The Virginia Journal

VAHPERD

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

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President's Message

By Judy Clark

I hope you are planning to attend "Following the Footsteps" in Virginia Beach, and on the Beach the first weekend in November. First, we ARE right on the beach and can leave our footprints. Second, we have some phenomenal speakers and great sessions ready for all of you. The third, we are going to have FUN, FUN. My hope is that you will see the footsteps that others have already laid down for you to follow and make life a little easier for you. Then, I hope, you will find a place you want your footsteps to go to create the vision you have for your career and life.

I am so thrilled that John Bennett, president-elect of AAHPERD, will be joining us for our opening general session on Friday night. John is a life member of VAHPERD, but he is now teaching in North Carolina. The imprint he has left in Virginia has many routes. You can follow one of those routes at his Ballroom 101 session on Saturday morning. He promises you can follow these footsteps and have fun.

Kay Oldaker-Schiltz will also be part of our celebration. She is one of our own, but was named K-12 National Health Educator of the Year by AHEE at the National Convention at Salt Lake City in April. Her footsteps may be small, but she has created quite a path.

We are bringing back one of our traditions. Our Teachers of the Year will be honored at a Luncheon on Saturday. Tickets for this will be very reasonable and the easiest way to get a good lunch. I am proud of the men and women who have set a standard that we can all point to as exemplary for all to see. If you come early on Friday, please join the Board of Directors in honoring our Students of the Year at their awards reception. They are the future of our professions and I hope you take the time during the weekend to invite them to join us every chance they get. There are so many of you from whom they can gain knowledge and perspective.

I hope when you come to the Registration Table you are able to meet Henry Castlevecchi. He has become our Executive Director as of June 1st. He has many who have had the job before him whose paths are almost legendary, but Henry has shown he's going to be following and setting his own pathway. We appreciate the work and dedication that Jack Schiltz had for the job and wish him the best.

There are some shoes that need filling and some pathways that need to be forged. I ask each of you to find time in your busy schedules to give something of yourself back to VAHPERD. This is a organization that has so many and needs so many wonderful people volunteering to keep it strong and viable. We need people who can give a few hours a month to help with committees and organizing. We have a committee getting a workshop ready for Southwest Virginia – yes we do see your need! We need people who are willing to write or call our elected officials in Richmond on a regular basis and pass the word along to professionals in your area for the Legislative Affairs Committee. We need people who are willing to chair sections and present programs. We need people

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Executive Director's Report

By Henry Castelvecchi and Jack Schiltz

My name is Henry Castelvecchi and I am the new Executive Director of VAHPERD. I have been working with Jack Schiltz, the past ED, over the past few years and have learned a lot about him. I found that he is dedicated and works hard for this association and his enthusiasm is contagious. It makes me want to work harder and "follow in the footsteps" of a great Executive Director.

I hope to see all of you and get a chance to meet you at the convention in Virginia Beach. Encourage a colleague to attend. This is shaping up to be a great convention. We have presenters from all over the country and several from the great teachers of Virginia. Don't miss out on a chance for professional development, time to meet up with old friends, and make some new friends.

The following is a profile of the financial status of the organization. I hope that our clear commitment to the future of VAHPERD is evident. We are strong and growing stronger.

Investments

Our investments continue to grow very well. Total value increased $47, 091.16 From last year which represents a 10% annual growth rate with only $10,000 deposited from the American Heart Joint Projects Funds.

	May 31, 2004	May 31, 2005	May 31, 2006
Short Term	$60,944.04	$62,992.41	$65.675.89
Investments	$345,006.25	$382,439.94	$425,857.69
Frances Mayes Foundation	$5,752.15	$5,951.84	$5,958.18
AIAW Foundation	$23,760.21	$24,568.62	$25,552.21
Total	**$435,462.65**	**$475,952.81**	**$523,043.97**

Operating Budget

The uniqueness of the annual budget this year resulted in $31,664.77 excess. Actual income was $3,000 more than projected and expenses were $31,688.69 less than projected. There is a possibility that an additional income will still be received from the Southern District Convention (maybe $2,000). This will be applied to the 2006-7 budget, as it was not received in this fiscal year. As usual the Joint Projects represented the foundation of the budget. Funds received were inline with projections. Leadership travel was approximately $2,000 over budget but was within reasonable limits considering that several Board meetings were in the far extremes of the state (Virginia Beach and Blacksburg). Considering the Finance Committee had virtually no historical data to develop the projected budget the result was a well-balanced, functional tool.

Membership

Membership decreased slightly from a year ago and was virtually equal to the 2003 membership. The decrease would appear to be the result of the Southern District/VAHPERD convention, which was significantly more expensive to attend than the annual VAHPERD convention. Hopefully members who let their

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President-Elect Message

Kerry J. Redican

Advocacy is a priority for AAHPERD. In order to increase organizational capacity for advocacy, AAHPERD hosts an annual Leadership Development Conference for State President-Elects and Executive Directors. I attended (along with Henry Castelvecchi) the AAHPERD Leadership Development Conference, June 21-24, 2006 in Washington, DC. During the conference we heard many different presentations regarding on the importance of advocacy, protocols to follow in contacting legislators and strategies to influence legislators. This was followed by an opportunity to go "on the hill" and visit our elected officials (Senators and local Congressman)

The purpose of our visits was to discuss (lobby) for both incorporating Health and Physical Education in No Child Left Behind and continued support for the PEP grants. While we were not able to personally talk with Senator John Warner or Senator George Allen we did spend approximately 30 minutes each with one of their staff members (education staff). Also, we visited Congressman Rick Boucher (9th District, Southwest Virginia) and we were scheduled to see him personally, he was tied up on the "floor" so we discussed No Child Left Behind and PEP with one of his staff. All conversations went well and the "staffers" we talked with seemed interested and concerned.

Since our LDC-related meetings, Michael Ochs, Director of Government Relations National Association for Sport and Physical Education reported the following:

> *"The Senate Appropriations Committee this week approved their version of a fiscal year 2007 spending bill for the Departments of Labor, Health and Human Services, and Education. As a result of the intensive lobbying efforts by NASPE/AAHPERD members and staff and our PEP coalition partners, they included a funding level of $73 million for PEP. This level is equal to current year funding and should be sufficient to allow the Department of Education to award new grants in the upcoming fiscal year. Particularly strong in their support for PEP were Senators Stevens (R-AK), Cochran (R-MS), Harkin (D-IA) and Reid (D-NV).*
>
> *At this time, the Senate has not scheduled any floor action for their Labor-HHS-Education appropriations bill. Meanwhile, the House leadership has continued to delay any floor action on its version of the bill (which includes only $26.4 million for PEP) while they try to find ways to avoid inclusion of the minimum wage increase provision that was added to the bill by the Appropriations Committee.*
>
> *The next challenge will be to ensure that the PEP number in the Senate bill survives a vote by the full chamber, followed by efforts to make sure the Senate prevails in conference as it relates to PEP. It now appears that the most likely scenario is a House-Senate conference sometime after the November elections. The battle is not over, but it is looking better for supporters and friends of the PEP grant program"*

His update sounds encouraging.

It was clear from both the conference and meetings, that if anything positive was going to happen with respect to Health and Physical Education, Recreation, and Dance that the emphasis will be on "us professionals" to make it happen - so the theme to my Presidency which officially begins in November, 2006 will be "MAKE IT HAPPEN!!"

Finally, one of the key responsibilities as President-Elect is to make recommendations to the Board for appointments to VAHPERD Standing Committees. All Standing Committees have specific membership requirements. Standing Committees where there is some flexibility in appointments include the Legislative Affairs Committee, Membership Committee, Necrology Committee, Nominating Committee, Strategic Planning Committee, and the Structure and Function Committee. I believe that the appointment process should be transparent and so with that in mind if you are interested in serving on a Standing Committee please let me know kredican@vt.edu Even if appointment to a Standing Committee is not possible because of specific requirements there are still many opportunities to become involved in VAHPERD. If I know of your interest, I will make every effort to get you involved. I am looking forward to seeing all of you in November in Virginia Beach.

Past President's Message

By Bob Davis

Its been more than a year since VAHPERD had its last convention so we have had extra time to plan a really great convention in an exciting venue. The 2006 convention will be on the beach in Virginia Beach at the Cavalier Hotel. The dates are Friday, November 3rd through Sunday, November 5th. Over 100 presentations are planned and our keynote speaker will be Dr. John Bennett, AAHPERD President-elect.

Although John is at the University of North Carolina at Wilmington, he is one of our own. He began teaching at Pinchbeck Elementary School of Henrico County, Virginia, served as the head of health, physical education, and driver education in Hanover County, VA, and taught at both Virginia Commonwealth University and George Mason University. He is also a VAHPERD life member. He is a much sought after presenter particularly in the area of dance. He has presented in nearly every state and has several international presentations. During the 2006 AAHPERD convention, he was elected to serve as the leader of our national organization, the AAHPERD.

In his role as AAHPERD President-elect John is extremely busy but has enthusiastically agreed to be the keynote at the Friday night general session. He will also be making a dance presentation on Saturday afternoon.

So as I wrote in the *Communicator,* come get WET in Virginia Beach. Wonderful presentations, Excellent opportunity to learn, and Tremendous time to make new friends and renew old acquaintances. So get set to get WET. See you in Virginia Beach November 3-5, 2006.

"In the Zone for Lifetime Fitness"

Henrico County Public Schools, Richmond, VA

Student use of heart rate monitors to effect physical activity increases in high school 9th grade students

Lisa G. Driscoll, Ph.D
Bonnie Conner-Gray, M.S.Ed
Linda Vines-American Heart Association

An exciting new pilot project between Henrico County Public Schools, Virginia Tech and the American Heart Association was conducted spring semester 2006.

The purpose of the project was to introduce data downloadable heart rate monitors to use in regular high school physical education classes. Each student in the two high schools' 9th grade classes wore a Polar E-600, downloadable heart rate monitor while participating in their regular designated physical education class (for five months). The heart rate monitor records how much time the student maintained below, in, and above the target heart rate zone(that range of heart beats per minute where optimal cardiac output is performed at 50, 60 or 70% of the maximum heart rate for that individual).

The analysis of the data will assist in understanding the effect that specific activities have on the heart and to utilize these findings in better programming physical education classes to keep students "In the ZONE for Lifetime Fitness". Ping Pong versus Ultimate Frisbee Football?…….Which gives students the best workout?

We anticipate that students will exercise more knowledgeably and more healthfully with the heart rate monitors; thus, accepting more responsibility for their personal wellness over time.
We further understand the value of effective programming and instructional choices for physical education classes.

Outcomes observed include:

- Cardiovascular fitness (measured by recovery time performing the Harvard step test)
- Body mass index(stability and awareness of weight management)
- Percentage of body fat(composition and interpretation of body type)
- Self Reported Personal Responsibility on a group basis for positive health behaviors
- Student responsibility (on an individual basis) for their own health status.

Contributors:
American Heart Association, Glen Allen, Va. (Linda Vines)
Virginia Tech University, (Dr. Lisa Driscoll)
Henrico County Public Schools, Richmond, Va. (Bonnie Conner Gray, bcgray@henrico.k12.va.us, Sherry Edwards, Mark Brandenberger)

Health Division Convention News

Your VAHPERD Health Division has been on the ball all summer seeking out the best presenters available for the 2006 convention. Boy! do we have sessions for you!

Back by popular demand are Edie Ellis and Shelley Hamill with "How about a Quickie?" This presentation will address health classroom content with heart-pounding, pulse-racing, foot-stomping and arm-waving energizers! We have also lined up sessions by the "Rad Dad" himself, George Walker from Mobile Alabama. George's sessions will include 'How to get the most out of your high school students', (a program called SWAT designed by George and his students) and 'How to make YOUR classroom the most interesting class in school', (Totally Awesome Teaching Strategies).

And let's not forget some of the best Virginia has to offer. David Hunt is back with more of his best "Health Classroom Games, Activities and Projects" along with Amy Lequin and Renee Fiege with "Manipulatives for the Health Classroom" to mention a few.
More sessions you don't dare miss include:

1. Health Risk Behaviors of College Students in Southwest Virginia (Results of two studies of health risk behaviors at Va. Tech and Radford)
2. What should we feed our children? (Current recommendations in regards to children and adolescent nutrition)
3. WOW 'em with theWorld of Wellness Health Education Series (A new and creative approach to elementary health education)
4. How can health educators handle 'Controversial Topics' in the classroom. (Discussion of the most common mistake in teaching controversial topics.)
5. Aussies & Kiwis Do Sports: Exploring the Global Sport Market . . . . Abroad (for students interested in sport management)

and more!!!!!!!!!!!!!!!!!!!!!

We will see you at the beach! Be ready for the best!

