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Spring 2006

Indiana Association for Health, Physical Education, Recreation, and Dance

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WHY NOT SWIMMING?

Leiland Yarger, Coordinator of Aquatics, Ball State University

Why are there post secondary physical educator preparation programs currently training PE teachers in Indiana that do not require Water Safety Instructor (WSI) class or even verify the teacher candidates have the ability to swim?

Consider these laws in Indiana:

515 IAC 1-1-35 Physical education all grade major (52 semester hours) section b Coverage: "Teachers of swimming must hold the water safety instructor's license or its equivalent."

IN Department Of Education Memorandum, June 21,1999, To: Superintendents, Re: Rules regarding certification for swimming teachers and lifeguard supervision.: 515 IAC 1-1-35 section (b) as above and "Teachers must maintain WSI certification, which requires teaching a Red Cross approved class at least once every 2 years." And "Administrators or personnel directors may want to develop a system to track certifications to ensure compliance."

Consider these facts about water safety:

From 1986 to 1996 more people died from drowning in the United States than from fires, according to 1997 Accident Facts data from the National Safety Council.

The CDC's 2001 Injury prevention report on lifeguard effectiveness states: " About 60% of drowning deaths among children occur in swimming pools."

According to the sports participation statistics on the National Sporting Goods Association website, swimming in the United States has consistently ranked number two for total sports participants. Swimming accounts for 50-60 million participants for the past 10 years. The only sports participation activity that exceeds swimming is exercise walking.

Consider this CDC recommendation about youth in our society:

The CDC MMWR March 7,1997, 46(RR-6); 1-36 Guidelines for School and Community programs to promote lifelong physical activity among young people. Report states: "Physical Education should emphasize skills for lifetime physical activities (e.g., dance, strength training, jogging, swimming, bicycling, cross county skiing, walking and hiking) rather than those for competitive sports."

I recently conducted an impromptu survey of Indiana School system Human Resource directors dealing with the WSI issue. The first HR director responded by stating that the school district would not hire a physical education teacher if they do not hold current WSI certification. The second HR director responded by saying that applicants with the WSI certification would be preferred. A third HR Director responded that the last 3 PE teachers hired were required to have the WSI. The fourth HR Director said that they do not require the WSI for PE teacher hires but it does put the candidate at the top of the list if they have it. I received three other HR director responses that also stated that they do not have any requirement for PE teachers.

In this survey, one PE department chair replied that as an adjunct faculty member for a university that their PE teachers program has adopted the WSI course into their curriculum. This respondent also stated "We do the college students a dis-service if they graduate without a WSI, we just cut their potential to get a job in half.

In light of this information and Indiana laws, it worries me that students in most physical educator teaching programs across the state have no requirement in their teaching program to receive WSI certification training. I also find it unconscionable that some Post-Secondary Physical Educator programs in Indiana would allow any graduate to enter the profession without proving that they have the swimming skills to at least save themselves.

Invited Article: Why Not Swimming?

“The Swimming Pool Q & A’s”

Leiand Yarger

Indiana school swimming pool liability issues:

1. If I’m a teacher, and I take my class to the pool are there any special rules that I must follow?

YES! IN Department of Education memo to Superintendents, June 21, 1999: 515 IAC 1-1-35 (b) “Teachers of swimming must hold the water safety instructor’s license or its equivalent.”

2. If I’m a teacher and I have my Lifeguard training and WSI certification, do I need a lifeguard on deck when I’m conducting class at the pool?

YES! IN Department of Education Memo: June 21, 1999 to Superintendents states: “When on duty, lifeguards shall not perform any duties other than lifeguarding and shall not be in the water except in the line of duty. “ In addition to this the memo states: “Teachers who are teaching class do not meet the lifeguard requirement. An additional individual who has lifeguard training and no other duties needs to be present. “

3. Is there a lifeguard to swimmer requirement for pool staffing?

YES! Indiana 410 IAC 6-2.1-35 Lifeguards states: “A qualified lifeguard is required for all public pools” and “0-75 bathers must have a minimum of 1 lifeguard, 76-150 bathers...minimum 2 lifeguards, 151-225 bathers...3 lifeguards and etc.” Also: Consider the experience of the staff. If a new guard is uncomfortable with 25 patrons and tells you so, It is your duty to maintain a safe situation and provide additional guards. Some states have patron to lifeguard ratios as low as 1 guard for every 20 people.

4. When we hire lifeguards, what should be checked before hiring is complete?

- A) Can the guard legally work the hours you need? A person can be as young as 15 and receive lifeguard certifications.*
- B) Does the lifeguard have current, valid, signed certifications in Lifeguard Training, First Aid and CPR for the Professional Rescuer? Certifications do not guarantee future performance.*
- C) Can the applicant complete the final skills and knowledge tests in your presence for lifeguarding certification including demonstration of swimming rescues, spinal injury management, CPR and First Aid.*
- D) Does the applicant have the judgment to make the proper lifesaving care decisions and the ability to communicate both verbally and in writing effectively.*

5. What are the most common reasons for aquatic litigation being successful?

- A) *The lack of Lifeguards on duty or Lifeguards recognizing the problem.*
- B) *The lack of proper supervision of lifeguards and the facility.*
- C) *Failure to identify risks to patrons and warn them of the risks.*
- D) *The lack of a certified pool operator at the pool during all operational hours.*

6. Should I have Emergency Oxygen and Automated External Defibrillator (AED) at the aquatic facility?

Yes! There are multiple reasons and research to support the use of these lifesaving devices.

- A. *Many training agencies provide lifeguards with the training on these units, this alone is a strong implication.*
- B. *Lifeguards as professional rescuers are considered first responders. Both the AAOS and ARC list lifeguards in their first responder course materials.*
- C. *The use of emergency oxygen for breathing, cardiac, submersion emergencies and AED use for cardiac emergencies provides for greater victim survival is well documented.*
- D. *We also know that submersion incidents, breathing and cardiac emergencies account for the majority of deaths at aquatic facilities.*

The preceding article does not constitute legal council or imply specific procedures for every aquatic facility. Your facilities aquatic director, legal department and insurer should review Bathing Codes, Industry practice, Standards of Care and aquatic / medical research when you develop emergency care procedures. Ignorance of facility and procedural related issues can hurt your Students, Staff and School.

References:

American Red Cross "Emergency Response" (2001), Staywell, Yardley, PA.

American Academy of Orthopaedic Surgeons "First Responder Skills Video" Third Edition, (2001), Jones and Bartlett, Sudbury, MA.

Indiana Administrative Code 410 Swimming Pool Rule 6-2.1-35 Lifeguards.

Indiana Administrative Code 515 Professional Standards 1-1-35 (b).

Johnston, Kevin, "The Encyclopedia of Aquatic Codes & Standards" Volume I, (1999) National Parks and Recreation Association, Ashburn, VA.

Yarger, Leland, "Aquatic Management Survey To Identity Factors Related To Injuries, Accidents and Deaths Acquired At Aquatic Facilities" (1998) Masters Research, Southern Illinois University at Carbondale, IL.

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—Carol White, New Albany

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Cooperative Learning as a Tool to Enhance Social Responsibility

by
Stephanie Engle, Paul Saylor Elementary School
Barbara Tyree, Valparaiso University

Recent years have seen an increased emphasis on teaching students to be socially responsible, not only in the classroom but in the gymnasium. Don Hellisorf's Teaching Personal and Social Responsibility (TSRP) is perhaps the best known program focused within the physical education setting. The concept of teaching students to be responsibility members of their community is both hopeful and daunting. In today's culture it seems the norm to refuse to take responsibility for one's actions, rather blaming others for bad behavior or bad deeds (Ackland, 2002). Students, however, need to learn to take responsibility for their own actions, be they good or bad. Taking responsibility and living with the consequences allows students to begin to understand the choices they make and their impact on themselves and others around them.

Social responsibility does not just happen, it must be learned. Among those skills needed to achieve a sense of social responsibility are cooperation, conflict resolution, moral development, communication skills and a sense of connectedness (Berman, 1990). Berman (1990) suggests a number of components that must be present to begin the process of developing social consciousness. Among these are an understanding of social interdependence, becoming aware of group needs, and community building.

Hellisorf's TRSP outlines five goals in the development of social responsibility. These include respecting the rights and feelings of others (Level I), participation and effort (Level II), self-direction (Level III), helping others and leadership (Level IV) and transferring skills outside the gym (Level V). Levels I and II are the foundation of the developing responsibility and are essential in establishing the positive learning environment (Hellison, 2003). Hellison (2003) provides a list of behaviors or concepts that can be found throughout the levels. These include self-control, conflict resolution, inclusion, and self-motivation, exploration of new tasks, persistence, the courage to resist peer pressure, inner strength and caring and compassion.

The purpose of this pilot study was to investigate whether the introduction of cooperative learning activities could encourage students to become more socially responsible. The components of cooperative learning provide students the opportunity to learn many of the basic concepts and skills needed to build a foundation for learning social responsibility.

Johnson and Johnson (1992) have identified five components of cooperative learning: positive interdependence, face to face promotive interaction, individual accountability, social skill practice and group processing (debriefing). Cooperation, itself, has been identified as a critical component of social responsibility (Berman, 1992). Additionally, cooperative learning activities also encourage and enhance social skills, interdependence, negotiation, and a connectedness to a group (Smith & Markley, 1997).

The pilot study was an action research project designed to address issues within a third grade elementary physical education class. Students were struggling with conflict resolution, an inability to take responsibility for their own actions, and a general disrespect for each other. The class was chosen because they had not been exposed to prior conflict resolution strategies and would all be starting at the same level. Additionally, there was the hope that a positive outcome would provide positive role models for these students' peers in the future.

The class consisted of 25 third grade students, 5 of whom were classified as mildly-mentally handicapped (MIMH).

Cooperative learning strategies were incorporated into the curriculum twice per week for six weeks. Lessons emphasized team-building strategies, individual accountability and the necessary collaborative skills needed for working in small groups.

Each week, following the second cooperative lesson, students were given a personal rating scale or report card to grades themselves on how they felt about their participation and behavior for that

Cooperative Learning as a Tool to Enhance Social Responsibility

series of questions based on a given scenario, to find out if what they would do would begin to match the grades they were giving themselves on their personal rating scale. This tool was designed to lend credence to or disprove their personal ratings. These scenarios were brief stories of "what might happen" in the physical education class. Students were asked to respond based upon the levels of Hellison's TSRP scale. The first data reviewed were the weekly report cards. The results from week one clearly indicated that the students weren't quite "getting it". All but 3 of the 25 students in the class gave themselves a B or higher. The teacher felt the students were "sugar-coating" their behavior and strategized ways to remind students about being honest and realistic about themselves and their behavior. The following week, prior to class, the teacher and the students discussed the importance of honesty and reminded them that their personal grades would not impact their physical education grades. Week 2 offered a more realistic view of student behavior. Three students gave themselves all A's. Nineteen of the 25 students gave themselves at least 2 C's in different categories, while two students gave themselves C's or lower for all categories. Week 3 and 4 remained consistent with the second week, with a slight increase in A's and B's as the weeks went on. Thirteen gave themselves all A's and 8 gave themselves a B or higher. By week 5 and into week 6 there was tremendous improvement. Twenty-two of the 25 students in the class gave themselves all A's. The remainder of the students gave themselves a B or better. With the exception of Week 1, all student grades were consistent with the teacher's grades during each of the weeks of the study.

A survey was administered during the fourth week of the unit. Questions and answers were designed to see if responses to "what if scenarios matched the concepts being taught in class. In other words, were students internalizing any of the cooperative learning strategies? Responses to a series of questions were designed on a 3 point scale, with 3 being the most desirable answer, that which supported the cooperative learning strategies the students were working on. The average answer, for example walking away or ignoring a problem, would score a 2. Any answer

that would result in lying, cheating, or simply using no conflict resolution skills the score would be a 1. Results after tallying the responses were astounding. In all 185 responses scored a 3, 19 scored a 2, and 6 responses scored a 1. Statistically, 97% of the student answers supported a positive cooperative learning strategy.

