Gaskin, L.P. (2003). Coaches' decisions regarding players with disabling conditions: whether to play them and how much, *GAHPERD Journal*, 36(3), 7-8. © 2003 by the Georgia Association for Health, Physical Education, Recreation and Dance

1988; *Sorey v. Kellett* 1988). There are times when a coach sends in a player because he/she is looking for the physical impact the player will have on the game. There are times when a coach sends in a player who will provide motivation to a lagging team. Coaching decisions should be based primarily on the game and the team.

SUMMARY

Decisions about the participation of players with disabling conditions in an interscholastic sport should be made on the front end, by the coaches, physicians, player, and parents or guardians. Initially, representatives from the school have determined that the player has the physical ability to perform, will not increase the risk of injury to other players, will not need fundamental nor substantial alterations in order to participate, and does not have undisputed medical recommendations against his/her play. Once the player meets the criteria for team selection, the student should be treated, as much as possible, as other members of the team.

REFERENCES

Grube v. Bethlehem Area School District, 550 F. Supp. 418 (E.D. Pa. 1982).

Schail v. Tippecanoe County School Corporation, 679 F. Supp. 833 (N.D. 111. 1988).

Sorey v. Kellett, 849 F.2d 960 (5th Cir. 1988).

Southeastern Community College v. Duvis, 442 U.S. 397 (1979).

Disclaimer: The comments regarding the cases presented here are generalized comments and not hard law. The cases in Legal Issues are illustrative of situations that can happen and how the courts have responded to the circumstances. The generalized thoughts may not apply or be proper in all jurisdictions and under all circumstances.

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ADVOCACY

AAHPERD Advocacy Website Announced

Audrey Shively
Interim Director,
AAHPERD Office of Public Affairs

Editor's note: This article is an edited form of an email announcement received by the editor on June 13, 2003.

AAHPERD is pleased to announce a new AAHPERD Advocacy Issues and Action website, <http://member.aahperd.org/advocacy>. This new site is designed to assist the visitor in easily responding to key health, physical education, recreation, dance, and sport issues. AAHPERD is dedicated to providing its members with relevant and timely resources regarding the advocacy issues most affecting our professions. Everything you need to actively participate in the legislative process will be readily accessible to you from this new site. We encourage you to visit the site and welcome your comments and suggestions.

In conjunction with the launch of the new AAHPERD Advocacy Issues and Action web site, AAHPERD is introducing a new AAHPERD Advocates E-List. This is a new

electronic alert mechanism to inform you about important advocacy issues affecting the health, physical education, recreation, dance, and sport professions. The AAHPERD Advocates E-List mobilizes professional advocates to communicate with the federal government whenever health, physical education, recreation, dance, and sport related bills or concerns are being considered at the federal level. AAHPERD believes you are interested in joining your colleagues dedicated to advocacy on behalf of our professions. Information on subscribing to this periodic newsletter can be found at: http://member.aahperd.org/aahperd/check.cfm?redir=/m_nly/advocacy/cap_id.cfm.

Whether you choose to join the AAHPERD Advocates E-List or not you can remain abreast of significant advocacy issues by visiting the AAHPERD Advocacy Issues and Action website <http://member.aahperd.org/advocacy>. From this site you will be able to view Action Alerts, send messages to Congress, and remain up to date on current legislation. If you have any questions or concerns please contact AAHPERD at publicaffairs@aahperd.org.

Also visit your state association website at www.indiana-aahperd.org and click on the Advocacy button.



American Heart Association
Fighting Heart Disease and Stroke

American Alliance for Health, Physical Education, Recreation and Dance

we help kids help kids

One day, four-year old TJ will need a heart transplant. To help their little brother, James and Kyle are doing their part together. The brothers raised almost \$4,000 by participating in Jump Rope For HeartSM and Hoops For HeartSM through their school. These programs help kids learn about being physically fit, while helping people affected by heart disease and stroke.

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Jump Rope For Heart and Hoops For Heart benefit the American Heart Association and are sponsored by the American Alliance for Health, Physical Education, Recreation and Dance.

