

The Virginia Journal



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

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VAHPERD Members,

It is my pleasure to serve as the editor of The Virginia Journal (TVJ) and Communicator. Enclosed you will find the Spring 2011 issue. I hope to continue the successful publications of TVJ and Communicator.

However, the success of TVJ and the Communicator only go as far as the members and our submissions. I ask that you continue to submit the quality work you have in the past. Let the state, region and nation know the outstanding work we are doing in VAHPERD. So this is my continued call for manuscripts for the Fall 2011 issue of TVJ and news information for the Communicator. The TVJ and Communicator depend on the submissions from our exceptional professionals working in the field.

So please continue to e-mail me your manuscripts and news by July 15, 2011 as a Word attachment for the two publications. Please follow the manuscript guidelines posted in each issue of TVJ. My contact information is below.

Sincerely,

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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

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Radford University's ESHE PEAK (Physical, Exercise and Activities Kamp) Spring 2011 Participant

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President's Message

Cetan A. Tameris



Spring is finally on the way in Fairfax County and with that comes anticipation of the end of the school year for teachers and students. As we wind down the year though, we need to keep in mind that another year and another convention are just over the horizon. "The Best of Times" is on the way at the Hyatt Regency in Reston on November 11-13, 2011 and I am looking forward to this convention being our biggest and best yet.

The VAHPERD leadership has been busy in preparing for the upcoming convention in Reston. This began at the VAHPERD Leadership Development Conference held at the end of January in Prince William County. VAHPERD board members, chairs, chair-elects, past-chairs, committee chairs, and invited guests gathered to hear about legislative events related to our fields going on in Richmond and Washington. This was an informative session for all and led into the division planning for the convention and the upcoming year. Much was planned in just a short time. The exit tickets of the division meetings will be posted on the VAHPERD website so all members can view where the divisions are heading and what is being planned for the coming year. Thank you to all those individuals who were part of the LDC this year, you really are amazing in the work that you can do in such a short time.

The board will be hard at work in the next coming months collecting the proposals for programs submitted on the website and starting the process of planning the actual days of the convention for our members. This will include the scheduling of speakers, setting program times, and making sure members have opportunities for networking through social activities. I invite all are members, and those that have not yet become a member, to make the journey to Reston in November to share in this event. I also invite your input into the areas/sessions you would be most interested in viewing in November and at future conventions. An organization needs to meet the needs of its most needy members. So, whether you are a student, teacher, professor, or retired at the elementary, middle school, high school, or college level; let us know how VAHPERD can best serve you. Knowledge of the needs of our members is the key to programming successful conventions and workshops that meet the needs of all.

Don't forget also that VAHPERD is always looking for individuals to heed the call for leadership by joining a division as a Chair-Elect or running for a board position as a Division Vice President-Elect each year. Every member should consider doing this at least once in their professional or student career. New blood brings change and a fresh perspective to our organization. Consider sitting in at the division meetings in November to see which division suits you best. If you have served all 3 years as a chair, consider running for a division VP position. Change is good, so don't hesitate to step forward and volunteer.

I want to close by encouraging and challenging every member to do two things in the months leading up to November. First, I

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President-Elect's Message

Charlotte Kelso



Hello. I am happy to greet you as your President Elect and welcome the opportunity to serve you.

What you do in the classroom is very important and your support for VAHPERD is appreciated and welcomed. Thank you for being a member of your professional organization. As a board, representing members, we strive for keeping you up to date on what is happening in our profession as HPERD educators. We need your participation in the offerings from VAHPERD. Opportunities will occur for you to be leaders in your field as well as leaders in your association. Please take advantage of these opportunities.

Some of the offerings from the association for members are as follows:

OHPEP: The Virginia Association for Health, Physical Education, Recreation, and Dance provides staff development opportunities to improve your K-12 programs. Outstanding Health and Physical Education Programs (OHPEP) offers professional development workshops to promote the instructional best practices including all students active, teacher interaction, continuous assessment, and lifetime health and wellness. Presentations have been provided for the past 13 years to over half the divisions in the state. Speakers will come to your school/district to present programs free of charge. VAHPERD will pay for the speaker's substitute and travel. Grants for programs you need through OHPEP are free for members. All you have to do is ask.

American Heart Association: Grants through American Heart for coordinators to present and attend professional meetings are available-all you have to do is check the requirements on the VAHPERD and apply.

SOCCI and GeoMotion: Grants from SOCCI and GeoMotion. Check on the VAHPERD or contact a board member.

Future grants that may be available soon: MECKids and Skillastics.

All AHA coordinators are eligible for reduced membership in VAHPERD. Ask your division vice-president or an executive board member.

VAHPERD hosts two regional conferences; The Southwest and Southeast. Please check the VAHPERD web page under Resources for information.

VAHPERD has five divisions: Health, Physical Education, Recreation, General, and Dance. I encourage you to join in leadership opportunities by serving in a division of your choice. It is important to share what you do in your

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Executive Director's Message

Henry Castelvecchi



It has been busy since the November Convention! The board and leadership has been active working at its annual Leadership Development Conference organizing ideas for next year's convention and hearing about advocacy issues current in the state and the nation. President Tameris' theme of "The Best of Times" has been appropriate the past few months.