Debriefing activities, following lessons also provided a glimpse of changes that were occurring the way the students were thinking about each other. The teacher observed a "snowball effect" as the days passed. Initially, there was a feeling that students were simply "acting" the way they thought the teacher wanted them to act, and responding in kind. But with the use of debriefing, it became evident that positive changes were occurring. Students began to show concern for each other, coming to each others defense and in some cases suggesting that some students were being given the same opportunities, by their peers, to participate and that this "wasn't fair." Another student, when asked what she had learned from the activities, stated "I learned that I shouldn't just be nice to my best friends, that I should care about other people's feelings too." The conclusion, reached by both the physical education teacher and the classroom teacher was that cooperative lessons were indeed fostering caring and compassion among students in the class. Students demonstrated a willingness to take responsibility for their actions (as seen in their social responsibility report cards). The classroom teacher reported that for the most part she had noticed "a genuine concern for each others' well-being" among the students.

References

- Ackland, B. (2002). Building appropriate student choice through responsibility and trust. Teaching Elementary Physical Education, 12 (1). 24-26
- Berman, 8. (1990). Education for social responsibility. Educational Leadership, 48 (3). 75-80.
- Johnson, D., & Johnson, R. (1992). Implementing cooperative learning. Contemporary Education, 63, 173-180.
- Smith, B. & Markley, R. (1997). The effect of a cooperative learning intervention on the social skill enhancement of third grade physical education students. Research Quarterly for Exercise and Sport, 68. A68.

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NCLB: the Next Step in the Diminishment of Physical Education and Health

by
Aaron D. Filbrun
J. Sue Fletcher

Abstract

The purpose of this article is to examine the effect the No Child Left Behind Act of 2002 is having and will have on physical education. Math and reading requirements put forth by NCLB, along with nation wide budget cuts in education, are forcing administrators to diminish the time and resources available to nonessential subjects such as physical and health education. Unfortunately, the ever-increasing obesity crisis in America necessitates the inclusion of effective, well-funded physical education and health programs to help educate today's youth about the physical, emotional, and mental problems associated with poor health and inactivity.

On January 8, 2002, President George W. Bush signed into law the No Child Left Behind (NCLB) Act, the most recent reauthorization of the Elementary and Secondary Education Act (ESEA). On this historic date, with the stroke of a pen, the federal government's role in elementary and secondary public education transformed from being primarily focused on providing supplemental funds to being a major factor in the development of K-12 curriculum and instruction (Bloomfield & Cooper, 2003). According to this legislation, public K-12 schools would be required to make adequate yearly progress (AYP), bring all students' academic performance to grade-level proficiency (by the year 2014), and ensure that all teachers are highly qualified (Council of Chief State School Officers, 2003). At first glance these newest requirements may appear to be both rigorous and potentially effective, but what side effects can be expected with this sweeping legislation? Will NCLB only lead to an ever-increasing focus on "core" subject achievement at the exclusion and de-emphasis of other important subjects such as physical education and health? What are the potential drawbacks of NCLB, specifically related to physical education and health?

The culmination of over 40 years of changing scenery, NCLB introduces a newfound focus on accountability in public education. Under NCLB regulations, all students must be tested during grades 3-8, 10, and 12 in math and reading. (Bloomfield & Cooper, 2003). The goal-to require states to adopt a specific approach to accountability and testing that will create higher achievement for all children (Center on Education Policy, 2002). According to the NCLB Act, states are required to "ensure that migrant students, disabled students, and students from

all major racial, ethnic, and income groups" reach academic proficiency benchmarks by 2014 (Center on Education Policy, 2002). Schools will also be required to demonstrate that their students are making adequate yearly progress (AYP) in math and reading. The teeth of this legislation is the ability of the federal government to remove funding, reorganize, or close schools that do not meet the minimum requirements for AYP.

Thus, more than ever before, teachers and administrators are being encouraged to improve test scores-or else. Does such a focus on standardized testing lead to improved education? To answer this question one must only look across the Atlantic to the British educational system that during the last part of the 20th century enacted educational reform similar in scope and design to the NCLB of today. What are the early indications? According to a survey completed by the Sports and Physical Education Network (SPEN), government pressures on children to perform academically hindered student physical development (Hyland, 1999). Furthermore, the survey revealed that because of the government emphasis on literacy and numeracy targets (math and reacting), cuts to physical education and other "non-essential" subjects occurred.

Are these cuts that happened in England destined to reappear in the United States? In a recent study of principals conducted by the Council for Basic Education it was found that the narrowing of the curriculum (Dobbs, 2004; Mathis, 2003) and the diverting of time and resources away from other subjects was resulting from the government emphasis on reading and math (Council for Basic Education, 2004). A third of the principals surveyed reported a loss of instructional time for the arts, while further cuts in arts education were anticipated by 42% of respondents (Council for Basic Education, 2004).

Thus, for all arts educators across this nation the most disturbing aspect of the NCLB Act is not the fact that students will be held accountable, but rather, that arts education (art, music, physical education, etc.) was not even hinted about in the legislation. In a recent Phi Delta Kappa/Gallup poll of the public's attitudes toward public schools, the public was asked how concerned they were that relying on testing for English and math only to judge a school's performance would mean less emphasis on art, music, history, and other

subjects. Eighty-two percent of public school parents were concerned either a great deal (45%) or a fair amount (37%) that such a reliance on testing would mean less emphasis on the arts (Rose & Gallup, 2003). This points to a strong amount of public concern regarding the effects that central focused curriculum may have on the education of the whole student. According to some, while this law does not directly require schools to make cuts to physical education and health, it does encourage administrators to neglect subjects that are not mentioned in NCLB (Sealy, 2003). In Brazosport, Texas administrators are doing just this. Seemingly effective on the face of things, the Brazosport system monitors student progress in tested areas toward clearly denned goals. Unfortunately, students who fail to show such progress (by failing to answer at least two of four questions correctly on a mini-test) must skip physical education or health class to attend a remedial class (Dobbs, 2004). Thus, it is apparent that the omission of arts education in the letter of the law may lead to diminished time and resources for non-core or nonessential subjects such as physical education and health (Physical Education and Health Education Professionals, 2004).

For some this loss of arts education or non-essential subject material is just a necessary side effect of better reading and math scores for our children. After all, is it not more important that a student learns to read than to be physically active? The problem with this argument is that it is like being simultaneously diagnosed with cancer and heart disease, and having the doctor just treat the cancer. While one may not die from the cancer, one may die from the heart disease. This is the issue that faces America's education system today. NCLB encourages administrators and students to focus all energy and resources on improvement in math and reading but fails to address other very important needs of the child, such as, social, mental, and physical health.

Take obesity and inactivity for example. There is a steady growth of obesity and inactivity in the United States, one that could have detrimental effects on our children and our future. According to the American Obesity Association (AOA), Obesity is the second leading cause of avoidable death in America, and is on pace to pass smoking as the leading cause of avoidable death by next year (Obesity in the U.S., 2002). Further, in a study by the Centers for Disease Control and Prevention (CDC) it was estimated that almost two-thirds (61 %) of Americans are considered overweight and over one-quarter of our population (27%) are obese (Irwin, Symons, & Kerr, 2003). This compared to statistics from the U.S. Department of Health and Human Services from 1980 in which only 32% of Americans were considered overweight and only 15% were obese (Irwin et al, 2003). The CDC also found that about 14% of young people report no recent physical activity and only 19% of high school students are physically active for greater than 20 minutes, five days a week, in physical education classes (Adolescents and young adults, 1999). Also, the numbers for childhood obesity have changed dramatically over the past 40 years. During the 1960's the

National Health Examination Survey (NHES) was given to children and confirmed that with children (ages 6-11) only 4% were overweight and with adolescents (ages 12-19) only 5% were overweight (Irwin et al, 2003). Compare these numbers to those found in 2000, in which the number of overweight children (ages 6-11) rose to 15.3% and adolescents (ages 12-19) rose to 15.5% (Irwin et al, 2003). These numbers point to an alarming growth in obesity amongst our youth that, according to research, will increase their chances of physical disease and disability (Bray, 2000) and will follow them throughout the remainder of their lives (Murray, 2001). Research has shown that being overweight during childhood and adolescence is related to an increase in morbidity and mortality in later life (Obesity in Youth, 2002), specifically manifested in a higher risk for hypertension, high cholesterol, diabetes, heart disease, and stroke (Sweeney, 2001). Compound these physical complications from excessive weight with social and psychological problems that can occur amongst overweight individuals (Irwin et al, 2003) and one can see that obesity is at epidemic proportions in America.

So what is the educational system doing to help children become more active and healthy, so that these obesity numbers will fall? Via the NCLB the federal government is increasing the requirements for math and reading and deemphasizing the need for physical education and health. Since the advent of television, video games, and Internet service children across the country have become less and less active at home. Thus, effective physical and health education is needed for lifelong health and wellness more than ever. Quality physical education programs should be an integral part of the total education of every child in K-12 (Why Children Need Physical Education, nd). Such programs increase the physical competence, health related fitness, self-responsibility, and enjoyment of physical activity for all students (Why Children Need Physical Education, nd). Such programs also give students an outlet for stress and help reduce the risk of disease. According to a report on physical activity and health compiled by the Surgeon General, moderate physical activity has significant health benefits that include a reduction in the risks of premature mortality, coronary heart disease, hypertension, colon cancer, diabetes and an improvement in mental health, including an apparent reduction in depression, and anxiety (Physical Activity and Health, 1999). Unfortunately, the report also documents the fact that nearly half of American youths (aged 12-21) are not vigorously active on a regular basis and that the daily enrollment in physical education classes has decreased among high school students from 42% in 1991 to 25% in 1995 (Physical Activity and Health, 1999).

The research demonstrates the benefits of physical activity and expresses the necessity for effective physical and health education programs throughout the childhood and adolescent years. Unfortunately, with the advent of the NCLB Act the chances that students of the future will be involved in a well funded, well developed physical and health education curriculum are diminishing with

each passing day. If all indications remain the same, due to provisions and sanctions of the NCLB Act, American administrators, teachers, and students of the next decade will be required to focus their attentions and resources more on nationally tested subject areas like math, reading, and science and less on arts education. The result of such a behavior could change forever the type of students K 12 public education produces and be detrimental to the health and well being of America's children. The potential loss of arts education and the overemphasis on a narrow curriculum design will create students who may be able to read and do math but who are unable to express themselves creatively or intuitively. As Alee Bourne so eloquently put it, "It is possible to store the mind with a million facts and still be entirely uneducated".

REFERENCES

- Adolescents and young adults. (1999). *National center for Chronic Disease Prevention and Health Promotion*. Retrieved May 5, 2004 from the World Wide Web: <http://www.cdc.gov/nccdphp/sgr/adoles.htm>.
- Bloomfield, D.C., & Copper, B.C. (2003). NCLB: a new role for the federal government: an overview of the most sweeping federal education law since 1965. *Technological Horizons in Education Journal*, 30 (10), p 6-10.
- Bray, G.A. (2000). Overweight, mortality, and morbidity. In C. Bouchard (Ed.), *Physical Activity and Obesity* (pp.31-53). Champaign, IL: Human Kinetics.
- Center on Education Policy. (2002). A new federal role in education. Retrieved March 22, 2004 from the World Wide Web: <http://www.ctredpol.org/nclb/>.
- Council for Basic Education. (2004). Academic atrophy: The condition of the liberal arts in America's public schools. Retrieved April 10,2004 from the World Wide Web: http://www.c-b-e.org/PDF/cbe_principal_Report.pdf.
- Council of Chief State School Officers. (2003). The no child left behind act. Retrieved March 22,2004 from the World Wide Web: http://www.ccsso.org/content/pdfs_NCLBSummaryFunding.pdf
- Dobbs, M. (2004, April 22). No child law leaves schools' old ways behind. *The Washington Post*. pp. A01.Hyland, J. (1999). Physical education cuts in Britain threaten children's health. Retrieved, May 5,2004 from the World Wide Web: http://www.wsws.org/articles/1999/ang_1999/echic-d2_7.shtml.
- Irwin, C.C, Symons, C.W., & Kerr, D.L. (2003). The dilemmas of obesity: how can physical educators help? *The Journal of Physical Education, Recreation, & Dance*, 74 (6), pp. 33-43.
- Mathis, W. (2003). No child left behind: Costs and benefits. *Phi Delta Kappan*, pp.679-686.
- Murray, B. (2001, December). Fast food culture serves up super-size Americans.
- Monitor on Psychology, 32 (11). Retrieved May 5,2004, from the World Wide Web: <http://www.apa.org/monitor/dec01/fastfood.html>.
- Obesity in the U.S. (2002). American Obesity Association. Retrieved April 10,2004 from the World Wide Web: http://www.obesity.org/subs/fastfacts/obesity_US.shtml.
- Obesity in Youth. (2002). American Obesity Association. Retrieved April 10, 2004 from the World Wide Web: http://www.obesity.org/subs/fastfacts/obesity_outh.shtml. Physical Activity and Health: A Report of the Surgeon General. Retrieved April May 5, 2004 from the World Wide Web: <http://www.cdc.gov/nccdphp/sgr/pdf/execstimm.pdf>.
- Physical Education and Health Education Professionals from across the country address No Child Left Behind. (2004). Retrieved May 5, 2004 from the World Wide Web: http://www.aahperd.org/aahperd/template.cfm?template=pr_022504.html.
- Rose, L. & Galiup, A. (2003). The 35th annual phi delta kappa/ gallup poll of the public's attitudes toward the public schools. *Phi Delta Kappa*, pp. 41-56.
- Sealy, G. (2003). Just the three R's? Retrieved May 5, 2004 from the World Wide Web: <http://ahcnews.go.com/sections/ns/WorldNewsTonight/threers030825.html>.
- Sweeney, R. & Neff, M. (2001,). Report stresses need for physical education programs in schools. *American Family Physician*. Retrieved March 22, 2004 from the World Wide Web: http://www.findarticles.com/cf_dls/m3225/10_64/80099760/pl/article.jhtml.
- Why Children Need Physical Education. Retrieved March 22, 2004 from the World Wide Web: <http://www.aahperd.org/naspe/template.cfm?template=childrenPe.html>.