Executive Director's Report

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memberships expire this year will renew at the Virginia Beach convention in November. The Membership Committee and the new Executive Director need to continue new and innovative strategies to increase membership.

	4-15-04	4-31-05	4-31-06
Associate	918	890	820
Student	262	190	191
Life	121	120	124
Total	**1301**	**1200**	**1135**

Taking a Closer Look at Heat Packs and Improved Flexibility

By Angela Mickle, Radford University

Understanding Moist Heat Packs

Stretching to increase muscle flexibility is essential for some athletes to perform at optimal level (Koslov, 2003). In order to attain flexibility more easily, coaches and athletic trainers have consistently used moist heat packs (MHP) prior to stretching. The theory is that MHP will increase blood supply as well as muscle and tendon elasticity which would ultimately lead to a greater stretch in the muscle (Starkey, 2004). Other effects of heat packs include reduction of muscle spasm and pain which may be present during the stretching process. MHPs are usually applied for 10 – 30 minutes, and consist of a silica gel filled pad that is stored in a heating unit containing water at approximately 160°F.

What the Literature Says

Although the use of heat packs is widespread, several studies have thrown doubt upon whether MHP actually help to increase the flexibility of muscles, especially in the hamstring muscle group. Taylor, Waring and Brashear (1995) studied the hamstring muscle length of 24 subjects. The subjects were subjected to three treatment situations: stretching only, heat and stretch, or cold and stretch. The subjects in the stretch only group laid on their stomachs for 20 minutes (the position of other subjects in the study), subjects in the heat and stretch group had a heat pack applied for 20 minutes and subjects in the cold group had a cold pack applied for 20 minutes. Following their treatment all subjects performed a 1 minute static stretch of the hamstring muscle. Results of the study indicated that flexibility increased across all treatment conditions, but neither the heat nor cold treatments were significantly better than stretching alone.

A similar study performed by Brodowicz, Welsh and Wallis (1996) found nearly identical results. In their study, 24 subjects were assigned to either a heat group, a cold group or a stretch only group. One main difference of this study was that the subjects stretched while the ice or heat was applied to the body. Like the Taylor study, they found a significant difference between pre-test and post-test flexibility measures and they failed to find that the group receiving a heat pack achieved more flexibility than the group that just did stretching alone.

A more recent investigation by Cosgray et al. (2004) also supports the results of the previously discussed studies. In this study, 30 subjects received 3 treatments: a moist heat pack, a pneumatherm treatment (which is a deep heating type of modality), or a control treatment where they just laid comfortably for 20 minutes. Unlike the other studies discussed, subjects did not stretch after the experimental condition. Immediately following treatment, the hamstring flexibility was measured. Results indicated that the only condition to increase flexibility was the pneumatherm, and heat packs did not produce significantly more flexibility than the control.

So Why Don't Heat Packs Increase Flexibility?

From a theoretical perspective moist heat packs should increase the flexibility of muscle tissue. It is well known that heat increases collagen elasticity, and collagen is a building block of muscular and tendinous tissue. However, especially with the hamstring muscle there seems to be two main reasons about why moist heat packs don't increase flexibility.

The first reason MHP don't increase flexibility relates to the depth of penetration of the heat. Moist heat packs are categorized as superficial heating agents – reaching to a depth of less than 2 cm (1/2 inch) (Starkey, 2004). Thus, the heat may not reach to deepest layers of thick muscle groups like the hamstring or quadriceps muscles. This lack of penetration directly relates to the second reason why MHP do not seem to increase flexibility: the lack of sufficient temperature increase.

In order to elongate tissue, that temperature of that tissue must be sufficiently heated. Current theory suggests that in order for tissue elongation to occur approximately a 4°C (39°F) increase in tissue temperature must take place (Starkey, 2004). However, moist heat pack application does not seem to increase tissue temperature to that amount. An early study established that the temperature of muscle following a moist heat application was less than 2°C – well below the necessary increase needed to elongate the muscle. (Abramson, Mitchell, Tuck, Bell, & Zays, 1961)

Conclusion

Stretching programs are needed for athletes to be successful in their sports, and a comprehensive stretching program may be useful for those athletes. However, coaches and athletic trainers should be aware that although MHPs are consistently used in conjunction with stretching to increase the flexibility of muscles, the literature suggests that this may be a wasted effort. While heat packs have many functions, increasing muscular stretch especially in the hamstring muscles, does not appear to be one of them. Practitioners may wish to evaluate the literature and modify stretching protocols accordingly.

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"Coach My Knees Hurt!"

By Michael Moore, Ph.D., ATC

When kids participate in athletics, injuries are going to occur. Hopefully, most injuries will be minor resulting in no time missed, while other more serious injuries may require some time off. There are different mechanisms of injuries; sometimes the nature of the injury is out of the control of the athlete, coach, and parent.

One injury of this nature is "Osgood-Schlatter Disease." The name may shock some athletes, coaches, and parents but Osgood-Schlatter disease is less serious than the name it is given. That is why for the purpose of this article I will refer to "Osgood Schlatter Disease" as "Osgood Schlatter Syndrome." It is classified as an overuse injury because it develops overtime. An acute injury is one that happens all at once (like a sprained ankle or broken bone). Overuse injuries usually have more than one cause and occur overtime. So what is Osgood Schlatter "Syndrome"?

Description: Osgood Schlatter is a traction-type injury characterized by pain, swelling, and tenderness just below the knee-cap (patella) on the shinbone (tibia). Most of the time a "knot" will form at the site of the pain. A decrease in activity and performance will result as signs and symptoms increase. (See below for grades of Osgood Schlatters.)

How does it occur?: It is believed the muscles in the front of legs (Quadriceps) come down around the knee-cap (patella) and form the patella tendon that connects to the shin (tibial tuberosity) which pulls at the growth plate that is located in that region of the knee. The repetitive pulling of the quad muscles pulls bone away form the shinbone. This usually occurs during the athlete's growth spurt.

Who is affected?: It is a very common cause of knee pain in adolescent boys (ages 8-14) and girls (ages 10-15) at the beginning of their growth spurt. Some authors have estimated that the "syndrome" occurs in 21% of adolescent athletes as compared to only 4.5% of nonathletes within the same age range (Anderson, Hall and Martin, 2004). Adolescents who participate in running, jumping, kneeling, cutting and stop and go type activities are usually affected by this condition. The above activities cover the majority of sports today.

How long does the condition last?: It usually last anywhere from 6-24 months, however athletes can participate in sports during this 6-24 month period depending on the pain they are experiencing at that particular time.

Grades of Osgood Schlatter's "Syndrome": The following is taken directly from Andersen, Hall and Martin, 2004. Grade 3 is the most serious stage of Osgood Schlatters.

Grade	*Characteristics*
1	Pain after activity that resolves within 24 hours
2	Pain during and after activity that does not hinder performance and resolves within 24 hours
3	Continues pain that limits sports performance and daily activities

Treatment:

1) If you think your athlete has this condition, you should refer them to a physician first.
2) After possible x-rays and the diagnosis, the physician will prescribe **R**est, **I**ce, **C**ompression, and **E**levation (**RICE**) while the condition is in the inflammatory/early stages.
3) Then, strength and stretching exercises should be implemented for the quads and hamstrings. Some may include quad sets, straight leg raises, leg extension and curls. This is called active rest because the athlete is actively doing things while they are injured. The strengthening and stretching phase should continue when the athlete returns to activity. The athlete's physician should be able to describe the above exercises in addition to other exercises he or she feels are appropriate.
4) Your physician my also prescribe anti-inflammatory drugs or other over the counter medications to help treat in conjunction with the exercises.
5) Certain knee braces, wraps, and knee pads may help with the signs and symptoms. Consult your physician for further details.
6) The condition will usually resolve itself with the above conservative treatment within 6-18 months. See above numbers 2-5 for conservative treatment. However in some extreme cases the signs and symptoms can last 24 months or longer. (Basically your athlete will grow out of it in time.)
7) Once the pain has subsided the athlete should return to the activity gradually.
8) A final rare course of treatment is surgery, but this is usually not an option in most cases. The reason being is, in most cases it takes longer to recover from surgery than for the "syndrome" to alleviate by itself with conservative treatment. In addition to the recovery time surgery may not work. However the physician, parent and athlete will have the final call.

I use the word "syndrome" instead of disease because of the athletic population Osgood Schlatters affects. Adolescents between the ages of 8-15 years of age are very young. As a parent, the last thing I want my son or daughter to hear is they have some "disease." That is why I like the term syndrome better. This may be easier for the adolescent athlete to have explained to them because it is not as shocking as the term disease. Let's take a look at the definition of a syndrome. Taken directly from Merriam-Webster's New Collegiate Dictionary, a syndrome is "a group of signs and symptoms that occur together and characterize a particular abnormality" (Woolf, 1977). A syndrome has multiple signs, symptoms and causes. If we look back at the signs and symptoms of Osgood Schlatters we find swelling, pain, tenderness, decrease activities and performance in these athletes. These signs and symptoms are caused by running, jumping, kneeling, cutting and stop and go type activities during growth spurts of adolescent athletes.

Thus, with conservative treatment "Osgood Schlatter Syndrome" can be a problem that can have a positive outcome. Many athletes have suffered from this condition and have gone on to have a very rewarding athletic career. So the next time your athlete complains of knee pain, that pain may be related to Osgood Schlatter's **"Syndrome".**

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Sharing Our Strengths
Lesson Ideas
Charlotte Guynes, Lynchburg College

Food Links
Grade: 4-6
Equipment: Food Guide Pyramid, construction paper, markers, paper
Objective: to encourage healthy eating habits
Method: Tack a large chart of the Food Guide Pyramid on the bulletin board for everyone to view. Explain to the class that they will be working on a four-week project known as "Food Links", and that it is important that each person records everything that they eat (Monday-Friday) during this time period.

Ask the students to record the foods that they eat daily in the appropriate pyramid categories and bring their list to class each day. Each food group is a different color (brown=grains, cereals, bread, pasta; purple=fruits; green=vegetables; yellow=fats, sugars, oils; blue=meat, beans, eggs, nuts, fish; white=dairy), and daily the students will select strips of construction paper depending on the servings and from which food group they have consumed (recording their name on the back of each strip.)

Link the food sources according to the students' colored strips on the FOOD LINK poster located on the bulletin board. The goal is to work towards having a balanced pyramid daily for the class throughout the four-week period. By using "minimum" servings each day, the class average is not compromised when some students may be absent.

Sample Board & Links:

	#serv.	x #students =	serv/day	x #days=	goal
Fats/Oils (use sparingly)	---	25	---	20	-----
Dairy (2-3 servings)	2	25	50	20	1000
Meats (2-3 servings)	2	25	50	20	1000
Vegetables (3-5 servings)	3	25	75	20	1500
Fruits (2-4 servings)	2	25	50	20	1000
Breads (6-11 servings)	6	25	150	20	3000

Lesson Focus:
This activity helps students make healthy food choices and incorporate math skills when figuring the daily class average, and is a way of determining which food groups students this age need more/less of.

Additional Comments:
Source: Amanda Stombaugh, Loudoun County Public Schools, Sterling, VA

"Coach My Knees Hurt" *continued from page 6*

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What Are We Drinking?
Grade: 6-12
Equipment: bottles, water samples, microscopes, petri dishes, eye-dropper,clean slides, paper towels, glass beakers, cover slides
Objective: to identify water purification levels
Method:

Take several samples of water from local water sources and place in closed bottles. Display each bottle marked (A, B, C, or D) in front of the class for everyone to view. Pour a small amount from each sample into different beakers marked accordingly. Have various pieces of equipment available for students to use during their investigation process.

Divide the class into groups of 4-5 students. The students will be instructed to identify each water sample from sources given. Decant the water samples into unmarked glass beakers. Students are to try to decide which water sample is which. Using the equipment available (microscope, slides, eye-dropper, etc.), examine the samples as closely as possible. Have each group decide which sample came from the city water system, the stream next to the farmlands, a swimming pool, or private pond. Ask each group to give evidence they may have to confirm their decisions.

Ask the students in each group to make a list of ways they, or members of their family use water on a daily basis. Remind them also that this resource is being wasted, contaminated, and depleted daily by the American people. Discuss how this will affect the generations to come if these practices are continued. Follow this class activity with a field trip to the local water treatment plant.

Lesson Focus:
This activity will provide students a "hands on" opportunity to evaluate the sanitation of water sources.

Additional Comments:
Source: Nicole Jordan

President's Message *continued from page 2*

to help at registration for a few hours every convention. If you have a desire to be a part of all this, please let us know.

I would like to thank the wonderful people who have served on our Board of Directors during the last three years. It has been three years filled with lots of work (hosting the Southern District Convention), lots of cooperation, and lots of fun. You have a fantastic group of people who are looking out for the needs of all of our professions and how our organization can meet those needs. Take the time to get to know them and thank them when you see them in November. It has been my pleasure to be a part of their work.