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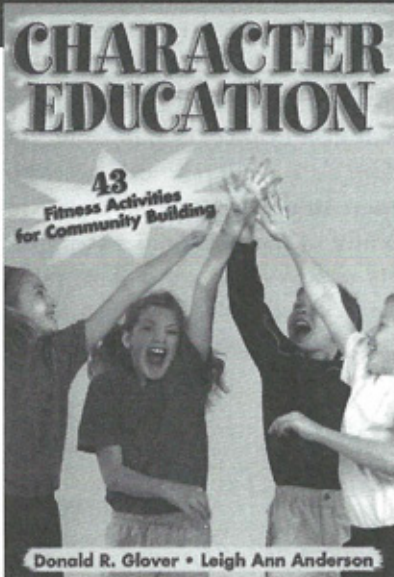
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AAHPERD Recognition Awards

William G. Anderson Award

The Anderson Award honors the founder of the Alliance by the annual recognition of nationally known persons in the allied fields who are not members but who have contributed significantly to the profession represented in the Alliance and reflect its commitment and mission.



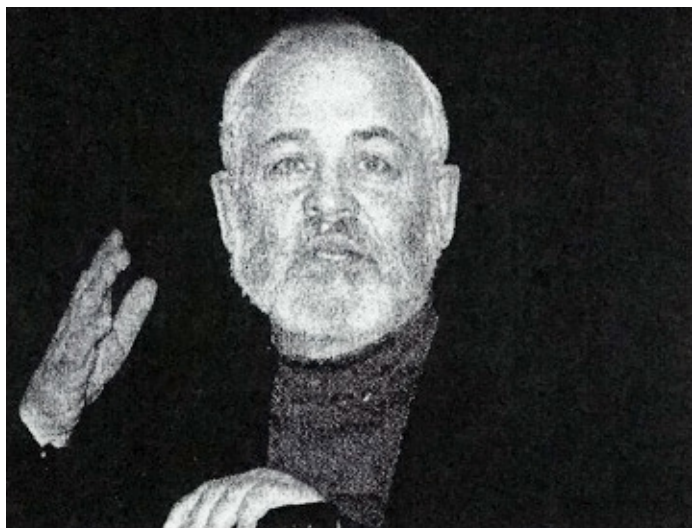
Senator Bayh's (D-Indiana) three-term career in the United States Senate from 1962 to 1980, is distinguished by his expertise in Constitutional law. As a member of the United States Senate, he was privileged to serve his home state of Indiana, and to be a part of historic legislation affecting the American presidency and the individual rights of women, minorities, and youth. Today, Senator Bayh is a partner in a Washington, D.C. law firm and also continues to work on behalf of his long-held passions of education, citizen rights, and the fight against bias, bigotry, and racism in America. Senator Bayh wrote landmark legislation on behalf of women and minorities. He served as the Author of the Title IX to the Higher Education Act, which mandates equal opportunities for women students and faculty. Prior to Bayh's legislation, women students were denied equal opportunities under the law in academics and sports. He has served as a strong ally of the National Association of Girls and Women in Sport, and given much time and energy to the efforts NAGWS made regarding the preservation of Title IX. It is because of his authorship and continued advocacy of the Title IX to the Higher Education Act and its subsequent impact on the rights of women in higher education especially in the area of school sports that Birch Bayh is deserving of the Anderson Award.

*Share your journal with
a school board member or
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AAHPERD Recognition Awards

Honor Award

The Honor Awards are bestowed annually for meritorious service by members of the Alliance and to the professions represented. Recipients are designated as Honor Fellows in recognition of their high attainment.



**American Alliance for Health, Physical Education,
Recreation and Dance
Honor Award 2004**

Thomas H. Sawyer has been a member of AAHPERD and the American Association for Active Lifestyles and Fitness for 25 years. Tom is the Director of the Office of Academic Partnerships at Indiana State University where he is considered to be the Father of Sports Management. He has been a high school and collegiate coach and official for 27 years. As recognition of his excellence in teaching, Tom has received the Indiana State University Distinguished Teaching Award and the Howard Richardson Award.

