

General Certificate of Education

Health and Social Care 8626/8629

HC13

Mark Scheme

2009 examination – January series

Mark schemes are prepared by the Principal Examiner and considered, together with the relevant questions, by a panel of subject teachers. This mark scheme includes any amendments made at the standardisation meeting attended by all examiners and is the scheme which was used by them in this examination. The standardisation meeting ensures that the mark scheme covers the candidates' responses to questions and that every examiner understands and applies it in the same correct way. As preparation for the standardisation meeting each examiner analyses a number of candidates' scripts: alternative answers not already covered by the mark scheme are discussed at the meeting and legislated for. If, after this meeting, examiners encounter unusual answers which have not been discussed at the meeting they are required to refer these to the Principal Examiner.

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1ai)	maximum volur	x being – a measure of aerobic fitness (1) being the me of oxygen (1) taken in and used (1) per minute (1) millilitres of oxygen f bodyweight) (1) max 4	4 marks		
aii)	Ref to stamina fatigue AW (1)	– as endurance AW (1) muscles (1) withstanding max 2	2 marks		
aiii)	Ref to mobility – ability to move (1) with speed (1) balance (1) and/or endurance AW (1) flexibility (1) depends on strength of the individual (1)max 4				
b)	deterioration (1 muscle strength by stretching lig of calcium (1) c function AW (1) reduces/keeps	exercise helping Nikke to slow AW rate of body system) by maintaining/slowing loss of: n (1) stamina (1) muscle tissue AW loss (1) flexibility AW (1) gaments (1) tendons (1) bone strength (1) by slowing loss cardiac output (1) in terms of stroke volume AW (1) respiratory) in terms of lung capacity (1) and metabolic rate (1) stable blood pressure (1) reduces blood cholesterol (1) s risk of atherosclerosis (1) heart disease (1) stroke AW (1)max 8	8 marks		
c)	- emotionally -	enefiting – socially – meeting/interacting with people (1) feeling good about herself (1) weight loss (1) r/mentally – maintaining good concentration/clear thinking (1) max 2	2 marks		
2a)	respiration (1) to reduces blood p elevated heart in	down – allows lactic acid (1) produced by anaerobic to be oxidised (1) preventing discomfort AW (1) pooling (1) in veins (1) prevents dizziness (1) by maintaining rate (1) allows slow reduction in muscle temperature (1) e/body tissue damage (1) allows mental relaxation (1) max 8	8 marks		
b)	Ref to: medical checks/expert advice (1) in order to prevent injury/prevent overexertion (1) obtain appropriate clothing/footwear (1) in order to prevent injury/keep warm/prevent overheating/allow sweating/comfort/freedom of movement (1) use appropriate equipment (1) in order to prevent injury/avoid accidents (1)				
c)	Ref to Carbohydrates (1) sugars/starches (1) stored as glycogen (1) converted to glucose (1) for energy supply/respiration (1) to supply muscle contraction (1) fats (1) which contain triglycerides (1) converted to free fatty acids for energy (1) needs more oxygen than Carbohydrates to do this (1) for exercise over long periods glycogen and fats used (1) shorter exercise periods, glycogen alone usually sufficient (1)				
3ai)	Re BMI	Adult A – Obese AW (1) Adult B – Underweight (1) Adult C – Overweight (1) Adult D – Normal (1) Ignore average	4 marks		
aii)	Ref BMI – does not indicate body fat AW (1) 'muscular' individual may have high BMI yet be very fit (1) Ignore "build"				
			2 marks		

bi) Resting pulse Adult A – high/above normal range suggests unfit/least fit (1)

Adult B – in normal range/suggests fit/similar to D (1)
Adult C – below normal range/relatively very fit/fittest (1)
Adult D – in normal range/suggests fit/similar to B (1)

4 marks

bii) Recovery rate Adult A – least fit cf others (1)

Adults B & C – similar fitness (1) fitter than A/ not as fit as Adult D (1)

Adult D – fittest of all 4 (1)

Allow 1 mark for applied explanation – faster recovery to resting rate – the fitter the individual or vice versa (1)

4 marks

biii) Perceived exertion records: Adult A finds exercise more demanding than others AW (1) as rise greatest between gentle and moderate/ 8 point rise (1) Adults B/C find exercise demand similar (1) both 5 point rises/similar rise in effort level (1) Adult D finds exercise demands light AW (1) as only 3 point rise/low values on 20 point scale (1) Allow 1 fitness point

6 marks

- 4a) Ref to: skill/fitness level AW (1) overcome by beginners classes/exercise at home/exercise with a friend (1) facility locations (1) exercise at home/walking jogging/energetic housework (1) work/family commitments/time (1) overcome by walking to work/exercise with family (1) culture (1) single gender gym sessions(1) max 2 + 2
- 4 marks
- b) Ref to: a very gentle exercise to start AW (1)with small progression steps increasing demand AW (1) suitable suggestion for activities walking/swimming/cycle or similar (1) following screening/examination by GP (1) ideal exercise includes all fitness elements AW (1) minimum high intensity work (1) concentrate rhythmic/low intensity activity (1) max 4

4 marks

c) Relevant diseases include heart disease/cardiovascular disorders/ cerebral infarction – stroke AW/ type 2 diabetes (not type 1)/diseases associated with obesity.

Relevant points may include – genetics may make some individuals more at risk of developing certain diseases and disorders

- lifestyle factors/choices affects level of risk
- regular exercise benefits relating to lung capacity/cardio vascular function
- atherosclerosis/blood cholesterol/weight loss (physiological detail)
- metabolic/respiratory rate using up sugar/maintaining blood sugar levels
- some risks of damage due to overexertion/'addiction' to exercise
- individuals vary no prevention of disease/disorder guarantees

Band 1 - 1 - 4 marks

Candidates here will produce generally vague responses lacking in both depth and detail e.g. mentioning 1/2 diseases or disorders with little physiological detail. For 3/4 marks should include at least three different points of relevance albeit in limited detail.

Band 2 5 - 8 marks

Generally candidates will produce more detailed responses. For 5/6 marks covering 2/3 diseases/disorders in some detail. For 7/8 marks at least 3 diseases/disorders covered in good detail with no significant errors or omissions.

Band 3 9-12 marks

Top band answers will be very detailed covering at least 4 diseases/disorders for 9/10 marks. For 11/12 marks should also include very good physiological detail e.g. relating to atherosclerosis and LDL.

12 marks

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	AO1	AO2	AO3	AO4
1ai	4			
aii	2			
aiii	4			
b		8		
С		2		
2a	3		3	3
b	2			2
С	4		2	2
3ai			2	2
aii			2	2
aiii			2	2
aiv			4	2
b		2		
4a		2	2	
b		4		
С	4		3	5
TOTALS	22	18	20	20
%	27.5	22.5	25	25

PAPER TOTAL: 80 = 100%