

General Certificate of Education

Health and Social Care 8626/8629

HC13 The Role of Exercise in Maintaining Health and Well-being

Report on the Examination *January 2010*

Further copies of this Report are available to download from the AQA Website: www.aqa.org.uk

Copyright © 2010 AQA and its licensors. All rights reserved.

COPYRIGHT

AQA retains the copyright on all its publications. However, registered centres for AQA are permitted to copy material from this booklet for their own internal use, with the following important exception: AQA cannot give permission to centres to photocopy any material that is acknowledged to a third party even for internal use within the centre.

Set and published by the Assessment and Qualifications Alliance.

The Assessment and Qualifications Alliance (AQA) is a company limited by guarantee registered in England and Wales (company number 3644723) and a registered charity (registered charity number 1073334). Registered address: AQA, Devas Street, Manchester M15 6EX Dr Michael Cresswell Director General.

HC13: The Role of Exercise in Maintaining Health and Well-being

The paper generated a good range of responses from candidates whose performance reflected that of previous series with the more able producing accurate and well-reasoned responses. Less able candidates often produced responses which were vague and/or repetitive and lacking in accuracy and technical detail.

Question 1

In part (a)(i) there were many good explanations of poor aerobic fitness, but weaker candidates often failed to give a suitable example of how this may affect Glynis in her everyday life. Some candidates misinterpreted the term "physiological" in part (a)(ii) and produced answers referring to psychological effects. In part (b)(i), more able candidates often gained full marks for explaining dynamic strength and giving appropriate examples. Some candidates however, confused dynamic strength with maximum strength and consequently failed to gain the explanation marks. A small number of candidates confused mobility with flexibility in part (b)(ii), but the majority did well here. The social benefits of exercise were also generally well known, but some candidates confuse these with emotional effects.

Question 2

The principles of good practice and the reasons for them were well known. Some candidates, however, produced explanations of the importance of warm-up and warm-down having misinterpreted the question. There were many sound responses detailing the benefits of regular exercise for stress control and combating ageing which gained six or more of the available marks in each case. Weaker candidates often suggested that the effects of ageing could be reversed by regular exercise.

Question 3

The data question produced a wide range of marks. In part (a)(i), many candidates correctly concluded that adults X, Y and Z were in the normal range for peak flow and that adult W had a below normal reading which may suggest a respiratory problem. A common error resulted from candidates suggesting the higher the reading, the fitter the person, e.g. adult Z is the fittest. Candidates did not gain marks here, or elsewhere in this question for referring to "averages". Most candidates were successful in part (a)(ii) relating to BMI measurements, but where errors occurred, these tended to be with adult X being seen as overweight rather than obese. The resting pulse rates in part (a)(ii) were similar in performance to pattern to the peak flow readings in part (a)(i).

Adult Y was seen to be beyond the normal range and the adults W, X and Z within the normal range of 60-80 bpm. Some candidates however suggested that lower in the normal range suggested higher fitness. In part (a)(iv), most candidates knew that the shorter recovery time indicated higher fitness and that adult X was therefore fittest, closely followed by adult Z. Some weaker candidates simply restated the data in this part of the question while others failed to gain the marks by failing to refer to comparative conclusions between the individuals e.g. adult X is very fit rather than adult X is the fittest.

BMI calculations were generally secure but the weaker candidates made errors by reversing the formula and/or omitting the appropriate units of measurement. In part (b)(ii) candidates needed to indicate that BMI does not take into account muscle or fat

composition. Referring to just muscle or fat, rather than both, failed to gain the mark.

Question4

Candidates generally gained at least four of the six marks in part (a) by successfully giving common barriers to individuals taking regular exercise. Some candidates repeated suggestions to overcome different barriers and consequently failed to gain the second mark in these cases. The benefits of regular exercise for an adult male with type 1 diabetes and hypertension produced some high-scoring responses. Some candidates confused type 1 diabetes with type 2 diabetes and suggested this was the reason for Ronan being overweight.

Weaker candidates were often unable to offer technical detail in their responses and tended to gain two or three of the marks available. Suggestions for a suitable exercise programme usually gained marks for recommending a low-impact activity such as walking or swimming with gradual increases in amount. Relatively few candidates suggested seeking medical or expert advice, or regular monitoring the progress and concentrating on endurance rather than high intensity work.

Grade boundaries

Grade boundaries and cumulative percentage grades are available on the AQA website at <u>www.aga.org.uk/over/stat.html</u>