Tom has served as president of the Indiana AHPERD and chaired or served on 7 committees or task forces and as convention coordinator. He has volunteered his time as the Editor of the Indiana AHPERD's Journal/Newsletter for almost 20 years. Tom has served as president of AAALF and twice on their Board of Directors. Tom has been the chair of the *JOPERD* Editorial Board and *JOPERD* Policy Board.

Dr. Sawyer has been a selfless contributor to AAALF, NASPE and AAHPERD for over 25 years. He has given well over 100 presentations and workshops at state, national and international conferences. Tom has published 99 peer-reviewed articles in state, national and international professional journals and 8 professional books. He initiated a newsletter that continues to provide current information related to facility construction, management and accessibility.

Tom also has faithfully served Midwest District during his professional career. He was chair of the Midwest District's Administration and Supervision Section as well as chair of the Grants and Projects Committee. Tom has received the Honor Award from The Society of the Study of the Legal Aspects of Sport and Physical Activity and AAALF.

There are many other contributions that often go unnoticed because of his quiet, gentle manner and approach to the task at hand – such as Tom developing the Montana Senior Olympic program back in the early 80s. It is with great pride that we present Dr. Thomas H. Sawyer with the AAHPERD Honor Award.

Refereed Articles: Guidelines for Authors

The following information should be used when submitting a manuscript to the **Indiana AHPERD Journal**. Many types of original manuscripts are suitable—theoretical, practical, technical, historical, philosophical, creative, or controversial.

Write for the **Journal's** readership and be sure to spell out the implications of the article for the discipline. Use a simple, clear and direct writing style, avoiding the use of first person pronouns and repeated references to one's institution.

Philosophical and historical backgrounds are not usually necessary unless these are the primary purposes of the manuscript. References are not compulsory, but writing ethics dictate that quoted material as well as historical sources be cited in bibliographical style.

When reporting research results, try to maintain non-technical language and to avoid complex tables which are not directly related to the text. Avoid extensive discussion of methodologies and statistical techniques unless they are clearly unique. Concentrate on theoretical framework, reasons for conducting the research, discussion, and applications to the field.

The IAHPERD accepts submitted materials for the Journal as "professional contributions" and no reenumeration can be offered. Authors receive one complimentary copy of the issue containing their article.

TECHNICAL SUGGESTIONS

Style. Material should be presented consistently throughout the manuscript. Preferred style is that of the American Psychological Association (APA) Publication Manual.

Length. Maximum preferred length is ten double-spaced pages. Smaller manuscripts will be considered but will receive lower priority for inclusion in the Journal.

Cover Page. Type title manuscript about three inches from top of page, followed by author name(s) as it/they appear in the published piece. Drop down a few spaces and type complete name,

address and phone number of author with whom editor should correspond. Also, state number of words in manuscript (rounded to nearest hundred). Author name(s) should appear only on this page, since the editing process is conducted as "blind review."

The Text. Full title should appear again at top of page only. Use only white 8 1/2x11" paper and dark typewriter ribbon. Margins on all sides should be at least one inch. Pages should be numbered consecutively in the upper right hand corner and carry a running head (partial title) just below the page number. Long quotations should be single spaced and given extra indentation of five spaces to make them stand out. All copies should be "letter perfect"—free from inaccuracies in grammar, spelling and punctuation.

Photos. Photographs which complement a manuscript are encouraged. Preferred photos are black and white glossy, 5x7". Photos will not be returned.

Illustrations. Must be in black ink on white paper, camera ready.

Table, Charts, Graphs. Use where appropriate; don't duplicate material in the narrative; be accurate.

Bibliography. Keep to a minimum. List only if cited in the text presentation.