See you on the BEACH!
Judy

Asthma Education in the Classroom

Melody Yarbrough Knight, Ph.D., CHES, LaVonne Key, Ph.D., Helen Small, R.T.

Asthma is an increasing problem in this country affecting approximately one out of every 11 children. This chronic breathing problem is now the leading cause for school absences. More than 17 million people in the US have been diagnosed with Asthma. Asthma affects more than 4.8 million US children, making it the most common serious and chronic disease among children. Asthma accounts for 10 million absences from school each year and causes nearly 3 million lost workdays for people over 18. Asthma cases and asthma deaths are on the rise and quality of life for people with asthma and the people who care for them is declining (Juniper, Guyatt, Feeny, Ferrie, Briffith & Townsend, 1996). Suffering produced by this disease, however, can be decreased or avoided if the disease is properly controlled and managed (NHLBI, 2005). With proper education and support from family, friends, and schools, children with asthma can lead full and active lives. Children need to have an active role in self-management of their disease. In order to accomplish this, proper education at a level that children can understand, is necessary. They must understand what asthma is, what "triggers" their asthma attacks, and must learn about the medications that they take to control their asthma and know when and how to use them (Tinkelman & Schwartz, 2004).

The most effective asthma management program is an integrated one that involves health care providers, teachers, school staff, parents, children with asthma and other students. A number of studies show improved clinical outcomes resulting from integrated programs (Swartz, 1999; Richardson, 2003). In general, lung function increased, peak flow increased, and the number of days with restricted activities decreased as did number of absences from schools. Children's activity level increased, both daytime and nighttime symptoms decreased, and parents and caregivers missed fewer days of work. In addition, measures of feelings of self-efficacy improved and the number of emergency room visits decreased (Richardson, 2003; Tinkelman & Schwartz, 2004).

Some schools have made an exception to the zero-tolerance drug policies for asthma inhalers. Physicians recommend that children carry these with them to provide a quick and easy way to prevent or stop an attack and to enable their participation in sports and field trips (Larkin, 1999; Summary, 2006). Children have more self-confidence and feelings of accomplishment when they are able to control their own disease (Asthma, 1991). With well-controlled asthma, children can participate in outdoor activities, they can run, play games, participate in sports and do all the things that normal children are supposed to be able to do. It is important for children with asthma to participate in exercise and outdoor activities as long as an attack can be avoided. Exercise can help develop muscles around the lungs and increase stamina (Schwartz, 1999; Asthma, 1991; Willis, M. 2005).

Sadly, for many children, asthma limits their activities. It keeps them indoors away from possible asthma triggers like pollen, dust, ragweed, animals and mold. It keeps them from exercising and from playing actively. The children, along with their parents and teachers, are afraid. This fear is not without cause. In 2002, 4,261 deaths were directly attributed to asthma. In addition, approximately 1.9 million emergency room visits were attributed to this disease (American Lung Association, 2005). Asthma annually costs about $11.5 billion with added indirect costs of $4.6 billion (Mannes, 2005). Not being able to breathe is a terrifying event for anyone, but perhaps especially for a child who does not understand what is happening to his or her body.

In order for appropriate education to take place, asthma education needs to be implemented at age appropriate levels for children. Learning games, activities and videos can engage the attention of children, helping them learn what they need to know about their asthma and their own care, and helping them to remember what they have learned. If children can be made partners in preventing their own terrifying asthma attacks, school absences, emergency room visits, medication costs and even deaths can be reduced (Lurie, Bauer, & Brady, 2001; Evans, Clark, Feldman, Rip, Kaplan, Levison, Wasilewski, Levin & Mellin, 1987).

Teachers can be the first line of defense for teaching children about the disease of asthma and how it can be managed. Schoolteachers are in a unique position, not only because of the large amount of time they spend with children, but also because they are seen as the people who know things and should be listened to. Teachers also have a unique opportunity to create a caring environment around the asthmatic child by helping non-asthmatic classmates understand the disease and help watch for signs and symptoms of distress (Wishnietsky & Wishnietsky, 1996).

What is Asthma?

Asthma is a disease that affects the tubes that carry air in and out of the lungs. The airways inside the lungs become swollen and this constricted airflow can cause a whistling sound when breathing. Cells in the airways make mucus and cause coughing. Asthma is a chronic disease. It has to be cared for all the time – not just when symptoms are present (Wishnietsky & Wishnietsky, 1996; NHLBI, 2005).

Asthma Signs and Symptoms

Asthma's signs and symptoms can include coughing, wheezing, noisy breathing, fast breathing, tight chest, shortness of breath, feeling tired, difficulty talking, and flared or enlarged nostrils. It can also be seen in tightly-pulled skin on the neck or around the rib cage with breathing. Lack of oxygen is serious and is indicated by a gray, dusky or bluish skin color, beginning around the mouth or under the fingernails. With proper training, school teachers and other class members can help stop an attack by recognizing the symptoms of an attack, by encouraging relaxation and deep breathing, and by calling medical help if it is needed (Frieman & Settel, 1994; Wishnietsky & Wishnietsky, 1996).

It is difficult for people who do not have asthma to understand what a child with asthma is going through. The following activities can be used to help everyone understand what an asthma attack is like. Learning about what the illness is and what it does to the human body can help develop empathy for children living with asthma and may help the child with asthma feel less isolated and alone (Asthma, 1998).

Activity 1: Not a Blow Hard

- Purpose: To demonstrate the lack of air available in the lungs during an asthma attack
- Materials: Cotton balls
- Activity: Place cotton balls on open palm close to the face and blow. Now place cotton balls on the open palm and extend the arm to full length, blow.
- Rationale: This activity demonstrates the different lung capacities for someone without asthma compared to someone with asthma. The cotton balls will be difficult to move due to lack of air when the arm is extended at full length while they are easily moved when the hand is near the face. The arm at full length would demonstrate the amount of air moved by someone with asthma

Activity 2: A Straw can break a camels back

- Purpose: To demonstrate the difficulty of breathing through constricted airways. This activity will help someone without asthma to understand what someone with asthma feels like during an attack
- Materials: A drinking straw
- Activity: Have participant jog in place beside their chair for several minutes. Then have them continue to jog while breathing only through a drinking straw held in their mouth
- Rationale: The restricted air available through the straw will provide a feeling similar to that felt by the person with asthma who is trying to breath through swollen and congested airways.

Activity 3: All that gunk

- Purpose: To demonstrate the problems caused by excess mucus production and swollen airways in the lungs
- Materials: Foam pipe insulation cut into two inch pieces, playdoh, rubber bands
- Activity: Explain that the foam pipe represents the bronchioles inside the lung. It is open and clear and participants can blow through it easily. Then have participants put playdoh on the inside walls of the pipe. This represents the mucus that builds up inside the lungs during an asthma attack. Next have participants put rubber bands tightly around the pipe in at least two places. The rubber bands should be tight enough to compress the outside of the flexible pipe. Now have participants try to blow through the pipe. There is now much less air coming through the other end. The rubber bands demonstrate what happens to the bronchioles when the airways swell during an asthma attack. Mucus production and swelling both accompany an asthma attack and make air exchange very difficult for someone with asthma.

Asthma Triggers

Asthma Triggers can be anything that "triggers" an asthma attack. They are very individual and what "triggers" an asthma attack for one person may not "trigger" an attack for another person. Some asthma triggers include molds, dust mites, dander from animals, smoke, allergens, humidity, exercise and stress. Chalk dust, pesticides and strong odors, including personal hygiene products and exercise can also trigger an asthma attack (Awareness, 1995; Wishnietsky & Wishnietsky, 1996; NHLBI, 2005). To control some of these triggers: stay inside when pollen, mold and humidity are high, use a good filter on your air conditioner, keep the house free of dust and remove carpets and upholstered furniture, keep pets outside and avoid exercise when a lot of triggers are present (NHLBI, 2005).

Activity 4: Pull the Triggers

- Purpose: To identify things that can trigger an asthma attack
- Materials: A sack, hat or bowl, pictures of things that both will and will not trigger asthma, a chalk board for keeping score –divided into two columns: Trigger/ Not a trigger
- Activity: This is a relay. Divide the group into two teams. Have the first person from each team draw a picture out of the hat. As fast as they can, they should decide if the picture they drew out is an asthma trigger or not. Their team can help them by calling out directions and advice. The players should place their pictures in a pile under the appropriate column on the board. When they return and touch the next person in line, that person draws out, decides and places their picture and so on. When the first team finishes, the piles will be checked and each team given a point for each correct trigger they identified. The team that finished first will be declared the winner only if they have the most correct responses. Otherwise, the other team wins!

Peak Flow Meters

Peak Flow meters are devices that tell you and your doctor how well you are breathing. These are hand held devices that children with asthma can keep with them to measure their air flow and determine if an attack is imminent (American Lung Association, 2005). There should be concern when the peak expiratory flow rate (PEFR) falls 80 percent below target PEFR or falls into the danger zone as determined by a physician. The numbers on the peak flow meter will indicate which zone you are in.
Classroom teachers can implement integrated lessons for the whole class by utilizing activities with peak flow meters. All students can practice math skills by recording and analyzing peak flow numbers. Students can also learn about the cardio-respiratory system and the anatomy of the lungs (Asthma, 1998).

In the zone

Green Zone: 100% to 80% of your personal best means you are in control, do your usual activities.

Yellow Zone: 80% to 50% of your personal best means caution, you need to adjust your usual activities.

Red Zone: Less than 50% of your personal best means get help now!

Activity 5: Dear Diary

- Purpose: To keep track of asthma attacks, triggers, peak flow numbers
- Materials: A notebook and pencil/pen
- Activity: Every day use your peak flow meter and write down the number for that day. If you have an attack, note what you were doing, the time of day, where you were and what was going on when the attack started.

- Rationale: This way you will be able to determine what works for you. All diseases are very individual and you need to know when it is time for you to get help!

Asthma Action Plan

Work with your doctor on an asthma action plan. A list of emergency numbers can be given to family members, babysitters, schoolteachers, coaches, camp directors and anyone else who has responsibility for an asthmatic child. Alert these people to the signs of an asthma attack and teach them what needs to be done in an emergency situation. Make a list of the things that can trigger an asthma attack for each specific individual. That will make it possible to help decrease exposure to these things. Every child with asthma should know his or her own peak flow meter ranges and what they mean. Every child needs to be taught how and when to use their medications and needs to be the primary person responsible for using them correctly. Finally, these plans should be updated every 3-6 months to make sure that all information is current and will be helpful in the case of an emergency.

Activity 6: Safe Haven

- Purpose: To make sure you are safe from asthma attacks and can get help if you need it.
- Materials: Copies of your asthma action plan
- Activity: Give copies of your plan to – Friends, relatives, teachers, coaches, neighbors, babysitters
- Rationale: This will help you be in control of your asthma

Benefits of an Asthma Education Program

There is no cure for asthma, however, it can often be controlled with prescription medicines that may help to prevent or relieve symptoms, and by learning ways to manage episodes. People with asthma can learn to identify and avoid the things that trigger an episode and educate themselves about medications and other asthma management strategies. Currently, there are few educational asthma intervention programs based in schools (Meng, 2000). When school teachers become involved in this process by helping children learn how to understand and manage their own asthma, and by helping children without asthma to understand the disease and recognize the symptoms, the positive returns can be enormous.

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Chronic Fatigue Syndrome: Still a Mystery in the 21st Century

By Charlotte Guynes, Ph.D., CHES

Do you often feel tired, have a fever, find it difficult to concentrate, have joint pain or difficulty sleeping? These are just a few of the primary symptoms a person with CFIDS/CFS may experience. The British and Canadians know it as myalgic encephalomyelitis, or ME. The Japanese call it low natural killer cell syndrome, and in the Unites States, this condition is called chronic fatigue immune dysfunction syndrome (CFIDS), but it is generally known as chronic fatigue syndrome (CFS). As defined by CDC (May 9, 2006), chronic fatigue syndrome is a debilitating and complex disorder characterized by profound fatigue that is not improved by bed rest and that may be worsened by physical or mental activity. Today, it is estimated that there are 5 million people in the world who have been diagnosed with CFS (CDC May 9, 2006).