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Examining the Importance of Health Risk Appraisals among University Students Participating in Physical Activity Courses

by

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ABSTRACT

The study introduces a Health Risk Appraisal Process (HRAP) offered through a four year public university located in the Midwest. Data were collected from 10 activity classes (N= 640) including Volleyball, Kickboxing, Step Aerobics, Yoga, Weight Training, Dance Activities, Badminton, Table Tennis, and Aerobic Dance I using the Physical Activity Course Health History Questionnaire consisting of information from two different health risk appraisals talked earlier in this article: (a) the ACSM Health History Questionnaire, and (b) part of the PAR-Q. Data were also collected from instructors in the Physical Education Department on the value of the HRAP.

The analysis of the data was descriptive and utilized frequency data of CHD risk factors and other conditions which are recommended for physicians referral for each class. The qualitative data were examined for themes from the instructors' answers to the open-ended questions. Results indicated students were at risk for the "major" CHD risk factors of smoking, family history, obesity, hypertension, hyperlipidemia, and diabetes. The HRAP provided a unique opportunity for instructors to intervene and raise students level of awareness about their health risks. The HRAP also identified the lack of an educational piece that provides resources available on campus. Through this process, the undergraduate Physical Education Department was able to make changes to the HRAP.

The health screening process is an indispensable step for individuals who want to begin an exercise program. Health screening is a common practice in health and fitness facilities used to identify health conditions and risk factors that may need physician referral, identify possible contraindication activities, assist in designing exercise programs, assist in fulfilling legal and insurance requirements, and provide open lines of communication between trainers and physicians (American Council on Exercise, 2003). Current knowledge of the relations between identifiable risk factors and the incidence of cardiovascular disease suggest that screening is both reasonable and prudent (Balady, Chaitman, Driscoll, Foster, Froelicher, Gordon, Pate, Rippe, & Bazzarre, 1998).

The majority of health screening tools include information on demographics, exercise history, health risk factors, medications, illnesses and injuries, surgery history, and family medical history. The American College of Sports Medicine (ACSM) identifies two areas for health screening: (a) risk factors related to the development of coronary heart disease (CHD) (major,

secondary, possible), and (b) other conditions (respiratory illnesses, musculoskeletal problems, metabolic diseases, and other conditions – pregnant, hernia) requiring physicians release. The major risk factors identified by ACSM include smoking, hypertension, hyperlipidemia, diabetes mellitus, abnormal EKG, and hereditary/family history (ACSM, 2004). The secondary risk factors identified by ACSM include age, gender, physical inactivity, obesity, diet, and stress (ACSM, 2004). Finally, the other conditions requiring doctor's signature during a health screening process include respiratory illnesses, musculoskeletal problems, and metabolic diseases. Two common screening tools which address these risk factors and other conditions include the PAR-Q and the ACSM Health History Questionnaire (ACSM, 2000).

The Physical Activity Readiness Questionnaire (PAR-Q) is the minimal prerequisite for beginning low to moderate intensity exercise program. There are several questions the client is asked to answer on the PAR-Q. If the client answers "yes" to one or more of the questions, they may have an increased risk of injury and should seek a physician's release. The physician's release clarifies a

client's status and explains any limitations (ACSM, 2000). The ACSM Health History Questionnaire is more detailed and includes the following components: a) demographic information, b) past and present exercise history, c) health risk factors, d) medications, e) recent or current illness and injuries, f) surgery and injury history, and g) family medical history. Information from this questionnaire helps to identify a client's current fitness level and the most appropriate type and progression of exercise program. It also identifies whether individuals have one or more risk factor and needs a physician's referral (ACSM, 2000). In addition to the health screening tool, a waiver or release of liability statement or form should accompany the health screening tool. This reduces the risk of a potential lawsuit assuming the department is not negligent in the event of injury (Cotton, 2004a).

Another area where health screening is important and mimics the personal trainer and client relationship is within the Physical Education Departments on university campuses. Students of all ages and backgrounds engage in activity courses and exercise programs at universities. The instructors of these activity courses should be aware of student's health conditions and risk factors. This information will assist the instructor in prescribing proper modifications for reducing coronary heart disease, respiratory, and metabolic risk factors, along with identifying orthopedic problems and the need for a physician referral and providing open lines of communication. The release of liability form will assist in fulfilling legal and insurance requirements from a university standpoint.

Significance of the Study

Heart disease is the leading cause of death in the United States and many national health organizations have targeted adolescents and young adults for prevention efforts (Healthy People 2010, 2000). Although students indicate they know a lot about cardiovascular heart disease risk factors, their behaviors often do not correlate with their knowledge (Cardoso, 2004). Research conducted on university campuses throughout the country have illustrated that students are inactive, consume too much alcohol, smoke, eat unhealthy (leading to obesity, higher cholesterol levels), and experience a considerable amount of stress which put them at a higher risk for heart disease (Cardoso, 2004). For example, only 15% of adults aged 18 and older exercise at recommended levels and 40% are completed inactive (Healthy People 2010, 2000). Binge drinking reached an all time high of 32% among individuals aged 18-25 (Spencer, 2002). According to a study conducted by the Harvard School of Public Health and Massachusetts General Hospital, forty-six percent of college students use tobacco products (Rigotti, Regan, Majchrzak, Knight, & Wechsler, 2002) and this percentage continues to increase with this age group while others have remained the same since 1990 (American Cancer Society, 2004). Overweight and obesity among young adults has increased 11% for those students under the age of 20 and 23% of those students over age 20 (Spencer, 2002).

With an increase in risk factors among college students,

it seems reasonable that a HRAP should be required for individuals taking physical activity courses offered on college and university campuses. Therefore, the purpose of this study was to examine a university's Physical Education Departments Health Risk Appraisal Process (HRAP). This research study focused on four research questions: (a) what were the dominate risk factors among students, (b) what was the approach taken by instructors in terms of counseling to inform students about what they should do to modify their activity levels in class, (c) what value does the HRAP provide the Physical Education Department and (d) what additional steps need to be taken in order to improve the HRAP.

Methodology

The HRAP

The HRAP was developed because an increasing number of students entering physical activity courses show signs of "preventable" CHD risk factors (i.e., obese, smokers) and for liability purposes. The Physical Education Department of this university had instructors administer a Physical Activity Course Health History Questionnaire and a Release of Liability form to students participating in the physical activity courses at the beginning of each class/semester.

Following the collection of the questionnaire, instructors were asked to examine the forms and identify students who were at risk. The instructor could meet with the student, call the student, or contact them via email to discuss risk factors and possible intervention strategies. The instructors finalized the individualized session by documenting the risk areas discussed and the modifications suggested due to the risk factors.

Participants

The researchers used a convenience sample from a four-year public university located in the Midwest to collect data. The four-year public institution has an enrollment of about 10,000 and grants Bachelor and Master degrees. Data were collected from 10 activity classes (N=640) including Fitness and Wellness Appraisal, Volleyball, Kickboxing, Step Aerobics, Yoga, Weight Training, Dance Activities, Badminton, Table Tennis, and Aerobic Dance I. Data was also collected from five (N=5) instructors who were teaching the activity classes.

Data Collection

Health History Questionnaire

Data were collected using the Physical Activity Course Health History Questionnaire consisting of information from two different health risk appraisals talked about earlier in this article: (a) the ACSM Health History Questionnaire, and (b) part of the PAR-Q. The Physical Activity Course Health History Questionnaire also included an area asking students to sign a release of liability indicating awareness of physical stress with possible harmful effects and responsibility for participating in the activity course, and a section for instructors to document follow-up with any student who

Table 1: Physical Activity Class Health History Questionnaire and Release of Liability

Name of Class _____ Name of Instructor _____

PHYSICAL EDUCATION DEPARTMENT
Physical Activity Courses
Health History Questionnaire

Regular physical activity is safe for most people. However, some individuals should check with their doctor before they start an exercise program. To help us determine if you should consult with your doctor before starting to exercise, please read the following questions carefully and answer each one honestly. All information will be kept confidential.

Please check YES or NO:

- | <u>YES</u> | <u>NO</u> | |
|-----------------------|-----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="radio"/> | <input type="radio"/> | 1. Has a physician ever told you or do you have hypertension? |
| <input type="radio"/> | <input type="radio"/> | 2. Has a physician ever told you or do you have a hyperlipidemia level? |
| <input type="radio"/> | <input type="radio"/> | 3. Do you smoke? |
| <input type="radio"/> | <input type="radio"/> | 4. Are you obese (more than 30% overweight)? |
| <input type="radio"/> | <input type="radio"/> | 5. Has anyone in your immediate family (parents/brothers/sisters) had a heart attack, stroke, or cardiovascular disease before age 55? |
| <input type="radio"/> | <input type="radio"/> | 6. Are you a male over 44 years of age? |
| <input type="radio"/> | <input type="radio"/> | 7. Are you a female over 54 years of age? |
| <input type="radio"/> | <input type="radio"/> | 8. Do you have diabetes? |
| <input type="radio"/> | <input type="radio"/> | 9. Do you have a heart condition?
<u>If yes please explain:</u> _____ |
| <input type="radio"/> | <input type="radio"/> | 10. Have you had a stroke? |
| <input type="radio"/> | <input type="radio"/> | 11. Do you have epilepsy? |
| <input type="radio"/> | <input type="radio"/> | 12. Are you pregnant? |
| <input type="radio"/> | <input type="radio"/> | 13. Do you have emphysema? |
| <input type="radio"/> | <input type="radio"/> | 14. Do you feel pain in your chest when you engage in physical activity? |
| <input type="radio"/> | <input type="radio"/> | 15. Do you have chronic bronchitis? |
| <input type="radio"/> | <input type="radio"/> | 16. Have you had chest pain when you were not doing physical activity in the past month? |
| <input type="radio"/> | <input type="radio"/> | 17. Do you ever lose consciousness or control of your balance due to chronic dizziness? |
| <input type="radio"/> | <input type="radio"/> | 18. Are you |
| <input type="radio"/> | <input type="radio"/> | 19. Are you taking any medications or other drugs that might alter your response to physical activity or exercise?
<u>If yes please explain:</u> _____ |
| <input type="radio"/> | <input type="radio"/> | 20. Is there a good reason not mentioned above why you should not be physically active, even if you wanted to?
<u>If yes please explain:</u> _____ |
| <input type="radio"/> | <input type="radio"/> | 21. Have you recently had surgery or have special limitations? What are they? _____ |

Table 1: Physical Activity Class Health History Questionnaire and Release of Liability (Continued – Back Page of Document)

IF YOU ANSWERED...

YES TO ONE OR MORE QUESTIONS

Talk to your doctor by phone BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about this health history questionnaire and which questions you answered YES.

- You may be able to do any physical activity you want - as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- Find out which community programs are safe and helpful for you.

NO TO ALL QUESTIONS

If you answered NO honestly to all health history questions, you can be reasonably sure that you can:

- Start becoming much more physically active - begin slowly and build up gradually. This is the safest and easiest way to go.
- Take part in a fitness appraisal - this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively.