At the beginning of the current legislative cycle there were numerous bills dedicated to physical education and time requirements per week. They eventually were condensed down to one bill that would require an average of 150 minutes per week of physical education for grades K-8. This was overwhelmingly supported by the General Assembly. At the time of writing this article it is still awaiting the signature of the Governor. What a great time for VAHPERD and its members to step up to support this legislation. I encourage you to showcase to your principals and supervisors your program and remind them that physical education is not what they remember it to be.

I have been working with Executive Committee and the Grant Committee on bringing in new and innovative companies to partner with VAHPERD to offer members new opportunities for professional growth and adding new programs to schools. I am looking forward to continuing this work and I see exciting opportunities on the horizon. Please continue to look out for emails and information about grants in the near future. Please apply and encourage others in your district to apply.

I am trying many different ways to reach membership with information in the most efficient ways. If you have not visited the web page this is a great resource for information. You can access archived newsletters, journals, convention information as well as contact information for the VAHPERD Board. Check out the front page of the website to see all of the State, District, and National Awards recipients from VA. The VAHPERD FaceBook page is a great place to post discussion questions and find helpful information. Please feel free to post questions on this page. If you have not received a tweet from VAHPERD, maybe you are not following us on Twitter. Follow us and receive links to relevant articles, reminders and sometimes just fun stuff!

I look forward to seeing all of you at the Convention and please feel free to contact me with your comments and concerns.

Henry Castelvecchi



Past President's Message

Vicki Miller



My time in VAHPERD Leadership is ending. It has been 10 great years! I will miss VAHPERD. One of the most important messages that I would like to leave with our membership is **ADVOCACY**. Please continue to advocate for children's quality physical education, physical activity, health and good nutrition on the local, state and national levels. VAHPERD had a great opportunity this year to partner with the American Heart Association to work on the Physical Education bill in the General Assembly. Representative John O'Bannon and Senator Ralph Northam (both physicians) presented bills to require 150 minutes of physical education K-8. The bill passed in the House and Senate but was vetoed by Governor McDonnell. This can be an "opportunity" for VAHPERD and our teachers to look at our HPE curriculum, programs, before/after school physical activity opportunities, and be prepared for the next General Assembly session to work with parents, community leaders, legislators, and other organizations (ex. AHA) to advocate for quality PE programs.....with funding! Please get actively involved in this process. THANKS!

I am also very proud of the emphasis that VAHPERD has placed on mentoring our future leaders and Teachers of the Year (TOY). VAHPERD is proud to announce that Chad Triolet is the AAHPERD Elementary PE TOY, Misti Wajciechowski is the AAHE Middle School Health TOY, and Biki Mitchell was one of the finalists for the AAHPERD Middle School PE TOY. We must continue to encourage and mentor our leaders! CONGRATULATIONS to all of our teachers that received VAHPERD, Southern District and AAHPERD awards. I'm encouraging all of our members to nominate and support our "teacher of the year" programs. A very special THANK YOU to the awards committee for outstanding work on identifying our TOYs. Special THANKS to Lynne Bennett for her hard work and dedication to VAHPERD and helping me at the General Session when we recognized our professionals. I am also so proud of all the local, state and national leaders that "presented" at the VAHPERD convention. VAHPERD is very fortunate to have outstanding presenters and sessions to educate and motivate our teachers to be the best in their fields. I also want to recognize our "future professionals"... from VA Commonwealth University (VCU), VA State, Radford, JMU, Longwood, Norfolk State, George Mason, ODU, and other colleges/universities. You are our future! Please stay actively involved. I also want to THANK our university mentors for their leadership and being great role models. VAHPERD is very fortunate! Keep up the good work. VAHPERD has expanded our "REACH OUT" to include Southwest VA and other underserved areas of our state. I also want to say a special THANKS to all of our VAHPERD volunteers that make workshop presentations for our VAHPERD members around the state. Special THANKS to Terry Gooding for her leadership with the OHPEP (Outstanding Health and Physical Education

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Teaching Health Behaviors Through Self-regulation Skill Building

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Abstract

There often is a disconnect between research and practice in school settings – researchers often have difficulty translating their work into something practical that can be used by teachers in the field. Teachers in school settings often have excellent pedagogical skills, but are too busy or constrained by outside factors (scheduling, too much content and not enough time, etc) to try to find ways to incorporate new ideas in research into their health courses. This is especially true in terms of using theoretical correlates of behavior change in school health courses. Self-regulation, a construct in Bandura’s Social Cognitive Theory, is one such correlate that has been shown to be an effective component of behavior change strategies for multiple health behaviors. The purpose of this article is to provide teachers with ideas for using and reinforcing self-regulatory skills in practical situations to promote health-enhancing behaviors among school-aged students.