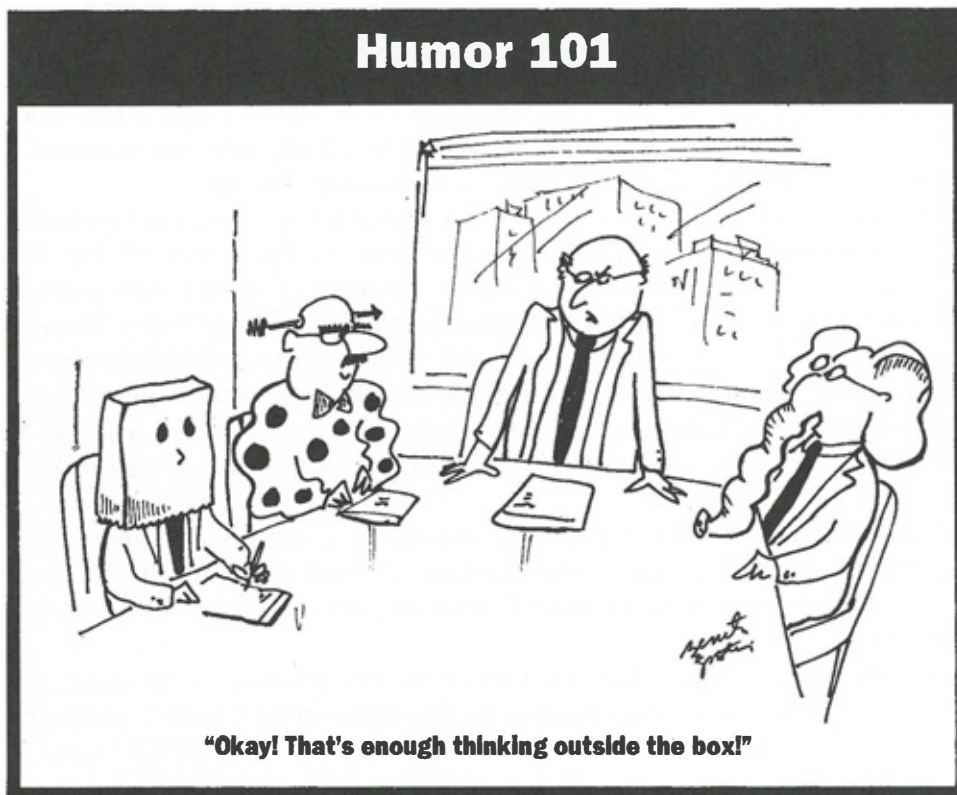
SUBMISSION REQUIREMENTS

Copies. Four (4) copies must be submitted—one original and three photostatic copies (no carbon copies or dings are acceptable).

Address. Materials for Journal review should be mailed to:

Dr. Tom Sawyer, Editor
Indiana AHPERD Journal
5840 South Ernest Drive
Terre Haute, Indiana 47802
(812) 237-8456 • FAX (812) 237-4338
pmsawyr@isugw.indstate.edu

Humor 101



Leadership Opportunities on Councils

FUNCTION. The duties and responsibilities of the Program and Regional Councils are to:

1. Work closely with the Program Director or Regional Coordinator to promote the special program area.
2. Attend annual IAHPERD Leadership Conference. (Hotel and meals paid for by the Association.)
3. Solicit programming for the State Conference or Regional Workshops.
4. Serve as host to greet and direct presenters during the

conference.

5. Serve as presider for the various programs in your special area. Support includes introducing presenter, assisting during the presentation (distribute handouts), and providing presenter with the special gift from the Association.
6. Make nominations to the Awards Committee chair for Teacher of the Year and Association awards.

PROGRAM AREAS. The various program areas include:

1. Adapted Physical Education

2. Aquatics
3. Council for Future Professionals
4. Dance
5. Fitness
6. Health
7. Higher Education/ Research
8. Jump Rope and Hoops for Heart
9. Physical Education: Elementary
10. Physical Education: Middle School
11. Physical Education: Secondary
12. Recreation

13. Sport
 14. Sport Management
 15. Technology
- INTERESTED?** To apply for a leadership position on a council, send an email of interest to Dr. Mark UrteI, Nominating Committee Chair, at murte11@iupui.edu. For additional information, go to the IAHPERD website at www.Indiana-ahperd.org, click on About, Constitution, Operating Codes, and scroll down to the leadership position of interest.

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OPPORTUNITY FOR INVOLVEMENT

Involvement is the key word to making a contribution to your professional association. The IAHPERD provides an opportunity for involvement through the choices below and we encourage each of you to become active participants by serving on a committee or by holding an office. Please, check any position listed below that interests you.

HELP NEEDED:

- _____ Would you be willing to become involved?
 _____ District level
 _____ State Level
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