LIABILITY

I understand that any physical activity I undertake may create physical stress and subsequent harmful effects. I recognize that the use of the equipment in activity classes entails some risk of accidental injury to myself and to others and I agree that I will use such equipment and facilities with due care. I agree that it is solely my responsibility and not the responsibility of the University of Southern Indiana Physical Education Department to require me to consult with a physician prior to commencing any exercise program, to remain under medical supervision if that is indicated, and to seek medical assistance in the event of an injury.

Name _____ Signature _____ Date _____

INFORMED CONSENT FOR RESEARCH PURPOSES

Your participation in allowing the University of Southern Indiana Physical Education Department to use your data for research purposes is completely voluntary. Your unwillingness to participate in the research project does not disqualify you from participating in the Physical Activity Class. Although absolute confidentiality cannot be guaranteed, confidentiality will be protected to the extent permitted by law. The study sponsor, the USI Institutional Review Board (IRB), or other appropriate agencies may inspect your research records. Should the data collected in this research study be published, your identity will not be revealed.

Your name will remain confidential. Your personal information will not be made public. By signing below, you are allowing the University of Southern Indiana Physical Education Department the right to utilize your data for research purposes.

Name _____ Signature _____ Date _____

ACSM (1997). *ACSM's Health/Fitness Standards and Guidelines: American College of Sports Medicine*. Champaign, IL: Human Kinetics.

FOR INSTRUCTOR USE:

Risk areas discussed: _____

Modifications made by instructor due to risk factors: _____

needed additional counseling before participating in the physical activity course. The Physical Activity Course Health History Questionnaire was examined and approved by the risk manager at the university. Table 1 provides an example of the Physical Activity Course Health History Questionnaire and Release of Liability.

Interviews

To provide additional insight about the HRAP, instructors from the Physical Activity courses were interviewed. This research study relied on the dynamics of grounded theory in developing interviews to study how participants acted and reacted to a phenomenon (Creswell, 1998). The phenomenon focused on issues specific to the HRAP. Interviews were conducted on instructors to examine the following: (a) the value of the HRAP, (b) impediments of the HRAP, (c) communication techniques and efforts between the student and the instructor, and (d) suggestions for improving the HRAP. The interviews were semi-structured and lasted between 30 and 45 minutes.

Data Analysis

The analysis of the data was descriptive and utilized frequency data of CHD risk factors and other conditions recommended for physicians referral. The qualitative data were examined for themes from the participants' answers to the open-ended questions by using Glaser and Strauss, (1967) and Wolcott (1994) methods of reducing interview data. First, the interview data was analyzed and interpreted through organization. The interview data was organized by tape recording and using verbatim transcription, labeling all transcripts with pseudonyms to protect identities, using a qualitative software system called HyperResearcher 2.6, and journaling data collected from each interview. Second, the researcher became familiar with the data by reading and re-reading the transcripts. Reading and re-reading transcripts is a crucial step in coding and categorizing data.

Third, a categorical analysis was used to identify similarities and differences among the data (Rossman & Rallis, 2003, pg. 273). Themes were identified based on the regularity of the same amount of data (Huberman & Miles, 1994; Bodgan & Biklen, 1992). Finally, by coding the data, the researcher discovered a clear understanding of key concepts. A code is

“a word or short phrase that captures and signals what is going on in a piece of data in a way that links it to some more general analysis issue” (Emergson, Fretz, & Shaw, 1995).

Results

The study gathered health history forms from 640 students in fourteen different physical activity courses. Table 2 shows the number of health history forms collected from each respondent from specific physical activity courses.

Research Question 1 – What were the dominate risk factor among students?

The results of the major CHD risk factors are shown for each physical activity class in Table 3. Seven of the ACSM's major CHD risk factors were present in the one or more of the students and they included smoking (n=100), family history (n=74), obesity (n=23), hypertension (n=10), hyperlipidemia (n=10), diabetes mellitus (n=3), and age for males (n=1). The students also indicated they had heart conditions (n=15), pain in the chest when engaging in physical activity (n=15), dizziness (n=2), and chest pain when not performing physical activity (n=15). The ACSM risk factors in which no student experienced included females over the age of 44 (n=0), students experiencing a stroke (n=0), student who were pregnant (n=0), and students with emphysema (n=0). The Physical Activity Health History Questionnaire Activity Form also identified other conditions such as respiratory illnesses and musculoskeletal problems. Students indicated they had asthma (n=66); bronchitis (n=7); bone and joint problems (n=8); they were taking medications (n=7); and had

Table 2: Number of Respondents by Course

Course	N	Course	N
PE 186 Fitness and Wellness	209	PE 134 Volleyball	21
PE 162 Hiking	78	PE 199 (1) Cardio Kickboxing	20
PE 182 Weight Training	56	PE141 Beginner Swimming	19
PE 185 Step Aerobics	55	PE 151 Karate	18
PE 118 Table Tennis	48	PE 199 (2) Yoga	17
PE 114 Golf	47	PE 199 (3) Disc Golf	17
PE 123 Tennis	21	PE 112 Badminton	14

Table 3 Coronary Heart Disease Risk Factors by Class

	*PE 186	*PE 162	*PE 182	*PE 185	*PE 118	*PE 114	*PE 123	*PE 134	*PE 199 1	*PE 141	*PE 151	*PE 199 2	*PE 199 3	*PE 112	Total
Smoking	27	11	9	7	5	20	5	1	2	2	3	3	2	3	100
Family History	19	14	4	2	3	10	3	1	2	5	4	2	5	0	74
Asthma	21	9	6	9	4	8	2	2	0	3	1	1	0	0	66
Surgery	8	4	5	2	3	5	2	1	0	0	1	0	0	0	31
Obesity	7	2	1	1	2	2	3	1	0	0	0	2	1	1	23
Heart Condition	4	2	1	1	1	2	1	0	0	0	2	0	1	0	15
Pain in the Chest	5	2	0	1	0	3	2	0	0	1	0	1	0	0	15
Chest Pain	9	1	2	0	0	1	1	0	0	0	0	1	0	0	15
Hypertension	2	0	0	0	1	5	0	0	0	0	0	1	0	1	10
Hyperlipidemia	1	0	1	3	0	3	0	0	0	0	1	1	0	0	10
Bone/Joint Problems	3	1	1	0	0	1	0	0	0	0	0	0	2	0	8
Bronchitis	2	1	1	0	1	2	0	0	0	0	0	0	0	0	7
Medications	2	1	2	0	0	1	0	0	0	1	0	0	0	0	7
Other	2	1	0	0	0	0	0	0	0	0	0	1	0	0	4
Diabetes	0	0	0	1	0	1	0	0	0	0	0	0	1	0	3
Epilepsy	1	1	0	0	0	0	0	0	0	0	0	0	0	0	2
Dizziness	0	0	0	0	0	2	0	0	0	0	0	0	0	0	2
Male Over 44 Years	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Female Over 44 Years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Stroke	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pregnant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Emphysema	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
>1 risk factor	31	12	7	2	2	9	6	0	0	3	3	2	2	1	80
Totals	114	50	33	27	20	66	19	6	4	12	12	13	12	5	393

*See Table 2 class identification

previous surgeries (n=31) that were not recent.

"Table 3 about here".

Research Question 2 - What was the approach taken by instructors in terms of counseling within the physical activity courses?

Three strategies developed on instructor follow-up. All instructors in the department addressed the CHD risks with students utilizing three general techniques: one-on-one, email, and group. The severity of the CHD risk factor dictated the technique utilized by instructors. Instructors stressed using one-on-one sessions for severe risk factors only. An instructor elaborated on this strategy, "If the student has "high risk" factors, like hypertension, diabetes, cholesterol, or even multiple risk factors, then I met with the student face-to-face." In addition, "student comfort" is pertinent in one-on-one sessions. One instructor explained, "I make sure the student feels comfortable because some of the risk factors are personal."

Some instructors chose to email students because many

checked the same CHD risk factor. An instructor explained, "I had a large number of students that I wanted to touch base with, it just wasn't possible for me to do it one-on-one."

Finally, some instructors chose to meet with the students as a group because many had the same CHD risk factors. An instructor explained, "I met students after class in groups with the same thing risk factors."

Follow-Up Approaches

One general strategy evolved in the follow-up approach with the students. The instructors basically made the student aware of the CHD risk factor and recommended they see a doctor. For example,

I go through the health history form and suggest to students with CHD risk(s) that it's in their best interest to talk to their doctor before they continue. We discuss wellness material in the class first then we do the physically challenging

labs later. Students have two or three weeks to see their doctor and get approval to engage in physical activity or the labs.

Another instructor reiterates the same concepts,

If the students have a CHD risk factor that I think they should see their doctor about, I tell them to talk to their doctor before they take the class.

Student Reactions

Three reactions developed from instructor follow-up with students. Student reactions were positive, negative, and neutral. In terms of a positive experience, the instructors explained how appreciative students were about their concern, "I think students really appreciate that somebody is concerned and has taken an interest."

Some students were surprised instructors "followed-up." For example,

I think that most of the students that filled the Health History Appraisal Form felt like they were just filling out another form. Those who had checked "yes" were taken aback that someone followed-up and discussed it with them. Not in a bad way, but "oh yeah, this is something."

Other students found the experience negative. An instructor explained, "Many of the students write back and say "I know" . . . "mind your own business". . . "This is none of your business." In addition, students indicated the follow-up process annoyed them,

If I got a response from the student at all, it was annoying more than anything else. It was like, 'Listen I'm 350 pounds. I know I'm 350 pounds. I don't need you to tell me that I have risk factors related to being inactive. I think some take it personal."

Finally, some students had no response to the follow-up process. An instructor explained, "I don't think they were surprised when I talked to them about it."

Research Question 3 - What value does the HRAP provide the Physical Education Department?

All instructors indicated the HRAP (HRAP) was valuable for the physical activity classes. Three specific values developed throughout data analysis. The values were: (a) the HRAP raises the student's level of awareness about their CHD risks, (b) the HRAP informs the instructor of specific risks and number of risks each student may have, and (c) the HRAP reduces liability factors.

Value One - Raises the Student Level of Awareness

One instructor substantiated the value of the Health History Appraisal process. "Lets students know I know they have health risk and that I'm willing to work with them." Another instructor said, "I think it raises the students level of awareness about their risk."

Value Two - Informs the instructor of specific risk and number of risks

All instructors felt the Health History Appraisal process was valuable because it informed them of specific risks and number of risks. One instructor said,

It helps you identify students that you need to be concerned about. It helps you get to know and understand your students better. The more you know about your students, the more you understand them.

Another instructor supported this response by saying,

It brings health issues or concerns to my attention that students might not volunteer. I can modify the class for the student so they have a safe experience . . . so they don't get hurt.

Finally, a group of instructors provided several examples, "It enables me to understand the students better, to know their health history and be able to adjust my instruction according to their needs and abilities. It's probably the biggest thing." Another instructor said, "It shows who has a health risk that I need to be aware of before any physical activity takes place."

Value Three - Liability

The majority of the instructors mentioned the HRAP was valuable because it assisted in fulfilling legal and insurance requirements from a university standpoint. One instructor said, "From a liability standpoint I think it's essential. It's critical that the department do this on a consistent basis." Another instructor substantiated the comment, "Liability-wise it covers the instructor and the student because they signed off on it. We've talked about it and they can't come back and say, 'I wasn't informed.'"

Research Question 4 - What additional steps need to be taken in order to improve the HRAP?

All instructors indicated the HRAP was educational and easy to use, however they did provide feedback for improving the process. The majority wanted to see an intervention phase to the follow-up. A few instructors indicated an intervention program could be the next step in making the process complete. For example an instructor explained, "I think we need to implement an intervention process in the future. For example, if you've got smokers, what does the institution have in place that will help them quit smoking?" Another instructor supported this by saying, "I'm just really concerned that there are some students [that] don't know what we have [in terms of resources], you know, a plan B [interventions]." Finally, another instructor indicated there are no interventions or protocols set-up for the process at this time, "The way I see it, is we don't have a process. We don't have interventions to help those at risk."

Discussion

The HRAP provided some insightful information for the Department of Physical Education at this university by identifying suggestions for improving the process to

make it better. The department felt obligated to talk with students who had major CHD risk factors about steps they could take to reduce them. The HRAP provided a method of opening lines of communications between faculty and student (s) about CHD risk factors. However, "Areas of concern" surfaced during the process. Students had mixed feelings about the process. Some students appreciated faculty's concern while others felt faculty were meddling in their personal matters. In addition, some faculty felt uncomfortable with the process. Perhaps a standardized script of what to say to students would help relieve tensions between faculty and students when dealing with personal health matters. The script will help regulate language spoken to the student during the process. The script is a controlled approach which has not been tested by the university department in this study.