Health education has a long history of focusing on empowering adolescents to make better health decisions. This requires some degree of self-awareness, judgment, personal evaluation, and decision-making. Health educators have long believed that teaching these behavioral skills allows students to make better and more informed decisions regarding a gamut of health behaviors. Still, due to curricular requirements and limited instructional time, health education curricula tends to focus mainly on the teaching of health “topics,” rather than focusing on behavioral skill-building. This is in part caused by the fact that the curricula is subdivided in such a way that teachers need to rush through concepts so they can disseminate vast amounts of health knowledge or facts rather than focusing on skill building. The skill building components can carry over from behavior to behavior and could be experienced several times in various content areas allowing a building of concepts and health related skills over time. This teaching of behavioral skills is necessary to empower students to change their lives through the self-directed maintenance of personal health. Self-regulatory behavioral skills are often a critical link between health content and behavioral enactment. The purpose of this manuscript is to present health instructors with an understanding of what self-regulation skills are and how they can be applied throughout the curriculum to empower students to make positive health choices.

Self-Regulation and Health Behaviors – Does it Work?

Albert Bandura’s Social Cognitive Theory (SCT) has long been used by health educators to shape and target the health behaviors of people of all ages (Bandura, 1986). Since adolescents are still shaping many of their health behaviors, psychosocial skills can form the backbone of the development of healthier lifestyles. The concept of behavioral self-regulation found within SCT can help educators understand and develop skills that assist students in making changes to a health behavior.

Skills in behavioral self-regulation have a demonstrated as-

sociation with several health enhancing behaviors. For instance, behavioral self-regulation skills have been associated with students’ risk for substance abuse (Dawes, 1997; Dawes, 1999). This association can also be found with regard to tobacco use, exercise, obesity, and sexual behavior (Murnan, 2007; Pedlow & Carey, 2004; Petosa, 2005; Sharma, 2006; US Department of Health and Human Services, 1994; Wegner, 2007; Winters, 2003). Because of the utility of this concept across many of the behaviors taught in the school health curriculum, it can be applied and reinforced across the curriculum.

The building of self-regulation skills among students has traditionally been synonymous with goal setting. However, goal setting is just one component of developing students’ self-regulatory capacities, often insufficient alone to elicit a change in behavior. Bandura (1986) has suggested that, for any goal directed activity to be successfully incorporated, it must include purposeful goal setting, self-monitoring, individualistic evaluation and reinforcements. Each of these processes represents potential points of educational skill building that teachers can use to direct and assist in a student’s ability to regulate their own behavior (Bandura, 1986; Petosa, 1986; Zimmerman, 2001).

How Can we Teach Self-Regulation Skills?

Goal-Setting

Goal setting is an integral component of behavioral self-regulation. Goal-setting requires that a conscious effort be made in planning for a desired behavior to occur. With this conscious or purposeful planning for a behavior comes an increased probability that the behavior will occur. If students use goal setting in health courses, it allows for the personalization of the health content. This might help students internalize the information, possibly creating more personal responsibility for their own health.

Though goal setting is often mentioned or used in a school health context, it often is used in a broad and ambiguous way. Goal setting is a specific skill that has multiple components. Goal setting can be taught through the acronym SMART - Specific, Measurable, Achievable or Appealing, Realistic, and Time-bound. Students should be taught to set both short-term (weekly) goals and long-term (10-12 week) goals, focusing on progressive behavior change in the short-term. Goals should be behaviorally specific, personally challenging but achievable, and realistic given social, physical, and environmental influences. Finally, students should be encouraged to identify a time by which they will reach their goals, defining the “by when” time component of the SMART criteria.

One component of effective goal setting is a temporal ordering of long and short-term goals. Zimmerman (2001) specifies that the mechanism of effective goal setting requires that each distal outcome (long-term goal) be preceded in time by a series of more proximal (short-term), clearly defined goals. Each short-term goal must provide direction toward the long-term goal - without these short-term goals, it is unlikely that long-term goals will be real-

ized. Health educators can assist students in developing a realistic long-term goal, and then in developing short-term goals as “stepping stones” toward achieving their long-term outcome. While students can be guided on setting goals for physiological change in the long-term (weight loss, fitness improvements), the focus of the short-term goals should be behavioral change, focusing on observable tasks (specific behaviors) the student can participate in.

Another important aspect of goal setting involves detailed phrasing. When asked to write a goal, many students will write a broad goal, such as “I want to exercise.” There are several problems with this statement. First, a goal must include a specific behavior. It is therefore unacceptable for an outcome to specify ideas such as “feeling better” or “being healthy” or “exercise.” Rather, it should specify such topics as “eating less saturated fat” or “walking”. Second, a goal must include a measurable component. Instead of setting a goal simply to “walk,” a student should specify how much walking they will do (i.e. 5 days per week, 30 minutes per day, etc). Third, the goal must specify a deadline for success. Without this deadline, students will not know by when they are to achieve their goals (next week, next month, next year?). Many students procrastinate indefinitely without motivation imposed by an approaching deadline. In the above example, the student might improve his or her goal statement by stating “By the end of the third month, I will be walking five days per week.” When aiding students in goal setting activities health educators can either use the SMART goal setting strategy, or have them develop a goal by asking the following four questions: “Who? Will do what? How much? By when?”. Either technique leads to a correctly written goal statement.