Almost everyone experiences fatigue from time to time, but according to the CFIDS Association of America (2004), over 800,000 U.S. adults experience a fatigue level that is crushing, unrelieved by rest, and is accompanied by a host of other punishing symptoms. Some of the common symptoms are fever – 99.5F to 101.5F, chills, sore throat, swollen lymph nodes in the neck or under the arm, unexplained generalized muscle weakness, muscle discomfort or pain, prolonged (24 hours or more) fatigue after levels of exercise that previously would have been easily tolerated, headaches that differ in type, severity or frequency from previous experience, joint pain without swelling or redness, depression, confusion, forgetfulness, inability to concentrate or other mental or thinking problems, and sleep disturbance (too much or too little). Symptoms that accompany fatigue and last a minimum of six months are used for diagnosis purposes. Unfortunately, there are additional symptoms that CFS patients may experience 20-50% of the time, including: irritable bowel, irritability, mood swings, anxiety, panic attacks, night sweats, visual disturbances (blurring, sensitivity to light, eye pain), allergies or sensitivities to foods, odors, chemicals, medications or noise, brain fog (feeling like you are in a mental fog), difficulty maintaining upright position, dizziness, and balance problems or fainting.

According to CDC (2006), individuals with CFS function at a significantly lower level (50%) of activity than they were capable of prior to becoming ill, thus resulting in a substantial reduction in occupational (work-related), personal, social or educational activities. Severity of CFS varies from person to person, and some people are able to maintain fairly active lives, but for most symptomatic patients, CFS significantly limits work, school and family activities. CDC studies demonstrate that CFS can be as disabling as multiple sclerosis, lupus, rheumatoid arthritis, heart disease, end-stage renal disease, chronic obstructive pulmonary disease (COPD), and similar chronic conditions.

CFS follows a cyclical course, alternating between periods of illness and relative well-being. Some individuals experience partial or complete remission of symptoms throughout the course of illness, but symptoms reoccur generally between 3-21 days and the course of this illness begins again. This pattern of remission and relapse is especially difficult for patients to manage. Often during periods of remission, when the person is feeling better, they will engage in activities and overdo, which then results in an almost immediate relapse.

Multiple chemical sensitivity (MCS) is an illness marked by multiple symptoms in multiple organ systems when exposed to chemicals at levels below what is expected to produce illness. Also known as environmental illness (EI), MCS is fairly common in the U.S. population (Kreutzer, et. al. 1999). Many chronic fatigue and immune dysfunction syndrome patients report that their symptoms worsen when exposed to even low levels of chemicals such as cigarette smoke, paint, gasoline, new carpet and furniture, household cleaners, perfume, newspapers, pesticides, alcohol, caffeine and food additives. CFS patients also report worsening of allergies, which may also be related to MCS (CFIDS. Org. 2004). Within the last decade several studies have measured the overlap between CFIDS and MCS, and results show 13-88% of the MCS patients meet the criteria for CFIDS (Jason, et. al. 2000). However, the cause of MCS has not yet been identified.

According to CDC (2006), people of every age, gender, ethnicity and socioeconomic group can have CFS. Specific risk factors for CFS include: affects women at four times the rate of men, is most common in people in their 40s and 50s, and is much less common in children than in adults, but children can develop the illness, particularly during the teen years. Diagnostics have shown that many who suffer with CFS have low blood pressure and need additional salt intake to reduce dizzy spells and fainting. Additionally, caffeine stimulates an immediate increase in one's fever, thus these products should be reduced/restricted.

Chronic fatigue syndrome is probably not a new disease; as the same mysterious complex of symptoms turned up both sporadically and in local clusters for more than a century, and Florence Nightingale and Charles Darwin may both have been stricken (Cowley, 1990). However, once daunted as "the disease of the '90s", chronic fatigue immune dysfunction syndrome (CFIDS) continues to baffle the community of medical sciences today. More people suffer from CFIDS/CFS than MS, lung cancer or AIDS, and according to CDC (May 9, 2006), less than 20% of CFS patients in this country have been diagnosed. Since there is no known cure for CFS, treatment is aimed at symptom relief and improved function. There is no single therapy that exists that helps all persons with CFS, but lifestyle changes are necessary. Such changes include: prevention of overexertion, reduced stress, dietary restrictions, gentle stretching and nutritional supplementation, drug therapies used to treat sleep, pain and other specific symptoms. Physical therapy may also be part of treatment for CFS patients, but symptoms can be exacerbated by overly ambitious physical activity. Therefore, a very moderate approach to exercise and activity management is recommended.

So what is the prognosis for those who suffer? CFS affects each person differently. Some individuals with CFS remain homebound and others improve to the point that they can resume work and other activities, even though they continue to experience symptoms. However, full recovery from CFS is rare, with an average of

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The Mental Impact on Students with Physical Disabilities in the Inclusive General Physical Education Context

By Stephanie Tharp

The common trend among public schools is to include students with physical disabilities into the general physical education class. The students may or may not perceive the experience as an overall positive environment. The following three qualitative studies convey the perspectives of the students who are included in the general P.E. class and to which extent they are actually happy or successful. The importance of examining the studies will provide insightful information about how the students view their presence in the class and whether or not they are being treated fairly and humanitarianly.

In a study by Huntzler, Fliess, Chacham and Van den Auweele (2002), the purpose was to show the perspectives of young students with physical disabilities in the context of an inclusive general physical education (GPE) class. Empowerment, loosely defined as the child's ability to control his or her own learning experience, is the central focus of the study. Identifying the limitations and supporting mechanisms within the GPE environment shows how much empowerment the student can attain in the setting. In other words, the question was raised as to how the students with disabilities can make the most of their inclusive situation. This particular study examined 10 students (8 female and 2 males) ages 9 to 15 located through out Israel. The majority of the students studied have cerebral palsy while one has muscular dystrophy and the other has spinal motor atrophy. The sampling of students is considered an intraindividual procedure since it is difficult to find students who all have the same type and severity of disability. This qualitative research can be considered a naturalistic study where the students are interviewed about their existing environment (Huntzler, Fliess, Chacham & Van den Auweele, 2002).

The method involved asking the children about how they felt and how they reacted to certain situations in the inclusive physical education setting. Eight different situations were outlined for the students to comment upon. A rating scale helped the students narrow their answers regarding the frequency, emotions, and details surrounding a certain event. Examples include how they found or were presented with alternate activities when an activity was not within their capabilities. Mediating factors were also taken into account for each individual and was labeled as either empowerment that supported or limited. An example of a limiting factor is "Children who are mocking me" (Huntzler, Fliess, Chacham & Van den Auweele, 2002, pg. 312). A supporting factor is the presence of an ally such as a friend or teacher who helps the child adjust psychologically.

The results are shown both as the intraindividual perspective and as an analysis of the group. The major finding of this study was that those students who found an internal locus of control, established a peer group, and found creative solutions to their physical limitations faired much better than the described non-empowered students who withdraw from stress and difficulty and seeks out teacher help. In general, the concept of inclusion for students with disabilities as a result of the study showed that inclusion neither fully supported nor limited the students' empowerment. The social constructivist approach of the study focuses on how the student reacts to the external powers surrounding him or her. Also, the comments that related to the failures support the idea that empowering the student in an inclusion setting better prepares the child for real-life (Huntzler, Fliess, Chacham & Van den Auweele, 2002).

Goodwin and Watkinson's study (2000) consisted of 9 students (6 males, 3 females) with a mean age of 11 years, 1 month. The disabilities among the children were spina bifida, cerebral palsy, and a child with a double amputation starting above the knees. This study is described as a hermeneutic phenomenological approach where a common understanding is sought among the students. The main goal of such a qualitative approach is to understand what the students experience based on their interactions. The participants in the study were reflecting on their P.E. experiences while attending a summer camp. Broken into two focus groups, the students were told to reflect upon their last 1 to 2 years of inclusive general physical education. A moderator guided the talks in a progression from introduction to "non-threatening" questions into more difficult ones. The format was chosen to allow for group "snowballing" of comments where students hear other students' responses and a chain of comments is generated (Goodwin & Watkinson, 2002). The results were compartmentalized into the "good days" and "bad days" categories. Social isolation was found to a major occurrence for the students where they felt, "rejected, neglected, or seen as objects of curiosity by their classmates." (p. 151) Restrictions on participation had to do with the teacher not knowing how to adapt the class to meet the needs of students with disabilities and not having their peers involve them and having to deal with facilities that are not friendly to wheelchairs. On the "good days" the students felt like a part of the group and were helped out by their peers in regards to their canes and sports equipment and with verbal encouragement. In addition, being able to show non-disabled peers just how able they were was an emotional booster for those with a disability (Goodwin & Watkinson, 2002).

In a study conducted by Blinde and McAllister (1998) within a two state region representing 17 different schools, there were 20 participants (17 male and 3 female). They range in age from 10 to 17 with an average age of 12.85 were all Caucasian. Like the previous two studies, cerebral palsy was the most prevalent disability while spina bifida, birth defects, muscular dystrophy, head injury, paraplegia and dysplasia were also represented. The participants were interviewed for approximately 55 minutes and notes were transcribed from the tapes. Interview questions were composed of past and current sport and physical education experiences. The results show that positive experiences were limited to more isolated instances. One student was very included with full participation but most reported sitting out a lot and spending their physical education time watching and clapping. Anger was a common response from the students when they were excluded from a specific activity when they were supposed to be included. Feeling unwanted by their peers was another common sentiment. Sadness

was a typical emotion when the included child was actually not included, and made to sit out because of teacher fears about the child getting hurt. Embarrassment was reported when a child was unable to perform the activity well or when it takes the student with a disability longer to perform a task. The study discussed how many students were more involved, as far as participation is measured, in sports and recreation outside of the physical education setting. This may suggest that teachers are not finding adequate ways to properly include the child. The teacher is also examined as not being aware of the social interactions among all students in their class since the students with disabilities were reporting such strong negative emotions while in the inclusion context (Blinde & McCallister, 1998).

All three studies showed similar results although each author chose different presentations of the results. Huntzler, Fliess, Chacham and Van den Auweele (2002) looked at the students through an empowerment lens that found there were both supporting and limiting factors. Goodwin and Watkinson (2002) showed results divided into the categories of good days and bad days. Lastly, Blinde and McCallister (1998) showed results through the children's expressions of feelings that were both positive and negative. Overall, the studies showed support for the inclusion of students with physical disabilities in a general P.E. class while some students reported limitations that might suggest G.P.E. classes must be more closely tailored to students with physical disabilities if inclusion is to be successful.

Chronic Fatigue Syndrome

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only 5-10% sustaining total remission (CDC, May 9, 2006). The symptoms are so debilitating that they can destroy good health and active lifestyles, end fulfilling careers and devastate families. Be aware of what your body "tells" you, and if you suspect your symptoms match those given in this article, then see your physician – you could be part of the 80% undiagnosed in need of treatment. As for this author, in 1986 I became one of the first 300 diagnosed with CFIDS in the United States by UCLA School of Medicine. Since that time I have served as an experimental component for the effects of caffeine regarding CFS, participated in community support groups for persons with CFS, and continue to mentor and educate others about this debilitating condition.

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News from the Physical Education Division

July 24-27 the Virginia Department of Education sponsored The Health and Physical Activity Institute at James Madison University in Harrisonburg, VA. The primary objective of the institute is to improve the health and educational performance of children through better nutrition and physical activity instruction in Virginia's schools. Attendees had the opportunity to learn and share new ideas throughout the week. Lead presenters included Jean Blaydes-Madigan, Vickie L. James and Bane McCracken.

Start planning now to attend the VAHPERD Convention this fall Nov. 3-5 at beautiful Virginia Beach. The convention will be held at the Cavalier Hotel, which is right on the beach. The theme is "Following the Footsteps". The Physical Education Division will have presentations from; Carol Martini, 2002 National High School TOY from Massachusetts, Peggy Hutter, the 2002 National High School TOY from New Hampshire and Lisa Perry from the Colorado Department of Education. Your favorite state workshop leaders: Susan Nye, B.J. Santos, Barbara Eason, Fran Zavacky and Susan Miller will also be presenting throughout the weekend.

Barbara Eason and I will be presenting a workshop titled IMPACT, which will provide activities and ideas for increasing physically activity before, during and after school. Start a Jogging Program that will motivate the students at your school using the Fitness Finders Feet and colored index cards. Examples of after school programs include: Jump Rope Team, Fitness Adventure, Jumping Jamboree, Volleyball, and Fitness Fun Club. During recess students can work on the Fitness Quest Challenge that include: activities on the track, playground equipment and jump rope and basketball shooting challenges. Keep it simple! Make it challenging for your students to become more physically active throughout the day.

Would you like to 'Dance Like the Stars'? Do you like to compete? This year the Dance Division and the Recre–ation Division have teamed up to bring you a mini ballroom dance competition. Attend the Ballroom Dance session on Sat., learn a few steps and then compete in a mini ballroom competition (you do not have to attend the Ballroom Dance sessions in order to compete). The Ballroom Competition will occur prior to the VAHPERD dance on Sat. evening. There will be PRIZES!!!

Hope to see you there.