Those departments interested in using the HRAP may want to consider an alternative to the individual sessions. The alternative to the individual sessions may be to have one class session where CHD risk factors and other areas of concern are explained to the class. Following the presentation, each student completes and returns the Health History Form to the instructor. The instructor should still examine the Health History Form and take into consideration the standards set-forth through the ACSM.

The instructors indicated there was value in the HRAP to the department because it increased student's level of awareness of CHD risk factors, it identified specific risks and number of risks instructors must consider when making modifications for students. In addition, the examination of the students on this university campus would support there is a problem with major CHD risk factors in activity courses. For example, 33.5% (n=215) of the students had at least one risk factor and 12.5% (n=80) had more than one risk factor. Not only were seven of the risk factors considered major (smoking, family history, obesity, hypertension, hyperlipidemia, diabetes, male > 44), five could be identified as "preventable" (smoking, obesity, hypertension, hyperlipidemia, diabetes). The results support Cardoso (2004) knowledge of CHD risk factors not correlating with their behaviors. Therefore, the HRAP provides faculty with a unique opportunity to raise students awareness about their "preventable" risk factors.

Implications

The following are implications from this study for physical education departments and instructors teaching in those departments. First, college students have CHD risk factors and some are major. Physical education departments needs to (if not already) start administrating a Health Risk Appraisal Form which includes a release of liability to their students entering physical activity courses. The Health Risk Appraisal Form needs to be valid and departments need to work with their Risk Management Department (who will work with an attorney) on campus to develop a waiver and release of liability that will provide sufficient liability protection in a court of law (Cotton, 2004b).

Second, an education program should be a part of the process. This education may help reduce CHD risks for students in the future. The education program should include a collaborative effort between the Physical Education Department and others on campus such as the Division of Student Affairs (Campus Recreation, Religious Life, Counseling Center), the Student Wellness Office, and the Student Wellness Committee. These departments can provide valuable resources to help faculty identify intervention strategies for its students.

Limitations and Future Research

Although this study provided useful information about the importance of using a health history form and the follow-up process for physical activity classes, this study did experience some limitations. The research was self-reported by students volunteering to participate in the screening because they were in a physical activity course. Two problems can occur from this type of reporting: (a) students may be completing the form as an obligation of the class but not reporting their true risk factors, and/or (b) the students may not know their true risk factors because measurements were not taken due to time constraints of the activity courses.

Second, the study relied on a Health Risk Appraisal Form (self-reporting) for the results of the study instead of blood work and other measurements being done. Future research needs to be done utilizing blood work to determine cholesterol and blood glucose levels and blood pressure responses. Future evaluation also needs to focus on the behavior changes that take place because of a program such as this one. Do the students' behaviors reflect their knowledge after the Health History follow-up process with the instructor?

Third, this department did not use a script for the follow-up meetings with the instructors and not all instructors address the CHD risks in a consistent manner. Future research should test the effectiveness of using a script. Does a script help faculty and/or students feel more comfortable than without a script?

Conclusion

Overall, the HRAP is an effective means of screening students for risk factors along with decreasing liability in a Physical Education Department offering physical activity courses. Second, these students showed several major "preventable" CHD risk factors, where instructors need to emphasize the importance of lifestyle changes such as eliminating smoking, drinking, managing stress, and increasing exercise. Third, the study identified a limitation to the process possible resources on campus and in the community which could assist students in dealing with these risks. Finally, incorporating this type of process into an undergraduate Physical Education Department provides an excellent opportunity to educate the student on their CHD risk factors.

Reference

- American Cancer Society, 2004, "Smoke-free New England campus initiative", Retrieved June 29, 2004 from http://www.cancer.org/docroot/COM/content/div_NE/COM_4?_x?Smoke-Free_New_Eng...htm
- American College of Sports Medicine (2000). *ACSM's Guidelines for Exercise Testing and Prescription, Sixth Edition*. Baltimore, Maryland: Lippincott Williams & Wilkins.
- American College of Sports Medicine (2004). *Health Screening*, Retrieved October 28, 2004 www.solutionsinfitness.com/healthscreen.htm.
- American Council on Exercise (2003). *ACE Personal Trainer Manual*. San Diego, CA: American Council on Exercise.
- Balady, G. J., Chaitman, B., Driscoll, D. Foster, C., Froelicher, E., Gordon, N., Pate, R., Rippe, J. & Bazzarre, T. (1998). AHA/ACSM scientific statement: Recommendations for cardiovascular screening, staffing, and emergency policies at health/fitness facilities. *American Heart Association, 97*, 2283-2293
- Bogdan, R., & Biklen, S. K. (1992). *Qualitative research for education: An introduction to theory and methods*. Needham Heights, MA: Allyn and Bacon.
- Cardoso, R. (2004) Cholesterol: Should you be concerned? Retrieved October 21, 2004 from <http://www.theonlinerocket.com/main.cfm/included/detail/storyid/267807.html.f>
- Cotton, D. J. (2004a). Waivers and releases can protect against liability. *Fitness Management, 3*, 24.
- Cotton, D. J. (2004b). Someone was injured! Am I liable? *Fitness Management, 7*, 28.
- Creswell, J. W. (1998). *Qualitative inquiry and research design: Choosing among five Traditions*. Thousand Oaks, CA: Sage.
- Emerson, R. M., Fretz, R. I., & Shaw, L. L. (1995). *Writing ethnographic fieldnotes*. Chicago: University of Chicago Press.
- Glaser, B. G., & Strauss, A. L. (1967). *The discovery of grounded theory: Strategies for qualitative research*. Chicago: Aldine.
- Healthy People 2010 (2000). *Conference Edition, 2 vols.* US Department of Health and Human Services. Washington, DC.
- Huberman, A. M., & Miles, M. B. (1994). Data management and analysis methods. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (pp. 428-444). Thousand Oaks, CA: Sage.
- Rigotti, N. A., Regan, S., Majchrzak, N. E., Knight, J. R., Wechsler, H., 2002, "Tobacco use by Massachusetts public college students: Long term effect of the Massachusetts tobacco control program", *Tobacco Control, 11*(2), 20-24.
- Rossman, G. B., & Rallis, S. F. (2003). *Learning in the field: An introduction to qualitative research, 2nd edition*. Thousand Oaks, CA: Sage Publications
- Spencer, L. (2002). Results of a heart disease risk-factor screening among traditional college students. *Journal of American College Health, 50* (6), 291-296.
- Waltz, J. (1978). *Food habit management*. Seattle, WA: Northwest Learning Associates, Inc.
- Wolcott, H. F. (1994). *Transforming qualitative data: Description, analysis, and interpretation*. Thousand Oaks, CA: Sage.

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Title: The Science of Cup Stacking: A Review of How Prior Research “Stacks Up”

By

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Abstract

Sport stacking is used in more than 10,000 physical education, after school, and sports programs. Once considered a recreational activity, the sport now has state and national competitions. Sport stacking manufacturers claim the sport of sport stacking positively promotes hand-eye coordination, reaction time, and bilateral proficiency. Although anecdotal evidence supports these claims, there is some recent scientific literature behind sport stacking. The purpose of this paper is to examine recent developments in the science behind sport stacking. Specifically, this paper will explore five recent research papers that have studied the effects of sport stacking. The research suggests that some of the claims made by sport stacking manufacturers are accurate.

Teaching innovative and creative activities is a hot topic in physical education. Some physical educators and teacher education professionals call these activities “questionable” practices and rely on more traditional activities in their curriculum. A recent debate in JOPERD regarding questionable practices has been published in four letters to the editor (Baumgarten, 2004; Jacody, 2004; Murry and Udermann; 2004; Naughton, 2004).

Motivation is a common concern of many physical education teachers. Physical educators are continually seeking new ways to stimulate the interest of students in their physical education settings. They use a combination of traditional activities (e.g. basketball and volleyball) and nontraditional activities (e.g. sport stacking and juggling) in their curriculum. This allows the students to be introduced to a wide variety of physical movements. The debate is whether or not these nontraditional activities have a place in physical education.

While NASPE standards specify generally what students should be learning, physical educators are free to use the content and instructional methods they desire. For instance, the first NASPE standard states: A physically educated person “Demonstrates competency in motor skills and movement patterns needed to perform a variety of physical activities”

(NASPE, 2004, p.11). Sport stacking manufacturers have made several claims about the benefits of sport stacking, one of which is that sport stacking has a positive effect on bilateral coordination. This is a very powerful statement, as bilateral coordination is used in nearly all sporting activities as well as activities of daily living. The development of bilateral coordination could assist in satisfying achievement of the first NASPE standard. If the manufacturers are correct, sport stacking would have a place in physical education.

Over 10,000 schools around the country have sport stacking programs in their physical education classes and after school programs (<http://www.speedstacks.com>). The popularity of the sport has helped support state and national tournaments all over the United States. Even though there is much anecdotal support for the sport, the question arises if sport stacking really does enhance psychomotor parameters in students or is it merely a fun activity. Recent research has attempted to clear up the answer.

One group of researchers (Udermann, Murray, Mayer, & Sagendorf, 2004) measured 42 second grade student’s reaction times and hand-eye coordination times using sport stacking as an intervention. Sport stacking was taught to the experimental group for 30 minutes a day, four times a week, for five

weeks leading to a total of ten hours of stacking time. A control group was taught fitness themed physical education activities for the same duration. The results showed that the pre and post-test scores for the hand-eye coordination and the reaction time tests were significantly decreased in the experimental group, indicating they got better. The authors suggested that sport stacking did have a positive influence on the two variables they tested.

Conn (2004) assessed movement time in addition to reaction time in her study with 82 fourth-grade physical education students. In this five-week unit plan, sport stacking was randomly taught with scooter and volleyball skills, rather than being the only skill practiced by the students. The participants in this study stacked a total of 4 hours and 40 minutes. Significant differences were found in movement time, but no differences in reaction time. Conn concluded that sport stacking had no influence on reaction time, but did decrease movement time.

The influence of sport stacking on hand-eye coordination has also been investigated on 103 first, third, and fourth grade students (Hart, Smith, & DeChant, 2004). The students participated in a three-week sport stacking unit and were measured in three different aspects of hand-eye coordination. The total time spent stacking in this study was five hours. Significant changes were found in only one of the three hand-eye coordination measures. The researchers suggested stacking for a total of five hours during a three week unit plan may not be long enough to elicit psychomotor changes.

Rhea (2004) was the first to investigate upper limb coordination changes along with other psychomotor measurements. Sixth grade students participated in a four week sport stacking unit. The experimental group practiced sport stacking for 15 minutes during the beginning of the physical education class while the control group performed fitness activities. The sport stacking participants stacked for a total of 3 hours and 15 minutes. All students were pre and post-tested on a novel task consisting of a two-handed star tracer that is a measure of upper limb coordination. In addition upper limb movements were measured three-dimensionally on a computer motion analysis system. Positive significant changes were found in upper limb coordination using the star tracer and desirable changes were found in the cup clearance height in the experimental group, but not the control group. This was the first study that found sport stacking positively enhances upper limb coordination as measured the star tracer task.

Rhea (2004) also examined the enjoyment level of students participating in sport stacking. Following the study, students completed a survey with the following questions: "Rate your enjoyment of sport stacking on a scale of 1 to 5, with 1 being the lowest and 5 being the highest.", and "Are you interested in continuing sport stacking in your physical education class?" The average rating of enjoyment for sport stacking was 4.2, indicating that the students found it to be a pleasurable activity. Most students were also interested in keeping sport stacking in their physical education curriculum.

Hart and Bixby (2005) were able to show that sport stacking uses both sides of the brain. They performed an electroencephalogram (EEG) analysis on 18 college-aged participants. Following two 30 minute practice sessions with sport stacking, the researchers tested the brain activity of the subjects during one testing session. The EEG analysis

showed that the left hemisphere of the brain was more active than the right hemisphere during right handed activities and vice versa.

Although the research is limited, there is scientific support for sport stacking in physical education curricula. More research needs to be performed on a variety of populations, including all age groups in the K-12 range. Also, other measurements of upper limb coordination, hand-eye coordination, reaction time and movement time need to be investigated in order to better understand the effects of sport stacking. Research on the student's enjoyment of other physical education topics should be compared to sport stacking to more thoroughly understand student's qualitative assessments of activities in their classes. More research will allow researchers to better identify the strengths and/or weaknesses of sport stacking. Presently, research suggests that sport stacking does enhance some psychomotor measures along with enjoyment of the physical education experience. Lastly, sport stacking has been shown to stimulate both sides of the brain.