It is imperative that school health educators help students set appealing and realistic goals. If a personal goal is not appealing to the student, they will lack motivation to achieve the goal. Further, with many behaviors students might not understand what is realistic and what is not realistic to achieve. Some students think they should be able to go from sedentary to running several miles per day in two weeks. Thus, the health educator becomes the “voice of reason,” ensuring that students set appealing goals and helping students problem-solve through the process of understanding what is realistic and what is not.

Self-Monitoring / Personal Reflection

Having specified the short-term and long-term goals one will strive to achieve, students must actively monitor and quantify their level of participation and goal achievement. Health educators must therefore be prepared to require detailed feedback regarding each student’s participation in the selected behavior. This personal student feedback can include:

written logs of the days, the duration, and the time of day the student engaged in the targeted behavior; a written account of any feelings the student experienced prior to, during, and following each bout of the targeted behavior; and, a written account of any barriers the student faced in trying to meet the behavioral goals, as well as a description of how they overcame any barriers. Most importantly, the health educator must be willing to help students critically evaluate the written personal feedback. In order to achieve goals, students must be able to identify the progress they are making toward their goals. The written personal feedback allows students to examine several weeks of logs, to analyze whether or not they expect to reach their goals, and to understand what factors lead to success versus failure.

Figure 1 is an excerpt from a physical activity log which can serve as an example of personal written feedback a student could provide while trying to engage in a goal-directed health behavior. In this log, students would be asked to list the types of cardiovascular exercises in which they engaged. They would be asked to list the duration of activity, the intensity (level if on a machine, or how hard the activity was if they are doing free-living activity), as well as comments they had about that particular exercise bout. This way, students can have all of the information together in one activity log, so that they can better evaluate their behavior and progress toward their goals.

Evaluation & Reinforcement

Students who set acceptable behavioral goals and self-monitor progress towards reaching their goals can objectively evaluate their level of success. Successful accomplishment of short-term

Figure 1: Example physical activity log for personal, written feedback on goal setting.

Activity	Monday		Tuesday		Wednesday	
	Intensity		Intensity		Intensity	
	Time		Time		Time	
	Comment		Comment		Comment	
	Intensity		Intensity		Intensity	
	Time		Time		Time	
	Comment		Comment		Comment	
	Intensity		Intensity		Intensity	
	Time		Time		Time	
	Comment		Comment		Comment	

and long-term goals should be tied directly to both intrinsic and extrinsic reinforcements. For instance, the health educator can assist students in identifying potential reinforcements (thoughts or goods) they can provide for themselves upon goal achievement. Smaller intrinsic (internal) reinforcements might be used for short-term goals, and more elaborate internal or external reinforcements can be used for long-term goals. It is important for the health educator to help students identify acceptable rewards for health behaviors. For example, eating a pint of ice-cream is not an acceptable reward for a health behavior (i.e., an unhealthy behavior should never serve as a reward). Instead, students might select 10 downloads to a portable media device, which is an acceptable reward.

If goals are not attained, then self-evaluation is necessary to allow for an understanding of why this occurred. Students can ask themselves questions, such as: "Were my goals realistic?"; "Did I meet all of my short-term goals? Why or why not?"; "Did I stick to my plan?"; "What barriers interfered with my success?"; "How can I revise my goals and my plan in order to achieve them and to allow for success?". This process of self-evaluation allows the student to critically analyze those factors that can be revised to ensure future success with goal setting.

Conclusion

The use of self-regulatory skills (goal setting, self-monitoring, self-evaluation, and reinforcement) can provide students with sufficient motivation and information to ensure continued engagement with the health behavior. It is this engagement and commitment to the self-regulatory behavior change process that is expected to enhance student behavioral decision-making. Students using self-regulatory skills are more likely to achieve greater health related outcomes and perceive the process to be more satisfying than students not using self-regulatory skills.

The goal of this discussion is to provide suggestions for incorporation of an important theoretical construct into practice settings. Self-regulation is a skill that can transcend individual health topics. It is a skill that has been shown to be effective in multiple behavior change programs, allowing the skill to be reinforced with the introduction of each new health topic. This reinforcement is invaluable, as it allows students to take ownership of their health behaviors, hopefully leading to more positive health choices throughout the lifespan.

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Exergaming and Physical Education: Do these game consoles get kids active

Susan B. Nye, Ph.D., James Madison Univeristy

Regular participation in physical activity has been demonstrated to promote many health benefits, but despite the benefits there is a decline in physical activity as children move into adolescence (YRBSS, 2009). In the 21st century, more children and adolescents (31.9% ages 2-19) are classified in the overweight and obese categories than ever before (YRBSS, 2009). Adolescents in these categories have a number of health risks such as Type II diabetes and high blood pressure that will follow them into adulthood. The Youth Risk Behavior Survey - 2005 found 56% of males and 72% of females were not meeting the recommended 60 minutes per day of physical activity and, instead, were spending more time watching television, playing video games or using computers (Vanderwater, Shim, & Caplovitz, 2004).