Developing Strength and Conditioning Programs for Athletes

By David Sallee, Ph.D., ATC, CSCS, CHES, CMT

Developing quality strength and conditions programs begins with an understanding of what you want to achieve. The old adage, if you don't know where you are going how will you know when you get there, comes to mind. We spend so much time thinking about the components of our programs that we forget to just get down to good old common sense and think about what we want as an end result.

Let's start off by looking at a basic concept called the SAID principle. SAID means specific adaptations to imposed demands. Simply put, the results we receive from any exercise program will be specific to the demands we place on the body, very specific. The way we get better at exercise is by reforming our body to become something different that it was in the past. We create new muscle, bone, heart, lung, vasculature, tendons, ligaments, and joint cartilage cells to name a few. The body is actually recreating itself to match the demands we are placing on it. If we sit around on the couch for months, our body makes cells that are good at sitting on the couch. As we exercise we transform ourselves into new cells that are more efficient at the stress we impose on our bodies. In short, adaptations to exercise are specific. You have to make a careful assessment of what you want to achieve and plan your program to carefully match that assessment.

As a way of demonstrating this point, think about a sport that interests you. How would you work with a person to make them better at that sport? You would probably begin by developing knowledge about the sport and an understanding of what a person needs to do to be successful. Those skills are the same ones you will use to develop quality strength and conditioning programs. What is essential is that you look carefully at the game situations your athletes compete in. What muscular actions are common in the sport? Is the main component jumping, lateral movement, or driving explosively forward? Take a close look at what people really do. What parts of their body do they use and how do they use them? How long does a play last? How many plays does a person perform before they are rested? What types of injuries are common in the sport? All of these elements come together in the planning of strength and conditioning programs. What we need to develop is a sense of what a person needs to be effective at a task. What's the real nature of the sports activity? We have to understand that if we are going to develop a program that helps people get better at those same skills. What our athletes do in a game situation is the critical component.

In athletics nothing is performed in isolation. When we jump we use the quads, hamstrings, calves and arms together to help propel the body. If we think back to the idea that adaptations are specific, it is clear that our strength and conditions programs will be more functional if they match the complex nature of athletic motion. If nothing is performed in isolation, exercises that are performed in isolation (e.g. leg extension) are probably not going to be as valuable as exercises that are performed using complex motions muscles (e.g. squats). That does not mean that you only use complex motions in your programs, but it does mean that you should be working toward complex motions. It may be that the person you are working with is not strong enough to perform complex motions (e.g. power clean). You may have to build their strength and endurance so that they can perform complex motions safely. The key is to think about the motions you want the person to get better at and work toward exercises that mimic that motion as safety and strength allow. There are some exceptions to this rule (e.g. weighted bats), but the general principle remains the same. What we do is what we get better at.

Another aspect to consider when designing strength and conditioning programs are the energy systems being used. How long does the average play last in the sport of your interest. If you chose football the average play is over in a matter of a few seconds. Plays lasting longer than 30 seconds are rare in sport. For most of us that means that we need to improve the way our athlete's bodies manufacture energy anaerobically. Let's think about how your body produces energy. There are three major systems for procuring energy. Two of the systems provide energy for short bursts of exercise (anaerobic), one system provides energy for longer sessions of exercise (aerobic). In general the aerobic energy system does not kick in until we have been exercising for 1 to 3 minutes. If most sporting activities are over in seconds, what we need to concentrate on is developing the bodies' ability to produce energy anaerobically. If we are exercising in a way that is different from the game conditions of our sport we should not be surprised if our game performance does not improve. If we consider football for example, in a game situation the athlete needs to produce short all out bursts of exercise with 45 seconds to one minute of recovery. Therefore, our conditioning exercises should be based around that time frame. In that way we are working to improve the energy system that is required for play in the game. We know what we want and we are exercising in a way that will make the body adapt to the elements that are critical for performance in the game.

Another concept to consider is what type of muscular development is appropriate for the sport we are interested in. Football players need to develop the ability to perform an all out effort for a short period of time. They also need to be able to perform that effort hundreds of times in a game. Therefore, it will be important to use exercise patterns that improve muscular power (all out maximal efforts combined with speed) and muscular endurance. In general those are the two types of muscular development required for athletics. The exercises you choose and more specifically the number of repetitions you perform is going to determine the results you get in terms of the development or endurance, strength, or power. Certainly these muscular changes don't happen in isolation, but improvement tend to be more profound in a given area. Additionally the amount of time the athlete takes between sets is important for the type of muscular development they are trying to obtain. High repetitions exercises (e.g. 15 to 20 reps, with short rest periods, less than 1 minute) are more likely to produce muscular endurance. Low repetitions exercises (3-5, generally with longer rest periods, 2-3 minutes) tend to develop muscular strength. Repetitions in the 8-12 range (with short rest

periods of a minute or less) tend to be most effective at producing muscular growth. What types of muscular development does your athlete need? That is not so hard to find out. Take a stop watch and go to the athletic field or break out some videotape. How long does a play last (energy system), what type of muscular actions are involved (movement analysis)? Do you see more emphasis on muscular endurance, strength or power? Additionally what muscular movements are most common? The end product of what you are trying to achieve is exercising in a way that improves the common movements of the sport in a ways that matches the energy and performance needs of the athlete.

One factor that is frequently overlooked in the development of strength and conditioning programs is common injuries in the sport. What structures are commonly injured in your sport? If it is the ankle, what can you do to strengthen the ankle to prevent as many injuries as possible? Why not include exercises to strengthen the ankle if the ankle is a common injury site? You can use isolation exercises or incorporate explosion into your exercises so that the ankle gets strengthened in combination with other muscle groups that are involved in the activity. Tape and braces are no substitute for strong muscles. Most athletic tapings lose a great deal of its supportive ability after about a half hour. Take a look at the tape jobs on your athletes when they come in from practice. How much support is that tape providing at the end of practice or a game? Take a look at it after warm ups and you will see that it is losing some of its supportive nature. There is a time and place for bracing, but bracing alone is never as effective as an appropriate rehab and strength program. Including exercises to prevent injury is a critical component of your program. Don't leave it out.

The last component I will mention is the amount of exercise you ask your athletes to perform. Let me give you a scenario to think about. It is the beginning of pre season. You have scheduled two or three practices every day for the next two weeks. In total you will be having your athletes work out for three or more hours each day. What would happen to you if I asked you to work out in the sun as hard as you could for three hours each day for the next two weeks? Chances are that you would have an injury. That is exactly what happens to your athletes. They go from a relatively unfit state to exercising over three hours a day. Their bodies can not adapt to the stress in that time period. What you have done is planted the seeds of nagging overuse injuries. Most of the overuse injuries I saw in my career as an Athletic Trainer began in pre-season when the volume of exercise was far beyond the athletes' ability to recover. The fact of the matter is that muscular adaptations take time. The body has to rebuild itself into something that is more efficient at the skills required in the sport. If we try and go to fast we are asking for injuries. What if you just progressed slower? I know that the first game is in two weeks, but what if you progressed slower and had more healthy athletes as a result. What if your team could play at their full potential because they did not have tendonitis, muscle strains, cramps from dehydration and a myriad of other problems? What if you structured your practices with a target of getting your athletes into excellent shape in a month instead of two weeks? Let me tell you that it is going to take at-least that long before they are any where close to being in playing shape. That is the case for your opponents as well, but they are still overworking their athletes and that is going to result in injuries. Less is more. The body can only adapt so fast. It will only adapt in the way that you structure the stress of exercise. Your athletes will only get better at game skills if you understand what it is that they need to do and structure your practices and conditioning program to match those conditions. Structured stress leads toward success in ways that unstructured stress can never compete with. Think about it.

Bringing role models into the physical education curriculum

By Eileen Searson

Are you looking for a new and exciting idea or activity to incorporate into your physical education curriculum? Are you trying to find new ways to promote class participation and enjoyment in class activities? Here is a fun idea you may want to try!

Invite people from your community to help instruct your class for the day. For example, if you are currently teaching a softball curriculum in an elementary school setting than invite local middle school and high school softball team members to help instruct your students. If you have access to a local college or university you can see if any student athletes, coaches, kinesiology students, or fitness instructors would like to participate in your class. You may also find volunteers to help with your class thru local semi-professional teams or professional athletes. Be creative and ask around!

The outside athletic influence will be new and exciting for the students. Volunteers that you choose can serve as role models and not only have fun with the students but inspire, motivate, and help them with the sport. The athletes can also share experiences and talk about topics that are relevant to athletics such as leadership, time management, goal setting, sportsmanship, personal growth, dedication and hard work, etc. Often times, you will find the students looking up to the volunteers and interested in wanting to learn about their experiences and how they became successful in athletics. It will be beneficial for the students to have visits from volunteers of different ages, skill level, gender, and sports so that they can experience the diversity of people with athletic lives, as well as to better relate to the volunteers and be motivated by them.

Volunteers can bring a lot of excitement to the classroom and may even encourage more athletic participation in the student's lives. The students will enjoy kicking around a soccer ball with a soccer player or learning tips from a basketball coach. It is important for the students to have successful athletes that they can look up to and learn from. Not only will the students enjoy the outside influence, but the volunteers will also experience pleasure in spending time with younger students and sharing their sport with them. Perhaps after the volunteer's visit to your school, your class can even go on a fieldtrip to see the volunteer in their realm, playing or coaching a game. The use of outside volunteers is a fun way to bring in something new that will engage students and promote participation.

Get the Splash on Fluids for Youth Athletes

By Maria R. Lambert, MS, RD, and Brenda M. Malinauskas, PhD, RD

From late spring to early fall, hot and humid weather is common, which makes staying properly hydrated increasingly important. As compared to adult athletes, youth athletes sweat less, produce more heat, and are less able to transfer heat from muscles to skin ("Timely Statement", 1996) while exercising. Additionally, children have a greater ratio of surface area to body volume as compared to adults, and therefore are exposed to a faster influx of heat when environmental temperature exceeds skin temperature (Bass & Inge, 2001). Thus, youth athletes are at especially high risk for exercise-induced dehydration. The following reviews characteristics of dehydration and provides guidance to promote proper hydration for the youth athlete.

Heat and humidity: a dangerous combination

Although dehydration can occur any time of the year, dehydration and heat illness, including muscle cramps, syncope (fainting), heat exhaustion, and life-threatening heat stroke, are most prominent when environmental temperature and humidity are high. It is more difficult for the body to release the heat that is generated during exercise as the temperature and humidity rise (Augustine, 2003). Whereas high temperature alone can be detrimental to the athlete, high humidity slows the evaporation of perspiration, the body's natural "cooler," and thus humidity deserves consideration in regard to effect on hydration status, independent of environmental temperature ("Heat and humidity add up to danger", 2005). On a day when humidity is 85% and temperature is 85° F, the apparent temperature (how hot the temperature and humidity combination makes it feel) can exceed 105° F ("Heat and humidity add up to danger"). As a health professional who works with athletes, recognize that more aggressive hydration strategies are needed for youth athletes who practice and compete in hot, humid weather.

Complications associated with dehydration

Dehydration can be acute, occurring from a single bout of intense exercise, or chronic, which occurs when an athlete does not rehydrate adequately over a period of time, most commonly days to weeks. Dehydration, whether acute or chronic, is defined as 1% body weight loss resulting from fluid loss (Kleiner, 1999). The degree of dehydration associated with exercise can be determined by sweat loss, estimated by body weight change ("Dehydration", n.d.). Comparison of body weight before and after exercise is the most practical method to ensure an athlete is adequately rehydrated because shortterm changes in body weight are caused by changes in body fluid content (Bar-Or, 2000). Mild dehydration is loss of up to 6% of body weight, moderate is 7% to10%, and severe dehydration is in excess of 10% body weight loss. Although the thirst mechanism is activated at 2% to 3% body weight loss, as low as a 2% body weight loss can increase core body temperature (a precursor of heat illness), stress the circulatory system, impair thermoregulation and muscle contractile activity, and decrease oxygen supply to muscle from low blood volume that is associated with a dehydrated state. Collectively, these physiologic changes associated with mild dehydration compromise athletic performance and increase physical injury risk (Augustine, 2003, Kleinman, 2004).

Hydration needs of youth athletes: How much is enough?

Unfortunately, thirst is not an accurate gauge of hydration. In fact, when thirst becomes apparent, mild dehydration is present (Bass & Inge, 2001). Insufficient fluid consumption can lead to "voluntary dehydration," that being dehydration occurring even when sufficient fluids are offered and available (Bar-Or, 2000). Youth athletes should be encouraged and reminded to drink fluids throughout the day, throughout exercise sessions, and drink fluid to replace sweat loss after exercise. Daily fluid recommendations, excluding additional needs associated with exercise, are 3 to 6 cups (8 ounces is 1 cup) for 4 to 6 year olds and 5 to 8 cups for 7 to18 year olds (Nevin-Folino, 2005).