References

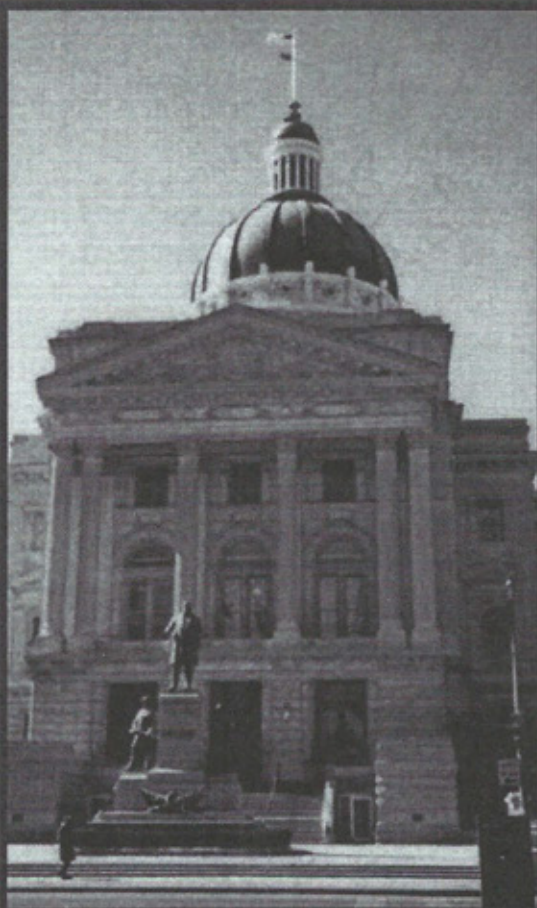
- Baumgarten, S. (2004). Questionable practices in physical education. *JOPERD*, 75(5), 4, 9.
- Conn, H. E. (2004). The effect of sport stacking on reaction time, movement time, and ambidexterity in fourth-grade students. *Missouri Journal of Health, Physical Education, Recreation, and Dance*, 14, 8-16.
- Hart, M., & Bixby, W. (2005). Brain Activation Patterns During Participation in Sport Stacking. *Research Quarterly for Exercise and Sport*, 76(1), 57.
- Hart M., Smith L., & DeChant A. (2004). Influence of participation in a sport stacking unit on hand-eye coordination. *Research Quarterly for Exercise and Sport*, 75(1), 67.
- Jacoby, T. (2004). Best, not questionable practices. *JOPERD*, 75(6), 6.
- Murry, S. & Udermann, B. (2004). Research supports sport stacking. *JOPERD*, 75(6), 7-8.
- Naughton, R. (2004). Dodgeball, relays, and rubber chickens. *JOPERD*, 75(6), 5-6.
- National Association for Sport & Physical Education. (2004). *Moving into the future: national standards for physical education. A guide to content and assessment. (2nd ed.)*. Boston: WCB McGraw-Hill.
- Rhea, C. (2004). Changes in Upper Limb Coordination and Kinematics Following a Five Week Instructional Unit in Sport Stacking. Unpublished masters thesis, Barry University, Miami Shores, Florida, United States of America.
- Speed Stacks is the Leader in the Sport of Sport Stacking. (n.d.) Retrieved December 12, 2004, from <http://www.speedstacks.com>
- Udermann, B. E., Murray, S. R., Mayer, J. M. & Sagendorf, K. (2004). Influence of sport stacking on hand-eye coordination and reaction time of second-grade students. *Perceptual and Motor Skills*, 98, 409-414.

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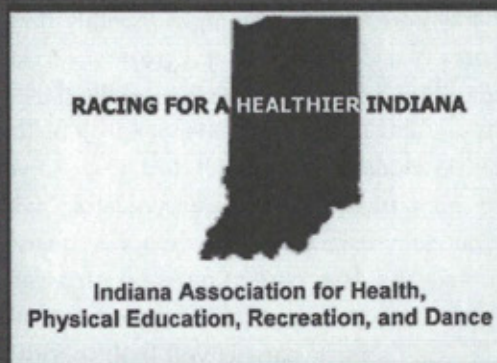


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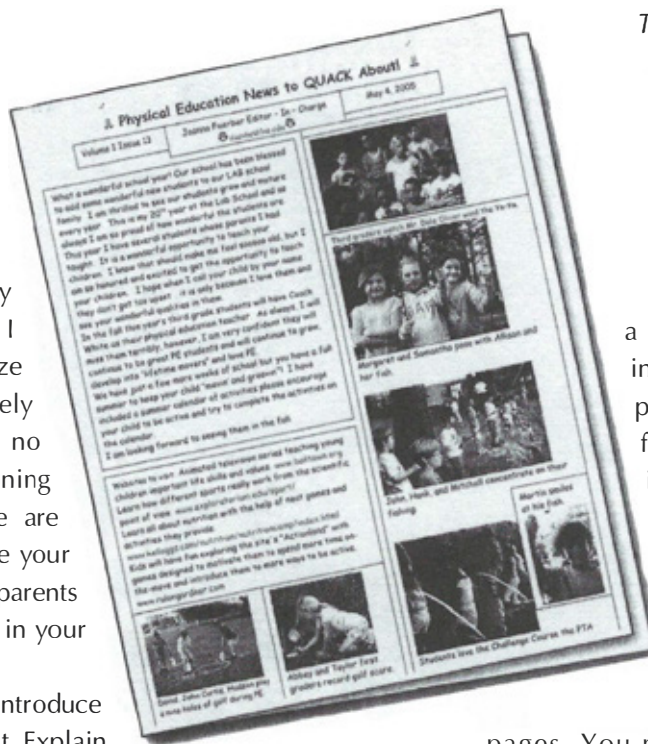
P.E. Is More Than "Duck, Duck, Goose"

by Joanna Faerber
jfaerbe@isu.edu

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Teaching Elementary Physical
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Every year I want to get my school year off to a good start. I decided it was time to organize a way to communicate effectively with parents, and there is no better time than at the beginning of a new school year. Here are some tips to help you promote your class activities by keeping parents informed on what is going on in your class.

A letter to the parents to introduce yourself is a great place to start. Explain your goals for the children, how you plan to reach them, and how they can help. Provide parents with a list of state and NASPE National Standards, with activities that you will use to meet them. Give them ideas how they can practice and reinforce good physical fitness habits at home and develop the skills to meet the standards and maintain a healthy lifestyle. Clarify your philosophy on physical education as age and developmentally appropriate. This is a great time to share ideas about planned activities and seek out parents with special interests or talents. This letter can be formal on school letterhead or an informal e-mail to parents. As you continue to communicate with parents, you may consider developing a monthly newsletter. We call ours Quack News. What a great way to keep parents informed on your class activities, skills that you will be teaching, and those that students can practice at home! Don't be afraid to start small and grow as you become more comfortable with communicating with parents. As you gain expertise in developing newsletters, add pictures, calendars, current news on physical education, and even updates from NASPE on the AAHPERD website. Before you know it, parents will look so forward to your publication and may even offer to help with pictures, publishing, or posting on the Internet.



Developing a web page is a modern way to keep parents informed on their children's progress. It is also a great way for other educators to see what is going on in different schools around the country. Many software programs are readily available to help those who are not gifted with computers to help develop simple yet interesting web

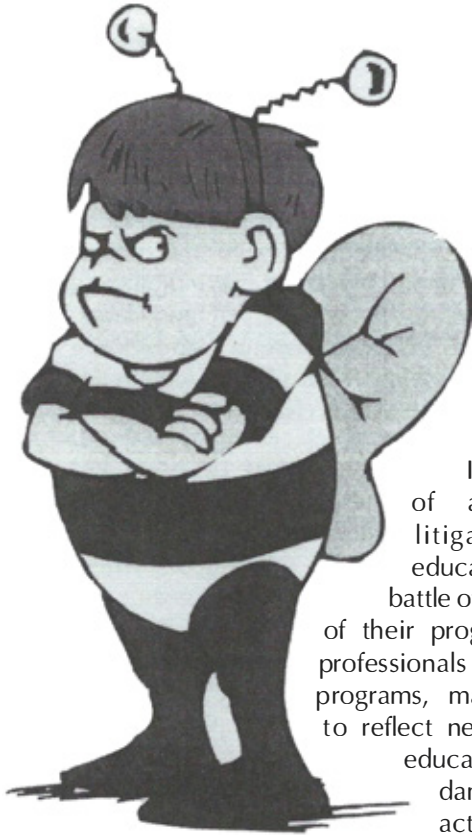
pages. You may need to look no further than upper elementary or high school students to help you with this endeavor. Use pictures, colors, and the students' own words to pique the parents' interest! Create a calendar to keep parents aware of upcoming activities and skills they can practice at home. You can use pictures and even video to demonstrate proper techniques and form. Once you learn how to create web pages, you will wonder how you ever did without it!

Don't overlook other simple, conventional ways of communicating and increasing support for you and your students. Getting involved with your school's PTA can develop relationships that can help you improve your program. Let other teachers in your school, district, and town know what's going on in your classes. Make phone calls to parents with GOOD news, they will love it. Invite parents, other teachers, and administrators to visit your classes. Establish a relationship with local/nearby colleges or universities and encourage them to visit and send their students to observe your classes. Keep a physical education bulletin board updated in your school. Put together brochures that describe your physical education program. Attend local, state, and national conferences; consider presenting at one of these. As you can see there are many ways to get the word out! You don't have to do them all, just pick the ones that fit

The Killer Bs: Ten Ways to Sting Your PE Program

by
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In today's world of accountability and litigation, physical educators face an everyday battle of defending the merits of their programs. While strong professionals eagerly promote their programs, many issues continue to reflect negatively on physical education, thus putting a damper on the physical activity of children.

Stings, characteristic within an ailing program, reduce interest and activity in the children it serves. This article lists ten items, the Killer Bs, that tend to reduce the effectiveness of elementary physical education programs. A Killer B Assessment Form is offered as a springboard for professional development by suggesting an avenue for program assessment. The Killer Bs are ten areas that teachers must address to ensure a healthy program for students:

- **Blurred vision**
- **Bygone curriculum**
- **Bargain basement assessment**
- **Bottom of the barrel instruction**
- **Beleaguered management**
- **Breach of duty**
- **Bashful advocacy**
- **Belly aching**
- **Business as usual**
- **Burned out teaching**

The Killer Bs are listed in no particular order. Use the following brief descriptions of each Killer B to see if your program could benefit from a little calamine lotion.

The Killer Bs

Blurred vision. Zeroing in on core beliefs regarding

activity leads to passion and purpose; with a blurred vision, a lack of consistency occurs. The "sting" of a blurred vision is that it results in students missing the purpose of physical education; without purpose there is no passion!

It is difficult to reach a goal you cannot see. Often, this comes down to lacking a strong professional philosophy. If you have a broken philosophy, it is possible your vision or purpose is not clear. A good program needs direction. Therefore, a clear vision is foundational to maintaining your program. The best place to start is a review of the NASPE standards (2004). The standards are intended to provide all physical educators with a similar direction and purpose. Professional educators owe it to themselves, their students, and the profession to have a clear vision for their program, students, and teaching.

Bygone curriculum. Because something is old doesn't mean it isn't important. However, when a curriculum outlives its use, it may become a collection of meaningless, irrelevant activities. The resulting sling of a bygone curriculum is a harmful obstruction to student motivation, creating a toxic attitude toward activity in students. It can be lethal to your program! Too many curriculum guides sit idle, collecting dust on the upper shelves of PE office bookcases. Curriculum development is a living, on-going process that is never complete. In physical education, curriculum is more than a collection of games played for the sake of playing those games. Rather, the curriculum should enhance children's activity levels and help them develop a lifelong interest in physical activity. Therefore, activities within a comprehensive curriculum should focus on learning, fitness, and fun. Again, national and state standards should be addressed, but curriculum is not limited to these standards. Local professionals should know what is best for their students.

Bargain basement assessment. Without effective assessment practices, it is difficult for teachers to demonstrate program efficiency. An inability to show evidence of achievement makes program justification problematic. It also inhibits knowing students' needs, putting a sting on the teacher's ability to help students

achieve success. Too often, physical education teachers make insufficient use of assessment techniques. General teacher observation is only a portion of the assessment that should be occurring. An adequate plan for assessment links that assessment with the curriculum, carrying with it implications for daily teaching. A high quality assessment plan gives teachers a sense of purpose for their lessons, while also providing students with a vision for learning.