Studies show there is a need for early physical activity interventions due to the large decline in physical activity that occurs between the ages of 13 and 18 years (Sallis, 2000). Janz, Dawson, and Mahoney (2000) tracked boys and girls in the pre or early pubescent stages for five years. They found boys who were initially classified as sedentary (based on number of hours watching TV or playing video games) were spending even more time participating in sedentary behaviors by the end of the study. For the girls, findings showed their time participating in vigorous activity decreased as they progressed through adolescence.

Students are more likely to participate in physical activity if it is enjoyable and fun (DiLorenzo, Stucky-Ropp, VanderWal, & Gotham, 1998). The creation of new video games may be the hook for increasing physical activity among adolescents. Since the introduction of video games in 1970, video gaming has become a popular leisure time activity for children and adolescents. The National Parts Depot group (2007) surveyed more than 3000 children between the ages of 2-17 and found that half of the users spent 5 hours per week gaming with the other half spending between 6 to 16 hours per week. These children and adolescents participated in gaming activities because they were able to learn new things, socialize with friends, relieve stress, relax or as some reported, the games created a whole new world.

There have been numerous research studies that have investigated the negative effects of video gaming (Biddis & Irwin, 2010; Straker & Abbott, 2007). These studies focused on the effects of violent video games (games rated as M – mature) on aggressive cognitions, emotions, and behavior. The studies found children can become insensitive to the violence or may imitate or accept the behavior as a way to address problems. There are other games that are rated as E (Everyone) and attempt to promote health-related physical activity. There is a potential for these active video games or exergames to promote physical activity behaviors with children and adolescents

One video game console that has the potential to increase physical activity is the Wii. The Wii (sounds like “we”) produced by Nintendo, was initially expected to be a short-lived fad, however; it is now predicted to be the best gaming system of all time. The interactive play of the games has become a motivational

hook for multigenerational players. These games move players away from sedentary behavior associated with previous video game consoles (i.e. Playstation or Xbox) to active movement. Some of the first active games were Playstation 2’s Dance Dance Revolution and Sony’s EyeToy. With these games, players are able to physically interact with the objects on the screen.

Nintendo’s Wii, which uses physical activity to enhance the player’s experience, uses a controller combined with a sensor bar to create on-screen activity. The Wii uses motion-sensing technology which when aligned with the sensor bar tracks the motions of the Wii remote. The Wii game console comes with Wii Sports, which includes tennis, baseball, golf, bowling, and boxing. For these games, the player uses the remote which mimics the motions of a racket, baseball bat, golf club, bowling ball, or boxing glove. Additional games with a health-related fitness theme include: Wii Fit, Jillian Michael’s Ultimatum, and The Fitness Coach.

Playstation 3 uses similar technology to the Wii with its controller, Playstation Move. Games such as Get Fit with Mel B and Racket Sports use the controller to help manipulate the action on the screen. A new game console the XBOX Kinetic does not use a controller but uses full body gaming. A player must use their body movements to control action on the screen. The XBOX Kinetic uses motion sensing technology to track the entire body. In addition, it has skeletal tracking, where a digital image is created of your skeleton based on depth data, therefore the system can track when you move right, left or jump. Some of the games include Your Shape and Kinetic Sports.

All of the exergames create a fun environment while incorporating exercises intended to improve flexibility, aerobic endurance, muscular endurance, muscular strength, and balance. The games are designed to increase physical activity for the users, revolve around health-related fitness, and are intended for the users to have fun while they are exercising. Inherent in each of the games are the exciting graphics, settings, music, and wide variety of activities. In addition, players are able to set goals and monitor their progress as well as receive on-going and instantaneous feedback.

Exergames (Wii, Sony, Xbox, etc.) have been touted to enhance physical activity but is this really the case! Energy expenditure during exergaming play has been shown to increase as compared to television watching or playing sedentary video games (Lanningham-Foster, et al., 2009). Maddison et al (2007) studied the activity of children ages 10-14 while playing Playstation 2 with EyeToy games. Energy expenditure for children playing the games ranged from moderate to vigorous and was comparable to brisk walking, jogging or stair climbing. However, sustained vigorous physical activity has not been found when children played the games (Biddiss & Irwin, 2010). Staker and Abbot (2007) did find low to moderate levels of energy expenditure for 9 to 12 year old children when they played exergames. Games where the predominate movement was lower body showed significant gains in heart rate and energy expenditure verses games where the predominate movement was the upper body. Graves, Ridgers,

& Stratton (2008) found that exergames that promote both upper and lower body movements have been shown to elicit the greatest gains in energy expenditure and heart rate.

Exergames have the potential to promote and increase physical activity but the jury is still out on physiological benefits of exergaming and its potential in a physical education setting. Researchers have noted these exergames cannot replace the energy expenditure or heart rate changes that occur when physically playing the actual game (Biddiss & Irwin, 2010). For example, playing a game of tennis requires more energy expenditure than playing Wii tennis. In addition, most of the game consoles can accommodate four players/users at a time. However, physical education classes can have 24 or more students per class. Having four students play an exergame while the other twenty students wait to participate is inappropriate when the goal of the exergame is to promote physical activity.