In regard to additional fluid requirements associated with exercise, youth athletes should have an established drinking schedule that is used for practice as well as competition sessions. The following is a suggested guide. Keep in mind, however, that the drinking schedule should be tailored to individual needs, which are affected by environmental conditions, exercise intensity, and fitness level of the athlete. In general, 7 to 10 year olds should drink 1 ½ to 2 cups of fluid 2 hours before exercise, ½ to 1 cup 15 minutes before exercise, and ¼ to ½ cup every 15 minutes during exercise. Fluid needs are slightly greater for 11 to 18 year olds; recommendations are 2 to 2 ½ cups 2 hours before exercise, 1 to 1 ½ cups 15 minutes before exercise, and ½ cup every 15 minutes during exercise. Regardless of age, athletes should drink 2 cups for each pound of weight loss after exercise (Nevin-Folino, 2005).

Acclimatization to heat and humidity

A child's metabolic heat production per kilogram of body weight is greater than that of adults, but their ability to transfer heat from the center of the body to the skin is less effective; therefore, acclimatization to exercising in the heat is more gradual for youth versus adult athletes (Bass & Inge, 2001). To prevent dehydration and heat illness among youth athletes, acclimatization, in addition to a more aggressive hydration regimen during the acclimatization process, is warranted. Acclimatization is the process of physiologic and psychological adaptation to a new environment (Sparling & Millard-Stafford, 1999). Acclimatization allows the body to maintain a stable internal core temperature at higher humidity and environmental temperatures (Augustine, 2003). This occurs because of physiologic adaptations, namely sweat rate increases, sweating starts earlier in the exercise session, and the electrolyte content of sweat decreases. Although 75% of the adaptation from a cooler to a warmer environment can occur within five days, acclimatization usually takes 10 to 14 days (Sparling & Millard-Stafford). Intense and prolonged exercise undertaken before acclimatization can deter physical performance and health (Committee on Sports Medicine and Fitness, 2000).

What type of hydration drink?

From a physiologic standpoint, identifying the appropriate fluid for an athlete means finding the beverage that approximates the fluid that is lost from the body (sweat) during exercise. Sweat is mainly composed of water; the primary electrolytes that are in sweat are sodium and chloride (that is why sweat tastes salty). However, when you sweat, the body loses more water than it does electrolytes. In fact, blood concentrations of sodium increase as athletes lose sweat. If athletes do not drink enough water while exercising, dehydration occurs and sodium concentration in the blood increases (hypernatremia). For the majority of athletes, hydrating (i.e., replacing water) during and after exercise is more important than is replacing electrolytes. The correct fluid choice to promote hydration during and immediately after exercise depends on the length of time of physical activity and how much someone sweats. If exercise is less than one hour, the goal is to replace the water that is lost as sweat, whereas for activity greater than one hour, the goal is to provide an energy substrate (sugar) to the muscles in addition to replacing water that is lost as sweat. Athletes producing copious amounts of sweat and ultraendurance athletes are those for whom electrolyte concerns may necessitate sports beverages containing greater amounts of electrolytes.

Americans spend $5.4 billion dollars on sports drinks each year and that number is likely to escalate as sports drinks are increasingly becoming the beverage of choice among youth athletes (Lallanilla, 2005). The basic sport drink (Gatorade®, PowerAde®) is noncaffeinated, contains between 100 and 110 milligrams of sodium per cup, 6% to 8% carbohydrate from a combination of sugars (glucose, sucrose, maltodextrin) that are absorbed from the gastrointestinal tract into the blood quickly, and provides 36 to 77 calories per cup (Nelson Steen, 2004). Interestingly, the sodium that is provided in sports beverages functions to facilitate the transport of glucose across the gastrointestinal tract rather than to replace sodium losses from sweat. Beverages containing greater than 8% carbohydrate, such as fruit juices and soft drinks, should be avoided during exercise because the water from these fluids is absorbed slowly and gastrointestinal distress (cramps, diarrhea) is common (Starling & Millard-Stafford, 1999). From a physiologic standpoint, slightly cool water is the beverage of choice to promote hydration for exercise lasting less than one hour (Murphy, 2004). Although sports drinks should not be expected to improve performance in youth athletes who exercise within this time frame, sports drinks may be more readily consumed than water due to the "flavor appeal". In summary, sports drinks are most beneficial during competition when youth athletes may be preoccupied and are not as likely to consume adequate amounts of fluids; otherwise, cool water is an appropriate source of fluid for hydration throughout the day.

Should I worry about the calories in sports drinks?

Youth athletes who are overweight may be more vulnerable to dehydration compared to nonoverweight counterparts because they are less efficient in dissipating body heat (Bass & Inge, 2001). Youth athletes who are overweight should be encouraged to drink water, flavored water, or dilute sports drinks to encourage adequate fluid intake while restricting caloric intake. It is recommended that a Registered Dietitian work with youth athletes who are overweight and their families to identify appropriate dietary changes to promote a healthy body weight rather than simply restricting sports beverage consumption among the overweight athlete.

Conclusion

Appropriate hydration is paramount to the health of youth athletes, especially when exercising in hot, humid weather. Youth athletes should have an established hydration schedule that allows them to hydrate adequately throughout practice and competition sessions. Although water is the preferred fluid for youth athletes to promote hydration throughout the day and exercise sessions, flavored water and sports drinks may promote better hydration than water during training and competition because of the slightly sweet flavor. Coaches and parents should monitor pre- and post-exercise weight changes among youth athletes to determine the amount of fluid the athlete should drink to replace the water loss associated with an exercise session.

Maria Lambert is a graduate of the Master of Science degree in Nutrition program, Brenda Malinauskas (malinauskasb@ecu.edu) is an Assistant Professor, Department of Nutrition and Hospitality Management, East Carolina University, Greenville, North Carolina.

General Division News

We want you to bring your best. The VAHPERD Convention provides a unique opportunity to bring professionals together. The General Division wants to capitalize on the conventions unique opportunities to bring teaching students and the city county supervisors together. We want to create opportunities for students to see and be seen by those that have the power to hire them after graduation. The general division has arranged a meeting between the city county supervisors and the student convention attendants. This is an excellent opportunity for students to get first hand advice on their interviewing technique from those that may someday be hiring them. The supervisors will be holding mock interviews with students on the first day of the convention (Friday, November 3rd) at 3 o'clock. Immediately following the session there will be the Superstars competition. After that the student awards session is scheduled. Friday will be a great day for students attending the convention. Please let your teaching majors know about the meeting. This is a great opportunity to showcase your majors. I look forward to seeing you in November.

David Sallee
General Division Vice President

Summary of the Survey for Elementary Physical Education and Recess in the State of Virginia

In 2005, Longwood University added a class for the elementary teacher on teaching health and physical education. The premise of the class is to help classroom educators define and develop interesting, informative, and innovative activities for health, physical education and fitness. Movement and integration with other curriculum areas is emphasized. Students are encouraged to seek out multiple outside resources, and to develop ways to work with all professionals in the school environment in order to provide the highest quality education in every curriculum area.

As this class developed, it became evident that the students' personal experience in elementary physical education was creating some confusion on the purpose of this class. Whereas some students came from localities where they saw a PE specialist once a week, others were confused as to why this class was necessary, as they had enjoyed a PE program with a specialist 5 days a week.

The State Department of Education was contacted, and it was found that there were no data on the state level available to give these students that could help clarify their role in elementary physical education in the public schools.

An online survey was developed to evaluate the current practices in elementary physical education and recess. This survey was sent to each of the 133 school divisions in the Commonwealth of Virginia. Two reminder notices were sent online, and a paper copy was also sent to some of the divisions. Currently the list of non-respondents has been sent to one of the State Health and Physical Education coordinators in hopes of receiving additional responses. Out of the 133 divisions surveyed, 109 divisions responded, making an 82% response rate. This survey accessed 1038 primary and elementary schools throughout the state.
The following statistics were found in relation to elementary physical education:

Students see the physical education specialist in the following format:

1 day per week	231 schools
2 days per week	288 schools
3 days per week	195 schools
4 days per week	31 schools
5 days per week	101 schools
Every other day	104 schools
Every three days	12 schools
Every four days	30 schools
Every 6 days	41 schools
Every 7 days	1 school
5 days a week for 1 semester, switch	2 schools
No answer	2 schools

Physical education class time ranges from 20 minutes to 60 minutes per class in the following format:

20 minutes per class period	4 schools
25 minutes per class period	7 schools
30 minutes per class period	549 schools
35 minutes per class period	2 schools
40 minutes per class period	105 schools
45 minutes per class period	313 schools
50 minutes per class period	10 schools
55 minutes per class period	1 school
57 minutes per class period	2 schools
60 minutes per class period	2 schools
Varies between 30-45 minutes	22 schools
No answer	21 schools

Class size for physical education ranges from 17 students to 75 students in the following format:

15 students	161 schools
17 students	5 schools
20 students	226 schools
25 students	476 schools
29 students	44 schools
30 students	22 schools
35 students	46 schools
40 students	6 schools
45 students	19 schools
50 students	20 schools
55 students	1 school
75 students	1 school
No answer	11 schools

In 982 schools, the number of students listed represented one class. In 52 schools, the number of students listed represented two classes. In 4 schools, the number listed represented three classes of students for elementary physical education.

In the specialist's elementary physical education classroom, 83 schools had aides or paraprofessionals working with the specialist with each class. In other instances, aides were present for students with special needs/IEP, classes over 25 students, kindergarten classes, and pre-kindergarten classes.

In the responding localities, a total number of 1288.5 elementary physical education specialists were employed. Of those, 1225.5 specialists were licensed to teach elementary physical education. The remaining individuals teaching physical education met the following criteria:

· 15 were certified in other curriculum areas such as exercise science, recreation, business education, math education, or elementary education

- 36 were working towards the appropriate certification in elementary physical education
- 10 had no degree and there was no indication that they were pursuing a degree
- 2 localities did not answer

The following information was found in relation to elementary recess:

Only 34 schools (3%) of the responding localities separated physical education from recess. Most schools have recess every day-941 schools, whereas, 94 schools have recess every day except PE days. Three schools have recess at the teacher's discretion.

School recess periods range for the following time limits:

10 minutes	55 schools
15 minutes	305 schools
20 minutes	231 schools
25 minutes	83 schools
30 minutes	199 schools
40 minutes	4 schools
45 minutes	6 schools
15-30-school based decisions	148 schools
No answer	7 schools

The division liaisons were asked if organized physical education plans were required for recess, and if so who monitored this. This question received quite a variance of answers, so it does not seem to be a reliable representation of the question's intent; rather, it appears as if it was answered about "who" actually watches the students, or verifies recess in the school. Answers to this question include the classroom teacher, volunteers, aides, principals, PE teachers, and paraprofessionals.

Most divisions allow the entire recess time to be free play, ranging from the following time frames:

10 minutes	73 schools
15 minutes	324 schools
20 minutes	203 schools
25 minutes	56 schools
30 minutes	111 schools
45 minutes	6 schools
Varies from 15-30 minutes	109 schools
No answer	7 schools

Some other answers to this question include: free play after 5 minutes of exercise (34 schools); free play after 10 minutes of exercise (36 schools); free play after 15 minutes of exercise (17 schools); 2nd grade team building activities during recess (1 school)

Conclusion:

In summarizing the data, the following assumptions can be made: All localities have an organized physical education program, the highest average (28%) signifies that students most often see the PE specialist 2 days per week. However, this is followed closely by the number of responses for 1 day per week (22%). This would indicate that the classroom teacher would be responsible for student's physical activity 3-4 days per week.

In most school districts (53%), the physical education class lasts 30 minutes. This amount of continuous physical activity combined with 1-2 days of physical education per week with the classroom teacher would provide a sound basis for student wellness; however, additional class or activity periods per week would be necessary to improve student fitness.

Most often, (95%) the elementary physical education specialist has one class at a time. This shows a commitment from localities to provide maximum participation in elementary physical education as well as a commitment to physical education as a viable program in the curriculum.

Most elementary physical education specialists are licensed in elementary physical education (95%). This also signifies the commitment of the Virginia's localities to hire trained professionals to educate their students.

In most cases, children have recess every day (91%). This allows the opportunity for students to be active daily, with the data showing that this time allotment is highest between 15 and 20 minutes.

In closing:

Research indicates that, in order to improve health and wellness, individuals need a minimum of 20 minutes of aerobic activity at least 3 days per week. NASPE supports at least one daily recess period of 20 minutes in order to assist students in achieving the recommended 60 minutes per day needed to maintain and improve health. Many human services and health organizations support recess as an important aspect of a child's physical, social, and academic development (NASPE, 2006). Recess with the proper guidelines, in addition to physical education, is an important program needed to support the developmental needs of children in the Commonwealth of Virginia.