Bottom of the barrel instruction. Poor instruction reflects negatively on the entire profession. Mediocre teaching convinces students (and their parents) that physical education isn't an integral part of the overall school objectives. This devastating sting that can kill programs when those students grow up to be school board members who look to cut PE to strengthen other programs.

In teaching, there is no room for good enough instruction. Any instructor satisfied with good enough needs to look for new work. Too many teachers are happy to scrape by, getting their students in and out each day without mishap or injury. There is more to good teaching! Physical educators must be the best teachers in the building. Develop and maintain a reputation for excellence in teaching, giving students meaningful learning activities, providing effective management, offering specific performance related feedback, and more. Remove the "get by attitude" from your teaching and invite the principal and other teachers to observe your teaching.

Beleaguered management. Poor management creates gaps of time without purposeful activity for students; the result is wasted time. When students are not engaged in meaningful learning activities, they will seek out alternative actions. This injects a sting in the class, as this search for something to do often leads to misbehavior, which interrupts the learning of others, all due to poor management. Effective teachers are effective managers. Positive management skills include the handling of time, people, and equipment. Physical educators should have every minute of every class planned. The kids should not be running amok or standing in line for extended lengths of time. All equipment must be taken care of in order to insure safe and appropriate use by students. Physical educators must be managers; make it a priority to use time well. Time not used well is lost forever.

Breach of duty. There is a standard of care that teachers must demonstrate toward their students. Part of that duty is reaching a standard of excellence. When the pursuit of excellence does not occur, students learn to settle for middle-of-the-road performance. This stinger injects lethal venom in our students, learning to accept second-rate effort, when teachers do not attend to their duty.

Strong professionals owe their students the best learning opportunities available. In addition, physical educators have a duty to educate parents and the community about the benefits of physical activity. Effective physical educators should be able to demonstrate strategies that are current

and up-to-date. There is an obligation to seek continual development in order to always offer the best to our students.

Bashful advocacy. As the discussion of issues ebb and flow, people are typically enthused with what is the "hottest topic." That is why it is necessary for professionals to continually advocate for physical activity. Without strong advocacy, people may let the benefits of exercise drift from their focus—their interest in and perceived need for activity wanes. If "movement professionals" are not advocating for activity, why would students, parents, and entire communities get excited about physical activity? Herein lies the sting—people lose interest in exercise.

It is essential that physical educators be advocates for physical activity. We cannot rely on organizations and associations to be our advocates. Physical educators must start with their students and the other faculty. Then, providing administration and parents with meaningful information regarding the merits of our programs is a plus. Finally, physical educators should advocate for activity in their communities. Providing the school board with information, developing a newsletter or webpage, writing an article for the local newspaper are just a few ideas that lead to effective advocacy. Step up to the plate and swing away!

Belly aching. "We don't have enough space. Equipment budgets are being cut every year. They only schedule PE so the teachers can have a break." Constant complaining makes people uneasy; they are nervous around the complainer. APE teacher with a negative, complaining demeanor breeds contempt, the subsequent sting being a disrespect and dislike for the gym. Stop the whining! Physical educators must make the best out of what they have; find a way to get the job done . . . even if it means extra work. Take advantage of dilemmas and become known as a problem solver. When physical educators create success in spite of then-woes, people will take notice. The physical educator should be the most positive person in the school building. Being positive not only reflects on the professional, it also impacts how people view our focus—activity. When life gives you lemons, make lemonade!

Business as usual. "Business as usual" leads to problems. Doing the same old thing, with the same plans, in the same order . . . blah, blah, blah . . . may be a sign that a program is ailing. It is an indication that the professional no longer cares. The students are the ones that catch the sting of "I just don't care anymore" from their teacher.

When was the last time the program withstood an internal or external review? Has the program philosophy been reviewed lately? New activities can revive weakening instruction. Periodic surveys of student interest and/or parental concerns can fight the "business as usual" attitude as well. If physical educators treat their profession like a business, business as usual is just bad business.

For each Killer B item, list one or two brief, specific observations. In the general comments, create a plan for improvement; include a date to begin this improvement plan.

Rating scale:

- 1 Best it can be; cannot improve
- 2 Better than some; could be enhanced
- 3 Broke a bit/barely breathing; greatly in need of improvement
- 4 Busted up completely; needs a complete overhaul Overall comments:]

Killer Bs	Rating	Observations
Blurred vision	1 2 3 4	
Bygone curriculum	1 2 3 4	
Bargain basement assessment	1 2 3 4	
Bottom of the barrel instruction	1 2 3 4	
Beleaguered management	1 2 3 4	
Breach of duty	1 2 3 4	
Bashful advocacy	1 2 3 4	
Belly aching	1 2 3 4	
Business as usual	1 2 3 4	
Burned out teaching	1 2 3 4	
General overview	1 2 3 4	

Overall comments: _____

FIGURE 1 Killer B Assessment Form

Burned out teaching. A lack of professionalism is a sign of burn-out. Burn-out leads to the Killer Bs, leading to possibly the strongest sting of all. When teachers burn-out, everyone fails; programs fail, children lose interest in activity, and health decreases!

Often, teachers get to the point where they just don't care anymore. This attitude can be overcome by getting involved professionally. Attending a state conference is a great way to fight burn-out. Better yet, presenting at a conference provides reasons to eliminate the burned out mind set. Put some punch into your program and you will enhance your enthusiasm. Burn-out is a state of mind; it is not a requirement! Do not get caught up in the lazy rut some call "burn-out." By the way, nobody controls your enthusiasm but you!

Assessment of the Killer Bs

The intent of assessing the Killer Bs is to provide physical educators with an opportunity for both professional and personal development. As one assesses their program or teaching, it can be stressful. Do not fear assessment. When done properly, assessment leads to positive change. It is possible that no change is merited; if so, this provides confidence in the fact that a program is running in a smooth and efficient manner.

Figure 1 above provides the reader with an avenue for assessing the Killer Bs. There is nothing about the form that is special; readers can develop their own assessment form if they choose. Readers can also develop their own list of critical elements of their program. The key is to practice being proactive regarding your program.

Conclusion

It is quite possible that physical educators need to review their teaching and their programs on a regular basis with the specific purpose of fighting the Killer Bs. Consistent assessment can remove the sting before it strikes. Each item listed above provides food for thought for physical educators wanting to maintain quality teaching and programs. A person does not have to "fix" everything at once; select one or two items that appear to need the most attention. Once those items are under repair, consider addressing other programmatic issues that need a review. Check your Killer Bs so your students don't get "stung." Good luck.

References

NASPE. (2004). *Moving into the future: National standards for physical education*. Reston, VA: National Association for Sport and Physical Education.

What If Dodgeball Had Its own National Standard?

by Marcy R. Maurer
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The on-going debate of dodgeball as an acceptable physical education activity seems endless. Reeducating physical education teachers toward current best practices has proven a difficult task. Many teachers continue to include dodgeball in their yearly activities and defend it as a curriculum choice by asserting that important basic skills such as dodging, throwing, and catching are part of the game. Other support statements include, "the students enjoy it," "we only use soft balls," or "we modify the rules so children are not eliminated." Assuming there is some limited validity in these arguments, dodgeball may indeed be shoehorned into a curriculum that purportedly adheres to the National Standards (NASPE, 2004). However, let's consider how those who defend dodgeball as an appropriate activity would respond if asked to write an additional Standard, a Standard that would eliminate controversy by legitimizing dodgeball and other games like it.

Step One

Prior to writing this new national standard, it would be instructive to read and study the existing six National Standards. Though much of this article looks at the Standards individually, their overall purpose is to provide a framework for preparing quality physical education curriculums that result in "physically educated person(s)" (NASPE, 2004, p. 11).

Step Two

Next, we might look to see what and how components of dodgeball contribute to the National Standards.

Standard 1

As noted above, dodgeball includes basic skills such as dodging, throwing, and catching. These skills are part of Standard 1: *Demonstrates competency in motor skills and movement patterns needed to*

perform a variety of physical activities (NASPE, 2004, p. 11). However, the real intent of the standard is for students to gain competency in basic skills. *Competency* is achieved through numerous practice opportunities, which seems more likely in small-sided activities than in a game with large teams in which weaker students are typically eliminated early and often. Even in dodgeball games modified to allow reentry, students are usually required to perform calisthenics or other tasks unrelated to the skills they are supposed to be developing.

Dodgeball fails to contribute to Standard 1 due to limited practice opportunities.

Standard 2

The intent of Standard 2: *Demonstrates understanding of movement concepts, principles, strategies, and tactics as they apply to the learning and performance of physical activities* (NASPE, 2004, p. 11) is to incorporate the cognitive domain of learning with skill acquisition. This would include movement concepts, such as location, direction, levels, pathways, and force (Graham, Holt-Hale, & Parker, 2004) and game strategies. Teaching game strategies and concepts begins with observable objectives in a planned lesson that targets intended student outcomes. Unfortunately, traditional dodgeball is most often conducted as a free-for-all, in which game strategies or concepts emerge haphazardly if at all. Arguing that desirable outcomes might or can occur in dodgeball is quite different from teaching for learning.

Unless the teacher actively provides instruction that leads directly to desirable student outcomes, dodgeball fails to meet the intent of Standard 2.

Standard 3

Participates regularly in physical activity (NASPE, 2004, p. 11) indicates an ongoing commitment to physical activity. The intent of Standard 3 is that students choose to be physically active both in and outside of physical education in order to maintain

a healthy lifestyle. A healthy lifestyle is achieved through regular participation following a sound program based on exercise principles.

Dodgeball is not a lifetime activity, in the sense that few people play it outside of physical education. Therefore, dodgeball fails to contribute to Standard 3.

Standard 4

Personal development of health-related components of fitness is the emphasis of Standard 4: *Achieves and maintains a health-enhancing level of physical fitness* (NASPE, 2004, p. 11). Students who are eliminated or find themselves hiding in the corner of the gym are unlikely to improve their physical fitness. Rather, personal fitness is improved and maintained by following principles of training such as specificity and overload.

Dodgeball promotes behaviors in lesser skilled students that are contrary to more desirable principles of training. From that perspective, dodgeball detracts from Standard 4.

Standard 5

Exhibit(ing) responsible personal and social behavior that respects self and others in physical activity settings (NASPE, 2004, p. 11) seems the perfect antithesis to dodgeball. Dodgeball promotes irresponsible personal and social behavior by the mere fact that its object is to harm or eliminate an opponent. Such team wars too often result in disrespect of others. And, cooperation-oriented modifications simply establish a contradiction in students' minds about the game's purpose.

Because dodgeball most often promotes aggressive behaviors, it fails to contribute to the intent of Standard 5.

Standard 6

Students' attitudes and personal values are addressed in Standard 6: *Values physical activity for health, enjoyment, challenge, self-expression, and/or social interaction* (NASPE, 2004, p. 11). The intent of the standard is for all students to experience the joy and sense of belonging to a group through physical activity, ultimately instilling the desire for an active lifestyle. It's easy to argue the game does promote enjoyment, challenge, and social interaction, but mostly to only the few who dominate the game. And for other students, enthusiasm related to the game is associated more with an opportunity for frivolous play than with the potential for achieving more positive skills or relationships. Thus, Standard 6 is generally not achievable via dodgeball.

Step Three: A New Standard 7?

Having exhausted the current National Standards, the challenge in this step is to compose a new standard toward which dodgeball might make a more direct contribution. Examining the game itself, its basic premise is to throw balls at human targets in order to eliminate them from play. Of course, the game derives its name from a defensive strategy

of simply attempting to avoid being hit by a ball. While proponents claim that students benefit from practicing these basic skills and strategies, those outcomes are more coincidental than planned. It seems just as likely, whether intentional or not, that skilled students learn to dominate, hurt, humiliate, embarrass, upset, degrade, and overpower lesser skilled students. In keeping with the same format NASPE has established for the standards listed above, a new standard specific to dodgeball might read:

Standard 7

Demonstrates the ability to humiliate, hurt and eliminate peers in large group games where the focus is dominating the opponent with aggressiveness to win the game.

Obviously, such a standard has no association with developmentally appropriate practices. However, equating a Standard with the practical reality of dodgeball, regardless of its intent, presents a powerful message for eliminating the game from the physical education curriculum. NASPE's *Position on Dodgeball in Physical Education* reminds us that the purpose of physical education is "to provide students with the knowledge, skills, and confidence to be physically active for a lifetime. The students who are eliminated first in dodgeball are typically the ones who most need to be active and practice their skills" (NASPE, n.d.). In another resource, NASPE recommends that, "in a quality physical education class teachers involve ALL children in activities that allow them to participate actively, both mentally and physically. . . . Activities such as relay races, dodgeball, and elimination tag provide limited opportunities for everyone in the class, especially the slower, less agile students who need activity the most" (NASPE, 2000, p. 13).