Due to the feasibility and cost to purchase the game consoles for physical education classes, exergaming may be better suited for implementation during before or after-school programs, when student numbers are lower and each student has an opportunity to play the games with limited waiting. However, with new adaptations to exergames, such as body motions that appear on the screen as found with the XBOX Kinetic and the ability to have groups of players playing at one time, the potential for increasing children and adolescent physical activity could be right around the corner.

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President Elect Message *continued from page 2*

classroom as well as helping to develop programs based on your experience and expertise. You may want to consider becoming a section officer in the division. The board and I will support you and give every opportunity to share, lead and grow with in our association and beyond.

As your President Elect, I have been busy keeping up with legislation issues, attending VAHPERD meeting and working on building bridges with other organizations. I believe organizations like the Virginia Education Association and Virginia Athletic Trainers' Association can be strong allies for our group.

I will be representing VAHPERD and serving as the SDAAHPERD Vice President of Sport and Leisure at the Southern District conference in Greensboro, NC in February. I will continue to represent teachers by actively participating with the National Education Association. During the summer I will be attending the NEA Convention in Chicago. I will also be sitting on the committee to revise the National Board Standards for Physical Education.

While serving in these leadership positions, I will always strive to bring back information as well as collaboration and partnerships for our organization. It is important to build quality programs and to offer you the opportunity to take part in quality programs that will enhance and promote excellence in your district and your school.

I wish you continued success throughout the remainder of the school year.

Charlotte Kelso

Concussion Management in Athletics

April Moore, MS, ATC, Radford University

W. L. Cody DuBose, Student, Radford University

Abstract

The aim of this paper is to combine recent findings in the research of sports concussions and transmit that information to coaches, parents and athletes. Specifically, the contents will contain an easy to understand educational tool that will give insight into some topics of concern for athletics related head trauma. Concussion pathway will be described to include; recognition, outcomes, recovery and prevention. For this information to be most effective it should be accompanied by concussion assessment for use during game or practice situations where a concussion is suspected.

What is a concussion?

Concussions are traumatic brain injuries caused by direct or indirect force to the head causing the brain to be jarred within the skull. This brain trauma is marked by a change in mental status or other symptoms such as headache or dizziness. (McCrorry et al. 2005)

Sports concussions

Sport-related concussion is a common injury in children and adolescents. Athletes seldom report concussive symptoms, which makes the diagnosis a challenge. The management of sport-related concussion has changed significantly over the last several years. Sports are second only to motor vehicle crashes as the leading cause of traumatic **brain injury** among people aged 15 to 24 years. (Gessel, Fields, Collins, Dick & Comstock, 2007)

Signs and symptoms

- Headache, head pressure
- Vacant stare
- Confusion
- Dazed or delayed behavior
- Slurred or incoherent speech
- Clumsy movement or stumbling
- Any loss of consciousness
- Memory deficit- cannot remember how they were injured, in ability to recall date, time, name or location.
- Nausea or vomiting
- Sensitivity to light
- Sensitivity to noise
- Blurry or double vision

Devastating results

Dementia pugilistica:

A neurologic disorder related to multiple brain injuries, specifically, sub-concussive blows to the head. It is associated with declines in mental and physical abilities such as dementia and Parkinson's. These conditions are chronic and degenerative. (Bazarian, Cernak, Noble-Haeusslein, Potolicchio & Temkin, 2009)

Second-impact syndrome:

This occurs when an athlete who has sustained an initial head

injury sustains a second head injury before the symptoms associated with the first have fully cleared. Second-impact syndrome results in cerebral vascular congestion, which often can progress to diffuse cerebral swelling and death. (Cantu, 1996)

Post concussion syndrome:

Defined as three months' duration of three or more of the following symptoms: fatigue; disordered sleep; headache; vertigo or dizziness; irritability or aggressiveness; anxiety or depression; personality changes; and/or apathy. Younger patients often demonstrate significant decline in school performance. Neuropsychological testing usually demonstrates difficulty in attention or memory. (Jotwani & Harmon, 2010)

Prolonged cerebral edema:

The bleeding in the brain that takes a longer period of time to heal in youth brain injury than in adults. Significance of head injury in youth may be greater both cognitively as well as structurally because the brain is still developing and growing. (Aloi & Rempe, 2008)

Returning to play, never the same day

The grading and guidelines for concussions that have been used in the past have been abandoned in favor of concussions being managed on an individual basis by means of multiple assessment resources. (McCrorry et al. 2005)

An athlete who shows any signs of concussion should be medically evaluated onsite using standard emergency management principles. If no healthcare provider is available, the player should be safely removed from practice or play and urgent referral to a physician arranged. Once the first aid issues are addressed, then an assessment of the concussive injury should be made using the SCAT2 (attached) or other similar tool. The player should not be left alone following the injury and continuous monitoring for deterioration is essential.