Currently, it is very apparent that we are on the borderline of meeting the proposed recommendation in minutes and days per week for recess and physical education. However, this also means that students must be aerobically active during that duration to maintain or achieve fitness levels. With Virginia's wellness policy enactment July 1st 2006, this may need to be evaluated in order to maximize the wellness benefit for our students. This would likely mean that more localities will need to have a longer, aerobically structured time to improve student fitness levels in addition to recess free play. This also indicates that the classroom teacher's role in this is imperative due to the limited availability of the elementary physical education specialist.

Submitted by Donna M. Kanary, Ed.S.
Christopher Newport University
Survey conducted through a grant with Longwood University

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Kayaking – Linkhorn Bay Eco Tour

2006 VAHPERD Convention
November 2-5, 2006
Cavalier Hotel, Virginia Beach Virginia

No experience necessary to take this guided tour of Virginia Beach's Linkhorn Bay and Crystal Lake by Kayak. Groups will be led by a certified guide/instructor on brand new tandem and solo kayaks. Your trip begins at First Landing State Park, about a ten minute drive from the Cavalier Hotel and will travel through the Crystal Lake area. Have fun experiencing the salt water environment including re-established oyster beds, Egrets, Herons and many more. This is sure to be a popular and rewarding sessions that you will experience at this year's Convention. The paddle is relaxing and easy.

Group Size: 8-20 People
$30 Pre-registration Required
With Convention Registration Fee

Dates and Times:
Session 1: Friday, November 3rd, 1-4 pm
Session 2: Saturday, November 4th, 9 am – 12 pm
Rain Date: Saturday, November 4th, 1-4 pm.

Starting point is at First Landing State Park which is a 10 minute drive from the Cavalier Hotel. This trip is sponsored by Wild River Outfitters and you may visit their website at www.wildriveroutfitters.com

Aiding Sport Administration Students in Getting Internships

By Monica Pazmino-Cevallos, Radford University

The field of sport administration is very diverse and full of opportunities. College is an ideal time to explore those opportunities in the form of internships. Finding an appropriate internship for an individual student can be challenging. Through trial, error and a great deal of effort I have found some strategies that have been very successful for me.

I believe that my success has come from establish relationship with individual students early in their college experience. I ask my students probing questions like what they want to do in their careers. While this sounds obvious it has advantages for many reasons. First and foremost, this will make the students start to link what they want to do with how I can help them achieve their goals. Some students have no idea what they want to pursue and some are completely goals focused. Each group produces unique opportunities. Those that are goal focused have direction, but often do not take in the variety of opportunities that are before them. Those that have no chosen filed are willing to look at broad possibilities, but at times have difficulty making choices. No matter where they start the challenges remain the same. How do I help this student consider a wide range of possibilities and make a decision to explore what seems best for them. In the end the ultimate goal is the establishment of relations with each student early in their academic career. The creation of a caring environment allows the student to relax and investigate all of the opportunities that are available to them.

Students are often unaware of many opportunities that may be available to them. One of the bests ways to explore these possibilities is through an internship experience. There are many factors to consider when choosing an internship. Many times students will overlook some important elements that must be considered. Aspects like resources and restrictions often arise when it comes to considering specific internships. Students often forget about the financial risks and benefits of an internship. If students are not getting financial assistance through their families or other resources (student loans or grants) it may not be feasible for the student to even consider an unpaid internship. Additionally the location of an internship is an important factor. I have had students consider, be offered, and accept or decline internships as far as Cuba, Europe and Australia. They need to consider the implications the location of an internship will have on their lifestyle. It is common for a college internship experience to be the first time that the student will have a full time responsibility and be away from everything familiar to them (school, friends, family, etc.). Finding the best option for the student requires thinking about a wide variety of options including financial burdens and the pressures of the location among others. There is not one right solution for everyone. You have to consider all of the options before making a decision.

In my experience students tend to focus on a narrow band of the sports administration professions. Often students look for recreational resources, but they forget that there are many opportunities provided by the federal government. One suggestion is the Morale, Welfare and Recreation Department of the United States Department of Defense. Every agency of the military has a branch of MWR and virtually every base in the world has internships and jobs. Interning for the military is wonderful for many reasons. Many students select this option because they may travel the world, get paid enough to cover expenses, and experience different types of positions within sport, athletics, and recreation. From personal experience, these internships are structured, rigorous experience. They are an excellent opportunity for a first internship or multiple internships.

Another option that students usually don't think about is the United States Olympic Committee (USOC). I have had two students accepted to this prestigious institution and they have been able to travel the world. There are training camps and offices all over the country and the USOC will choose where the student will be most effective as an intern. One student that interned with the USOC put together sponsorship packages and was able to travel as the USOC representative to market the programs.

Another wonderful place to look for an internship is through the National Intramural Recreational Sports Association (NIRSA). The web site for this organization has a strange name (bluefishjobs.com) but it provides a powerful resource. I have recommended the site to many students and they have been very successful. This is also a great site for locating graduate assistant positions.

There are additional resources that can be very helpful in finding internships. The following websites are excellent internship resources. They are updated often, some even on a daily basis.

www.armymwr.com/
www.mwr.navy.mil/
www.mwr.navy.mil/mwrprgms/i_united.htm
www. ncaa.org
www.usafsports.com/
www.usmc-mccs.org/sports/hf/index.cfm
www.uscg.mil/mwr/MWRInternships.htm
www.usoc.org

Just as certain issues arise when considering a job (money, family and location), similar issues should be considered in an internship experience. We want to make this the best experience possible for the student. As advisors we want students to consider all of the alternatives and what is best for their personal goals. Most importantly, we must consider that students are getting ready to springboard into the working world. As advisors we should be there to answer their questions and try to aid their concerns as best as we can.

Note: Monica Pazmino-Cevallos is an assistant professor in the Department of Exercise, Sport, and Health Education at Radford University.

CORE Measure Reporting: Alcohol, Tobacco, and Marijuana

By David N. Sallee,Ph.D., Assistant Professor, Bridgewater College
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Billions of Federal dollars have been invested in school and community-based drug education programs through grant programs such as Safe and Drug Free Schools (SDFSCA) and Drug-Free Communities Support Program (DFCSP). In most cases to become eligible for funding, at a minimum data on alcohol, tobacco and marijuana behaviors for students in grades 6, 8, 10 and 12 must be procured. The purpose of this article is to twofold: first to identify the specific alcohol, tobacco and marijuana data sets required for reporting and second, to present an assessment approach.

Over the years many schools and community agencies have used surveys for both procuring needs assessment data as well as to determine program effectiveness. Some of the popular surveys used include the American Drug and Alcohol Survey, Communities that Care, CSAP Substance Abuse Risk and Protective Factor Survey, PRIDE survey, Search Institute Survey, and the Youth Risk Behavior Survey (CDC). Each of these surveys vary in length and while they are all sound they do not necessarily provide data required for Drug-Free Communities Support Program (DFCSP) grant reporting.

After years of analysis of grantee reports and national survey data, certain factors were identified as being instrumental in predisposing youth to drug use – specifically alcohol, tobacco, and marijuana. Because behaviors and perceptions regarding the factors are so important they have been identified as CORE measures. Further, the government requires successful grantees to provide data on these factors every two years. These CORE measures include: age of onset, 30 day use, perceived threat of harm, and parental disapproval. The Battelle Institute in conjunction with the Association for the Study and Development of Community developed questions that can be used to assess CORE measures. These twelve questions are as follows:

Alcohol

Average Age of Onset

How old were you when you first: had more than one sip or two of beer, wine, or hard liquor (for example: vodka, whiskey, or gin)?

1. never have
2. 10 or younger
3. 11
4. 12
5. 13
6. 14
7. 15
8. 16
9. 17 or older

Past 30 Day Use

On how many occasions (if any) have you had beer , wine, or hard liquor during the past 30 days?

1. 0 occasions
2. 1-2 occasions
3. 3-5 occasions
4. 6-9 occasions
5. 10-19 occasions
6. 20-39 occasions
7. 40 or more occasions

Perception of Risk

How much do you think people risk harming themselves (physically or in other ways) if they: Take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day?

1. no risk
2. slight risk
3. moderate risk
4. great risk

Perception of Parental Disapproval

How wrong do your parents feel it would be for you to: Drink beer, wine or hard liquor (for example, vodka, whiskey or gin) regularly (at least twice a month)?

1. very wrong
2. wrong
3. a little bit wrong
4. not wrong at all

Tobacco

Average Age of Onset

How old were you when you first smoked a cigarette, even a puff?

1. never have
2. 10 or younger
3. 11
4. 12
5. 13
6. 14
7. 15
8. 16
9. 17 or older

Past 30 Day Use

How frequently have you smoked cigarettes during the past 30 days?

1. not at all
2. less than one cigarette per day
3. one to five cigarettes per day
4. about one-half pack per day
5. about one pack per day
6. about one and one-half pack per day
7. two packs or more per day

Perception of Risk

How much do you think people risk harming themselves (physically or in other ways) if they smoke one or more packs of cigarettes per day

1. no risk
2. slight risk
3. moderate risk
4. great risk

Perception of Parental Disapproval

How wrong do your parents feel it would be for you to smoke cigarettes?

1. very wrong
2. wrong
3. a little bit wrong
4. not wrong at all

Marijuana

Average Age of Onset

How old were you when you first smoked marijuana?

1. never have
2. 10 or younger
3. 11
4. 12
5. 13
6. 14
7. 15
8. 16
9. 17 or older

Past 30 Day Use

On how many occasions (if any) have you used marijuana in the past 30 days?

1. 0 occasions
2. 1-2 occasions
3. 3-5 occasions
4. 6-9 occasions
5. 10-19 occasions
6. 20-39 occasions
7. 40 or more occasions

Perception of Risk

How much do you think people risk harming themselves (physically or in other ways) if they smoke marijuana regularly?

1. no risk
2. slight risk
3. moderate risk
4. great risk

Perception of Parental Disapproval

How wrong do your parents feel it would be for you to smoke marijuana?

1. very wrong
2. wrong
3. a little bit wrong
4. not wrong at all

If students are surveyed using these twelve questions then the requirement for assessing CORE measures will have been met. However, the twelve questions above only provide information on the CORE measures. If additional information regarding drug use behaviors is needed (e.g. opiate use, ecstasy, cocaine) or other risk behaviors (e.g. safety, bullying, depression) then additional questions would need to be used. In most instances (1) other information is needed to determine if program objectives have been reached and (2) an instrument has been identified that will be used in the program evaluation. Most likely the evaluation instrument will need to be modified to include the above 12 questions.

The Battelle Institute and the Association for the Study and Development of Community has provided a great service in reviewing the alcohol, tobacco, and marijuana questions in all the major surveys and developing a set of questions that will satisfy the CORE measure requirement. As a result, CORE measure assessment is clear, concise, and easy to report.

Adding the twelve CORE measures questions to an existing survey is one strategy that can be effective. The Youth Risk Behavior Survey (CDC) is easily modifiable to include the CORE measure questions. In fact, 30 day usage and age of onset are asked in the YRBS. You may consider altering the question responses for the age of onset questions (e.g. How old were you when you smoked whole cigarette for the first time). The responses for the question are in categorical form (e.g. 11 or 12 years old). If the responses are altered to include individual ages then establishing the age of onset becomes much easier.

Gathering risk behavior data is critical for the effectiveness of prevention strategies in the school system and community. These measure help prevention specialist target appropriate strategies that can make a difference in the child's behavior. This is about more than gathering grant funds; it is about impacting the life of a child. Collecting appropriate data can make a difference.

References

Battelle Institute and the Association for the Study and Development of Community (2006). A Guide to Reporting the Four CORE Measures Required of Drug Free Communities Support Program (DFSCP) Grantees. Gaithersburg, MD: The Association for the Study and Development of Community.

Virginia State University Hosts 1st Annual HPERD – Sport Management Leadership Symposium

By Leon Wright Bey, and Leslie Crocker, Adjunct Professor

On May 1, 2006, 14 exemplary and diverse Health, Physical Education, Recreation, and Sport Management practitioners appeared as panelists at Virginia State University's 1st Annual HPERD-Sport Management Leadership Symposium. In addition, Dr. Michael Jackson, Professor and Director of Graduate Programs in Sport and Recreation Administration at Temple University, served as the dynamic guest speaker for the event's culminating luncheon. A number of additional VSU faculty, staff, administrators, alumni, students, and other supporters played key roles in this affair as well.

This symposium was co-sponsored by the Virginia State University Department of Health, Physical Education, Recreation, and Dance (HPERD), which is chaired by Dr. Andrew Kanu, and VSU Career Services unit, which is headed by Ms. Lisa Townes, Director. Staged for undergraduate and graduate students, it was the brainchild of HPERD associate professor, Dr. Leon Wright Bey, who served as the Event Coordinator and Co-Chair of the Planning Committee for this inaugural occasion. Other members of the HPERD faculty who served on this committee were Ms. Leslie Crocker, an adjunct professor, and Dr. Linda Person, who is an associate professor. Ms. Townes served as the other Co-Chair.