Changing the philosophies and inappropriate practices of physical education teachers is indeed a difficult task. However, NASPE has published numerous documents that provide guidance for curriculum planning based on developmentally appropriate activities. Physical educators have the responsibility of planning lessons based on goals and objectives that meet the needs of all children. Removing games that are inconsistent with the intent of the National Standards begins the process of change.

References

- Graham, G., Holt/Hale, S.A., & Parker, M. (2004). *Children moving: A reflective approach to teaching physical education* (6th ed.). Boston: McGraw-Hill.
- NASPE. (n.d.). *Position on dodgeball in physical education*. Retrieved January 4, 2005, from http://www.aahperd.org/naspe/pdf_files/pos_papers/dodgeball.pdf.
- NASPE. (2000). *Appropriate practices for elementary school physical education*. Reston, VA: National Association for Sport and Physical Education
- NASPE. (2004). *Moving into the future: National standards for physical education* (2nd ed.). Reston, VA: National Association for Sport and Physical Education.

Squaring to the Rap !

by Deborah Adams
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Currently, I teach in the Bronx at a small college in the physical education department. I have taught the "traditional" dance class (folk, square, and social dance) to future physical educators for many years. Each year I ask my class of future physical educators if they had square dance anytime in their K-12 physical education experience.

Usually two or three students raise their hands. The typical 20 to 30 students in this class are from suburban and urban areas in one of the tri-states (New York, New Jersey, Connecticut). My next question to the few students who have experienced square dance (inevitably all from suburban schools) is whether they enjoyed square dancing. Most of them admit that after getting past the "corny" music and the embarrassment of getting a partner, it was fun.

The fun of square dance is inherent in the social interchange and the absence of having to perform precise step patterns in time to the music. Square dance- is an expression of movement relationships (alongside, around through, etc.) in a community of eight, not a "solo among a group" like a line dance, and community is fun. Yet the response when announcing to preadolescents and adolescents that, "Today, we are going to Square Dance," is a concert of groans and rolling eyes. It probably should not be surprising that modern, urban children lack appreciation for a dance form they associate with an old-fashioned, agrarian past. My solution to this response has been to create something more relevant to today's students.



An obvious change is the type of music used to accompany the dancing. The most relevant urban music is rap. Rap lingo lends itself well to square dance "calls." Traditional square dance instructions like "Now, swing your little honey," "Right and left with the pretty little thing," and "Hurry boys, keep time with the fiddle" are replaced with urban youth colloquialisms such as "Raise the roof," "Give your props," and "Peace out." Also, because social dance over recent decades has seen a marked decrease in partners, "Squaring to the Rap," squares are formed without partners. Rather, it becomes a dance of four, each person representing a side of the square.

Some traditional square dance movements can still be done by a square of four. For example, "all circle (left or right)," "do-sa-do with the opposite," "all star (right or left)," "forearm turns," "circle to a line of four," "bend the line of four," "U-turn back," and "single-file promenade." Other square dance movements can be modified. With the help of my college students I choreographed "Squaring to the Rap," which contains a mixture of old and new square dance language. I then found a college student who could rap and she recorded the calls (raps) with a background instrumental, "Rapper's Delight" by the Sugarhill Gang. She used karaoke equipment to accomplish this.

"Squaring to the Rap" (see Dance Description) follows an A, B, A, C, A format. A square dance sequence usually includes an opener, main figure, break, main figure, and ending. Sometimes the opener, break, and ending are the same, so it also resembles an A, B, A, C, A format. The same numbered arrangement as traditional square dance is applied to "Squaring to the Rap"; however, instead of couple number one it is person number one. Number one is the person whose back is to the music and the other 3 dancers are numbered 2, 3, and 4 in a counterclockwise arrangement (like traditional square dance). "Squaring



to the Rap” is described below. The urban colloquialisms are defined at the end of each section and movement descriptions are in parentheses.

Opener—A

1. Bring it on here close to your peeps* (all step forward four steps).
2. And pound your dogs (fist over fist greeting of friends—free to students’ interpretation—my college students created a four count sequence so each person was greeted with a fist over fist).
3. Back yourself off, Back up-off my grill* (all step backward four steps to home position).
4. Yo, now 1 and 3 Do-Sa-Do and watch your back.
5. Yo, now 2 and 4 Do-Sa-Do and watch your back

*Peeps is an urban youth colloquialism meaning “Your people”

*Back up-off my grill means give me some space.

Main Figure—B

1. Go Right and Raise the Roof (take your hands and pump them to the sky as you walk in a CCW direction halfway around the square).
2. Go Left and Raise the Roof (repeat #1 in a CW direction).
3. Yo, 1 break out to the bus-stop line. (Form a line in succession following person in the number 1 position—line is in the same plane as the number 1 position— ↑1 ↑2 ↑3 ↑4).
4. Yo, Fam keep it tight (dancers are shoulder to shoulder in a line all facing same direction), 3 and 4 check the flip side (3 and 4 now turn to face opposite direction).
5. Turn the table one time round—1 said turn that table. The line of four pivot in a circle around its axis (↑1 ↑2 ↓3 ↓4). 1 and 2 walk forward in a CW direction and 3 and 4 walk forward in a CCW direction.
6. Back off Yo (similar to bend the line so 1 and 2 face 3 and 4), and face your fam* →1 ←3
→2 ←4
7. 2 and 4 pound and pass. (Dancers do a fist over fist greeting then pass by each other and exchange places)—after this move, placement of dancers is now →1 ←3
→4 ←2
8. 1 and 3 pound and pass. (After this move, placement of dancers looks like this) -→3 ←1
→4 ←2
9. 1 and 4 pound and pass. (After this move, placement of dancers looks like this)→3 ←4
→1 ←2
10. Now 3 and 2 pound and pass. (After this move, placement of dancers looks like this)→2 ←4
→1 ←3

11. 1 and 2 pound and pass. (After this move, placement of dancers looks like this)→1 ←3
→4 ←2

12. Now circle round left.

13. Take yo-self back to your crib.*

*fam = your family similar to “your people” and *crib is one’s home

**Hint: Give students numbers to wear to help them identify who is who for the pound and pass series 7-12.

Break—A

1. Bring it on in close to your peeps.
2. Back your self off.
3. Yo, now 1 and 3 Do-Sa-Do.
4. Yo, now 2 and 4 Do Sa-Do.

Main Figure—C

1. 1 & 3 give them props*, then 2 & 4 you give props. (Opposites walk toward each other, shake hands and while their hands are together, give a half hug, spin half around together, and walk backward trading places with each other). Before this movement, dancers are in these positions: ↓3

→4 ←2
↑1

and after these positions

↓1
→2 ←4
↑3

2. 1 & 4 give your props, while 2 and 3 give your props. (Both moves occur simultaneously and results in these positions) ↓4

→3 ←1
↑2

3. 1 & 2 give them props, while 3 & 4 you do the same. (Both moves occur simultaneously and results in these positions) ↓3

→4 ←2
↑1

4. Hey, yo, turn that circle right one time round (single file promenade).

5. 1 & 3 you hop out right, and 2 & 4 you hop out right (opposites exchange places giving high fives with right hands as they move across the square).

6. Now you do the same but hop out left (opposites exchange places returning to home position giving high fives with left hand).

7. Hey, yo, turn that circle one time left (single file promenade).

*giving props—a type of urban youth greeting showing proper respect or love.

Ending

1. Yo, now 1 and 3 Do-Sa-Do.
2. Yo, now 2 and 4 Do-Sa-do.
3. And bring it on in.
4. Meet your peeps and pound your dogs.
5. Back yourself off.
6. Back up—off of my grill.
7. That was like whoa!

I taught “Squaring to the Rap” to middle school students in a Bronx public school and was pleased to observe all students engaged and successful. The Bronx public school students were then asked to create their own version of “Squaring to the Rap.” The students responded enthusiastically to the creative portion. Students were allowed to pick their own groups. Each group was asked to perform their “squaring to the rap” for the teacher and to the class if they chose to do so. Many of the groups were excited about demonstrating their own version of “squaring to the rap.” The most memorable innovation was performed by four boys who were especially proud of their presentation and earned high marks for creativity.

Before students made up their dances, each group was given a list of criteria and a rubric as a means of understanding performance levels. The following is an example of the criteria: (a) create 8 different movements and give each movement a name to use in the rap; (b) use an A, B, A form; (c) one of the movements must demonstrate meeting and parting; (d) another movement must show all dancers moving in unison; (e) one call must contain one of the following relationships—around, along side, or behind each other; (f) the dancers must change formations at least twice (e.g., circle, line, square); and (g) it is important that mostly student-created moves and calls are used in the dance. The rubric contained four levels: (a) performs all seven criteria and the dance flows to the music without stops and starts, (b) performs all seven criteria, (c) performs four to six of the criteria, (d) dancers demonstrate less than four of the criteria.

Making “squaring to the rap” a creative assignment addresses National Standards for Dance (#2 & #4) and National Physical Education Standards (#5 & #7). National Dance Standard #4 states that students will be able to apply and demonstrate critical and creative thinking skills. Students used critical-thinking skills to organize, judge, analyze, and shape a sequence of movements as they strove to meet the performance criteria. National Physical Education Standard #5 is addressed since students are encouraged to demonstrate responsible personal and social behavior. This was



demonstrated as they shared and listened to ideas from each group member, thereby increasing the likelihood of a cooperative-learning experience.

My own sequence of events for the square dance unit begins with the choreographed squaring to the rap. I then ask students to create their own dance and calls. This is followed by groups teaching their “square to the rap” dance to the class. Finally, I do teach traditional square dance. I have found the students’ creations much better than my own and record some on video. I ask students to write descriptions of their dance and also discuss the creative process in a journal. Using these records, student dances can later be taught and used as examples for future students.

This approach to teaching square dance is advantageous for both the teacher and students. Lessons in dance become more meaningful to students when the music and vocabulary is consistent with experiences in their own lives. When students create their own squaring to the rap, lessons become more student-centered, encouraging them to take more responsibility in the learning process. Traditional square dance can be introduced as a type of “rapping,” since the “calls” are linked to basic movements as colorful phrases or rhymes. In the end, a common experience for students who learn to dance either traditional square dance or squaring to the rap is the joy of a community of dancers who move smoothly from one sequence of calls, or raps, to the next.

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Authors need not be professional writers. Editors are encouraged to provide assistance in developing the article when there are great ideas that need to be shared. In peer reviewed and more scholarly works, a blind review process is used whereby the name of the author and persons reviewing the article are known only to the editor.

All submissions must include four hard copies and an electronic version or prepared on a CD. These should be mailed to: Tom Sawyer, Editor, 5840 South Ernest Street, Terre Haute, IN 47802, pmsawyr@aol.com. Below is a checklist of items to be considered when submitting material for publication. All publications must use APA style (5th ed.).

The Manuscript

- Must be processed on 8 1/2 by 11 inch paper (double spaced, left and right margins of 1 1/2 inches, pages numbered).
- Direct quotations of more than 3 lines should be single spaced, indented 1/2 inch, and kept to a minimum.
- Length should not exceed 2,500 words (8 pages).
- Should be written in third person.
- Brief biographical information for each author should be provided on a separate page.

Documentation

- References should be listed in accepted bibliographical style directly at the end of the article, arranged alphabetically by author's last name, and numbered consecutively.
- Each reference cited in the text must be listed and only those cited should be listed as references.
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- Use tables for reporting extensive statistical information.
- Data in tables should not be duplicated or extensively discussed in the text. Titles of tables should be succinct yet adequately describe the contents.
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- Original photos and artwork should be provided for final production of the article.
- Each illustration should be numbered and captions provided.
- Black and white photos are preferable, but good quality color photos are usually acceptable for reproduction.

Author's Statement

- The author must provide a signed statement certifying that the article has not previously been published or submitted for publication elsewhere, either in identical or modified form.

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Is it a cartoon that you have drawn?
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Some folks are inspired by poetry,
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Then there are works that scholars do,
Great research... we need that, too.
But, you know we must depend on YOU
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That we all just may be taught?
My, what changes could be wrought
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Tom Sawyer
Indiana AHPERD Journal Editor

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