A player with diagnosed concussion should NOT be allowed to return to play on the day of injury. (McCrorry et al. 2009) The majority (80–90%) of concussions resolve in a short (7–10 day) period, although the recovery time frame may be longer in children and adolescents. Therefore, the injured athlete should not be allowed to participate until symptom free for at least seven days without the use of drugs. (McCrorry et al. 2005)

Recovery steps

1. No activity -complete physical and cognitive rest Recovery
2. Light aerobic exercise- walking, swimming or stationary cycling keeping intensity of 70% maximum predicted heart rate, no resistance training (weight lifting).
3. Sport-specific exercise- Running drills, no head impact activities
4. Non-contact training drills- progression to more complex training drills (may start light progressive resistance training)

5. Full contact practice- following medical clearance participate in normal training activities
6. Return to play- normal game play

Graduated recovery process:

The athlete should continue to proceed to the next level if asymptomatic at the current level. Generally each step should take 24 hours so that an athlete would take approximately one week to proceed through the full rehabilitation once they are asymptomatic at rest and during exercise. If any post concussion symptoms occur while in the stepwise program, the patient should drop back to the previous asymptomatic level and try to progress again after a further 24-hour period of rest has passed. (McCrorry et al. 2009)

Cognitive rest

Athletes with concussion often have difficulty attending school and focusing on schoolwork, taking tests, and trying to keep up with assignments, especially in math, science, and foreign-language classes. Reading, even for leisure, commonly worsens symptoms. Nearly all cognitive tasks have the same effect on prolonging concussion symptoms and slowing recovery as does physical exertion. Consequently, the management of even these minor head injuries has changed dramatically. Restricting mental exertion (no video games, no texting, limited school work and homework) and physical exertion until asymptomatic and then gradually increasing each day. (Halstead & Walter, 2010)

Prevention measures

- Proper fitting, up to date equipment, following the National Operation Committee on Standards for Athletic Equipment.
- Proper use of a mouth guard to absorb and deflect shock of impact reducing concussion incidence
- Proper coaching of technique to reduce head to head collisions
- Educating athletes, coaches and parents
- Rule changes to enhance safety for the athlete

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President's Message *continued from page 2*

challenge every member to get just one person to join our organization. As I have stated in previous emails to our membership, there is strength in numbers. Secondly, I challenge every member to get just one person to attend the convention who has never attended before. I think our rookie convention attendees will move to veterans in the coming years. These two things are the key to a strong organization. It is only through advocacy and education that we stay at the forefront in our fields. Help VAHPERD to make this truly "The Best of Times" this November in Reston by being involved.

Cetan A. Tameris
VAHPERD President

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Upbeat music and the laughter of students greeted visitors as they approached the school gym. As they got nearer a low whirring noise could be heard like waves of race cars on a speedway. Inside the gym were dozens of students with smiling faces cruising round and round the gym, reveling on skates.

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RECOVERY STEPS

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Graduated recovery process-The athlete should continue to proceed to the next level if asymptomatic at the current level. Generally each step should take 24 hours so that an athlete would take approximately one week to proceed through the full rehabilitation once they are asymptomatic at rest and during exercise. If any post concussion symptoms occur while in the stepwise program, the patient should drop back to the previous asymptomatic level and try to progress again after a further 24-hour period of rest has passed. (*International Conference on Concussion in Sport, 2008*)

COGNITIVE REST

Athletes with concussion often have difficulty attending school and focusing on schoolwork, taking tests, and trying to keep up with assignments, especially in math, science, and foreign-language classes. Reading, even for leisure, commonly worsens symptoms. (*Halstead, 2010*)

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CONCUSSION MANAGEMENT



INSIDE:

- *Definition*
- *Symptoms*
- *Outcomes*
- *Return to play*
- *Recovery*
- *Prevention*

PREVENTION MEASURES

- Proper fitting, up to date equipment, following the National Operation Committee on Standards for Athletic Equipment.
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- Educating athletes, coaches and parents
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WHAT IS A CONCUSSION?

Concussions are traumatic brain injuries caused by direct or indirect force to the head causing the brain to be jarred within the skull. This brain trauma is marked by a change in mental status or other symptoms such as headache or dizziness.

SPORTS CONCUSSIONS

Sport-related concussion is a common injury in children and adolescents. Athletes seldom report concussive symptoms, which makes the diagnosis a challenge. The management of sport-related concussion has changed significantly over the last several years. (*Pediatrics, 2009*)

Concussions account for 10% of all high school injuries... even mild brain injuries can be catastrophic or fatal. (*Langston, 2010*)

SIGNS AND SYMPTOMS

- Headache, head pressure
- Vacant stare
- Confusion
- Dazed or delayed behavior
- Slurred or incoherent speech
- Clumsy movement or stumbling
- Any loss of consciousness
- Memory deficit- cannot remember how they were injured, inability to recall date, time, name or location.
- Nausea or vomiting
- Sensitivity to light
- Sensitivity to noise
- Blurry or double vision

DEVASTATING RESULTS

Dementia pugilistica-

A neurologic disorder related to multiple brain injuries. It is associated with declines in mental and physical abilities such as dementia and Parkinson's. These conditions are chronic and degenerative. (*Bazarian, 2009*)

Second-impact syndrome- Occurs when an athlete who has sustained an initial head injury sustains a second head injury before the symptoms associated with the first have fully cleared. Second-impact syndrome results in cerebral vascular congestion, which often can progress to diffuse cerebral swelling and death. (*Cantu, 1995*)