The Planning Committee also consisted of 12 diligent members of the undergraduate Executive Board of the HPERD/Sport Management Majors Club. Members of this group, whose faculty advisor is Bey, gained immeasurable leadership experience by assisting with the planning, organization, execution, and evaluation of this event.

Two major purposes of the symposium were to stimulate students' interest in VAHPERD and other professional associations and to teach them how to comport themselves at professional conferences. With these aims in mind, the format replicated one that is found at various professional forums. For example, students were: required to engage in a formal registration process; follow their assigned group's printed program that was outlined in either orange or blue folders; adhere to a strict (business attire only) dress code; attend the luncheon; and complete evaluation forms for each panel discussion.

Moreover, this symposium provided a formal platform to announce the establishment of a new partnership between the HPERD Department and Career Services unit, and unique opportunities for all students to network and collaborate with a wide variety of leaders in HPERD – Sport Management professions. It also: introduced students to an array of contemporary career options; presented key internship and graduate school possibilities; expanded their perspectives on relevant entrepreneurial opportunities; augmented their knowledge base; and inspired them to reach high heights by establishing a confident disposition and progressive professional development goals.

Assessment results indicated that this conference enhanced the instructional delivery process by creating opportunities for students to link previously learned theoretical concepts to authentic experiences shared by each presenter. The pedagogical, networking, and other benefits derived from this event have already prompted the need for its successor. Plans for the 2nd Annual HPERD/Sport Management Leadership Symposium, which is projected to be held during the 2006-2007 year, are already underway.

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Anastasia.loyco@acps.k12.va.us

VAHPERD MEMBERSHIP APPLICATION

☐ Ms. ☐ Mrs. ☐ Mr. ☐ Dr.

Name:_____Date:_____

Address where you prefer to receive VAHPERD materials:

_____
Street City State ZIP Code

Telephone: (_____) _____ E-mail: _____

Please add my e-mail address to the VAHPERD list serve. YES___ NO___

Type of Membership:

- ☐ Full-time Student $ 10.00
- ☐ Active professional (1 yr) $ 25.00
- ☐ Active professional (3 yrs) $ 60.00
- ☐ HFH/JRFH Event Coordinator $ 5.00 (Verified by AHA)
- ☐ Retired $ 10.00

Employment Level (check all that apply)

- ☐ Elementary
- ☐ Middle school
- ☐ High school
- ☐ College/university
- ☐ Other _____ (Please specify)

Divisions:

- ☐ Dance
- ☐ Health
- ☐ Physical education
- ☐ Recreation

Sections: check areas of interest

Dance Division (Sections)

- ☐ Dance education
- ☐ Dance performance

General Division (Sections)

- ☐ City/county supervisor
- ☐ College/university chairs
- ☐ Men's and boys' athletics
- ☐ Research
- ☐ Retirees and past presidents
- ☐ Sports management
- ☐ Students
- ☐ VAGW

Health Division

- ☐ Community/public health
- ☐ School health
- ☐ Worksite health

Physical Education Division (Sections)

- ☐ Adapted
- ☐ Elementary
- ☐ Middle school
- ☐ High school
- ☐ College

Recreation Division

- ☐ Aquatic
- ☐ Intramural
- ☐ Outdoor recreation

Committees

- ☐ Structure and Function
- ☐ Membership
- ☐ Necrology
- ☐ Convention Site
- ☐ Awards
- ☐ Finance
- ☐ Legislative Affairs
- ☐ Nominating
- ☐ Convention Volunteer

IMPORTANT REGION INFORMATION: _____

Indicate region of employment (See back for region code information)

Status: ☐ Renewing ☐ New Member

Payment Amount: $ _____

☐ Check enclosed

☐ Credit card: ☐ VISA ☐ MasterCard ☐ American Express ☐ Discover

Account no: ___ ___ ___ ___ - ___ ___ ___ ___ - ___ ___ ___ ___ - ___ ___ ___ ___ Expiration Date ___ ___ ___ ___

Mailing address of Credit Card Statement (if different from address above):

_____
Street City State ZIP Code

Signature: _____

Mail form to
VAHPERD
4813 Timbernorth Tr.
Midlothian, VA 23112

Guidelines for Manuscript Submission

The Virginia Journal is published twice yearly (Fall and Spring) by the Virginia Association for Health, Physical Education, Recreation and Dance. Deadlines for submitting materials for inclusion in the spring issue are July 15th and January 15th. Manuscripts should be sent to Dr. David Sallee, TVJ editor, by email in an attached WORD document. In submitting a manuscript, the author affirms that it has not been published or accepted for publication elsewhere, unless otherwise stated in writing.

Manuscripts

Manuscripts follow the form of the Publication Manual of the American Psychological Association and must be typed on 8 1/2 by 11 inch paper. The attached manuscript must be double spaced except that direct quotations of three or more lines in length are to be single spaced and indented.

Manuscripts should not exceed 10 double-spaced pages of narrative including the citation page. Pages should be numbered consecutively. The name and institution of each author are inserted on a title page but not on the narrative. There should be provided on the title page biographical information on each author. This biographic information should include name and position at time of manuscript submission.

References should be listed at the end of the manuscript and should be arranged in alphabetical order. Each reference cited in the article must be listed, but only those cited should he included. Sources should be cited by placing the author's name and date of publication followed by a page number when appropriate in parentheses: i.e., (Cowlick & Rice, 2003). The reference should be cited following the quote or fact noted. References listed at the end of the article should contain the following information:

1. The author, editor's or compiler's name, in reverse order (surname, followed by first and middle initials).
2. The exact title. Titles of books, pamphlets, periodicals, and newspapers are underlined: titles or articles within periodicals or books are not underlined and precede the periodical or book in which they are found. Only the first word of the title is capitalized and the title is followed by a period.
3. Titles of books are followed by place: company, date of publication. The date, volume, and page numbers follow the title of a journal. If each issue of a journal begins with page 1, include the issue number after the volume number in parentheses. Volume numbers should be underlined for journals and for books they should be placed in parentheses and included at the end of the title.

Examples of Citations

American Dietetic Association. (1999). Dietary guidance for healthy children aged 2 to 11 years. *Journal of the American Dietetic Association*, 99:93-101.

Kulwicki, A., & Rice, V.H. (2003). Arab American adolescent perceptions and experiences with smoking. *Public Health Nursing*, 20, 177-183.

Illustrations

Illustrations such as pictures, graphs, and drawings are valuable additions to manuscripts. Please send these as separate files with your manuscript.

Reviewing and Editing

Each article is reviewed by three members of the Editorial Board. Sometimes a guest editor is asked by the editor to review a manuscript depending upon the topic. To be accepted for publication the article must be approved by at least two of these persons. Reasons for rejecting articles include: topic is not of interest to the profession or to only a few members of the Association, topic is of interest but has already been thoroughly discussed in the literature, manuscript discussion is too general and vague, poor research techniques, or the manuscript is poorly written. In some instances a manuscript may be rejected but the author is invited to revise and resubmit it with corrections. Manuscripts accepted are subject to editing to conform to the Journal format.

Final Acceptance for Printing

After the editor has compiled the journal issue, it is sent to the printers. *VAHPERD's executive director, president and president-elect then edit The Virginia Journal*. These three VAHPERD members are provided with a minimum of two drafts for their revision and comment. Upon their approval, the final document is printed and distributed.

2006 VAHPERD Convention Registration

"Following the Footsteps"

The Cavalier Hotel • Virginia Beach, Virginia

November 3-5, 2006

Name: _____ Phone: (____) _____
(As you wish it to appear on your badge)

Address: _____

City: _____ State: _____ Zip: _____

School/University Name: _____
(As you wish it to appear on your badge)

Convention registration confirmation will be done by email only. If you would like confirmation please print your email address clearly below. Confirmation will be sent if registration is received before

October 13._____@_____

Convention Registration	**Pay by**		***Amount***
	10/13/06	***Onsite***	
Active or life member	$ 50.00	$ 60.00	$_____
Student or retired member	$ 10.00	$ 10.00	$_____
Spouse (Name for badge: _____)	$ 5.00	$ 5.00	$_____
Kayaking Eco Tour Friday, November 3, 1pm – 4pm	$30.00	N/A	$_____
Saturday November 4, 9:00am - 12:00pm **Rain Date** **Saturday November 4, 1pm – 4pm**	$30.00	N/A	$_____
Heron Ridge Golf Tournament Check here if you will be playing ☐		$45.00	***Pay Onsite***
Awards Luncheon Saturday 12:00-1:50	$15.00	$15.00	
Payment: (Purchase orders cannot be accepted.)		***Total***	$_____

☐ Check or money order enclosed (please make payable to *VAHPERD)*

☐ Credit Card: __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __

Expires: ____ - ____ ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

Billing address of credit care if different than above:

(Address) _____

(City) _____ (State)_____ (Zip) _____

Total Charge: $ _____ Signature: _____

Return this form by ***October 13, 2006*** to:

VAHPERD, 4813 Timbernorth Tr., Midlothian, VA 23112

***** CURRENT MEMBERSHIP IS REQUIRED TO ATTEND THE CONVENTION *****

About VAHPERD

Mission Statement

VAHPERD is a professional association of educators that advocate quality programs in health, physical education, recreation, dance and sport. The association seeks to facilitate the professional growth and educational practices and legislation that will impact the profession.

VAHPERD Values

- Excellence in teaching, research and educational practices in HPERD and related professions
- Positive efforts to promote our disciplines
- Professional integrity and high ethical standards
- Effective communication within and between members and related professionals
- An active and healthy lifestyle
- Embracing the role of special and diverse populations

VAHPERD Priorities

Member Services
Communication
Marketing and Promotion
Education

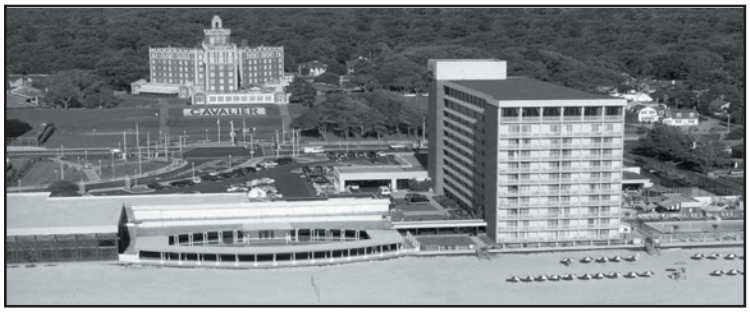
Visit VAHPERD's Web Site

www.vahperd.org

Learn About:

VAHPERD	Membership
Leadership	Publications
Divisions	Resources
Students	Links
Awards and Grants	Forms

CONVENTION HIGHLIGHTS
NOVEMBER 3-5, 2006
CAVALIER HOTEL IN VIRGINIA BEACH



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BIKING, KAYAKING, AND GOLF
STUDENT SUPERSTARS COMPETITION
STUDENT PRESENTATIONS

Friday, November 3rd
- Carol Martini – 2002 NASPE Teacher of the year and former women's basketball coach at Boston College
- Peggy Hutter – Teacher of the year
- Lisa Perry – Senior Consultant to the Colorado Department of Education
- Student Superstars and Student Awards
- Exhibits Gala
- Kayaking and back bay eco tour
- Golf Tournament
- Biking
- Dr. John Bennett – AAHPERD President-elect is the 1st General Session keynote speaker
- President's reception
- All Convention Dance

Saturday, November 4th
- Project Adventure
- Biking
- Division meetings
- Dance Kaleidoscope
- Awards Luncheon
- John Bennett's dance presentation
- Carol Martini – 2002 NASPE Teacher of the year and former women's basketball coach at Boston College
- Peggy Hutter– Teacher of the year
- Lisa Perry – Senior Consultant to the Colorado Department of Education
- Tingsen Xu – Tai Chi Grand Master from China
- All Convention Dance

Sunday, November 5th
- Sue Brittenham – Colorado AHPERD and Central District Elementary Teacher of the Year. Colorado Board Certified Teacher
- Tingsen Xu – Tai Chi Grand Master from China
- Project Adventure
- Fran Zavacky from NASPE and Teacher of the Year
- Student presentations
- Fabulous prizes at closing general session including a color TV

The Virginia Journal
Publication Specifications

Submission Deadlines:
January 15 and July 15

Manuscript Specifications:
All manuscripts and announcements should be submitted by email as a WORD attachment. See page 33 for more information.

Authors:
Please include your name, position, address, email address, and telephone number. Authors are strongly encouraged to be members of both VAHPERD and AAHPERD.

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