



General Certificate of Education

**Health and Social Care
8621/8623/8626/8627/8629**

**HC13 The Role of Exercise in Maintaining Health
and Well-Being**

Report on the Examination

June 2010

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

General comments

A good range of responses was generated from the candidates and all questions proved to be accessible to the vast majority. The pattern of performance in terms of strengths and weaknesses was similar to that of previous series. The more able candidates tended to produce accurate and well-reasoned responses while the weaker candidates produced answers which were vague and/or repetitive and generally lacking in accuracy and technical detail.

Question 1

In 01 the majority of candidates gained at least half the marks available demonstrating generally sound understanding of the measure of aerobic fitness. Weaker candidates, however, tended to become confused when including the appropriate units of measurement.

02 proved to be more challenging with just under a third of the candidates managing to gain half marks or more. Weaker candidates tended to offer increased lung capacity as their only correct point. Stamina was understood well and candidates generally gained good marks well when dealing with maximum and dynamic strength. The majority of candidates also successfully outlined the meaning of flexibility in 05.

Question 2

In 06 the majority of candidates again gained at least half marks usually by explaining that regular exercise improves self-confidence, produces a “feel good” effect through endorphins and/or promotes a positive mental attitude.

There were also many pleasing responses to 07. The more able and higher-scoring candidates produced responses which covered the effects of regular exercise on appetite suppression, the energy equation and metabolic processes in cells. The weaker candidates tended to cover only one or two of these areas and then in much less detail.

In 08 a significant number of candidates could have developed their answers in more detail. There was a tendency to make relevant points, but not to expand on these or explain how the impact of one upon another, e.g. gently increasing blood flow increasing oxygen transport to tissues and the subsequent raising of cellular respiration and increased metabolism.

Question 3

As with previous data questions dealing with perceived exertion, candidates who looked at the changes for each individual scored well. A common error was to suggest that Adult A was fitter than Adult C, based on the lower starting and finishing scale results. Most gained marks for recognising that Adult B found the exercise more demanding, as evidenced in the largest/9 point rise, c.f. 7 points of the other two adults, and therefore, Adult B was probably the least fit of the three. Strengths and limitations of perceived exertion scales were generally well known. Relatively few candidates were successful in outlining what is meant by peak flow but candidates generally scored well in 12 when describing how peak flow can be measured. Candidates generally were able to suggest an appropriate numerical value for peak flow in 13 but often were unable to provide the appropriate units of measurement.

The strengths and limitations of using peak flow readings as a fitness measure were generally well known.

Question 4

As on previous papers candidates scored well when suggesting appropriate ways to overcome low skill and fitness levels as barriers to regular exercise and when giving other common barriers.

17 the social benefits Sheila may gain from regular exercise produced many sound responses. Candidates were more challenged when required to name three diseases or disorders which can be prevented by regular exercise.

19 tended therefore to be difficult for some candidates and many responses would have been improved by the inclusion of more physiological process details.

Grade boundaries

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