Post concussion syndrome-

Is 3 months' duration of 3 or more of the following symptoms: fatigue; disordered sleep; headache; vertigo or dizziness; irritability or aggressiveness; anxiety or depression; personality changes; and/or apathy. Younger patients often demonstrate significant decline in school performance. Neuropsychological testing usually demonstrates difficulty in attention or memory. (*Lotwani, 2010*)

Prolonged cerebral edema-

The bleeding in the brain that takes a longer period of time to heal in youth brain injury than in adults. Significance of head injury in youth may be greater both cognitively as well as structurally because the brain is still developing and growing. (*Aloi, 2008*)

RETURNING TO PLAY

The grading and guidelines for concussions that have been used in the past have been abandoned in favor of concussions being managed on an individual basis by means of multiple assessment resources. (*Meehan, 2009*)

NEVER RETURN THE SAME DAY

An athlete who shows any signs of concussion should be medically evaluated onsite using standard emergency management principles.

If no healthcare provider is available, the player should be safely removed from practice or play and urgent referral to a physician arranged.

Once the first aid issues are addressed, then an assessment of the concussive injury should be made using the SCAT2 (attached) or other similar tool.

The player should not be left alone following the injury and serial monitoring for deterioration is essential.

A player with diagnosed concussion should NOT be allowed to return to play on the day of injury. (*McCroary, 2008*)

SYMPTOM FREE FOR AT LEAST 7 DAYS, WITHOUT THE AID OF DRUGS

The majority (80–90%) of concussions resolve in a short (7–10 day) period, although the recovery time frame may be longer in children and adolescents. (*McCroary, 2005*)

Working with Students with English as a Second Language in Physical Education

Matthew D. Lucas, Ed.D., C.A.P.E., Longwood University

Introduction

ESL is an acronym that is used primarily in educational settings and stands for *English as a Second Language*. ESL programs are designed to assist students in communicating effectively in English, both in and out of school. ESL programs can also be described as an educational approach in which English language learners are instructed in the use of the English language (LD Online, 2010). Education laws in the United States require schools to provide ESL instruction to any and all enrolled students whose primary language is not English (US Department of Education, 2010). As with all students, the participation of a student who is learning ESL in physical education can often be challenging and rewarding for the student and physical education teacher. This paper will address common characteristics of ESL students and present basic solutions to improve the education of these students in the physical education setting. Initially a discussion of the prevalence of ESL, and general characteristics and educational implications of ESL in the classroom will be pursued. This will be followed by a discussion of examples of possible challenges and solutions to working with children with ESL in the physical education setting and lastly modifications for a specific physical education activity for a student whose primary language is not English.

Prevalence of ESL

The number of students in the United States who are studying ESL is approximately four million. This number is roughly one out of every ten students in public schools (Numberof.net, 2010). Virginia has about 90,000 ESL students (Virginia Department of Education, 2009). Since Virginia Public Schools have roughly 1,200,000 students (LocalSchoolsDirectory.com, 2010), statistically one in every thirteen public school students receives ESL services. Taking this one step further, if an elementary class has 26 students, statistically two of the students receive ESL services. It should be noted that these numbers do vary greatly according to the county/region of Virginia.

General Characteristics/General Educational Implications of ESL in the Classroom

Although instruction in physical education does differ from that in the classroom, it is important to first discuss the characteristics and educational implications of ESL in the classroom before discussing the more specific area of physical education. The effects of ESL in physical education can then be better understood. One should note the fact that ESL students may exhibit few or many of these items that are often present in the classroom. According to ESL Advisory Services (2002), these items are broken into the following categories: 1) Language Skills, 2) Academic Functions, 3) Social Abilities/Affective Factors, 4) Cognitive Abilities, 5) Sensory Functioning, and 6) Motor Skills.

Language Skills

- Student's first language is appropriate for age level.

- Student's nonverbal communications skills (such as eye contact, response to speaker, clarification or response, turn taking, etc.) are appropriate for age level.
- Student may not know specific vocabulary for the second language, but be familiar with item or concept.
- Student may demonstrate a loss of receptive and expressive language skills in first language when exposed to second language.

Academic Functions

- Student often exhibits normal language potential in terms of academics.
- Student's apparent academic problems are due to culturally determined life style or lack of schooling in home country.

Social Abilities/ Affective Factors

- Student often demonstrates appropriate social skills for home country. Student may have some social problems due to lack of familiarity with American customs, language, and expected behaviors.
- Student may experience social isolation. Student may tend to interact more with pupils from own cultural group.

Cognitive Abilities

- Student's cognitive abilities are usually similar to peers.
- Student usually scores better on nonverbal sections of cognitive tests and scores on the verbal portion of the tests increase over the years.

Sensory Functioning

- Student may exhibit periodic "overload" response such as "gazing off" what is heard for short periods of time during an initial adjustment to a new setting.

Motor skills

- Student usually displays age-appropriate motor skills (ESL Advisory Services, 2002).

Possible Challenges/Solutions to Working with ESL Students In Physical Education

The environment of a physical education class is different than that of a classroom, and although all challenges to working with ESL students may exist, a variety of special challenges may be prevalent to the physical education teacher.

The following chart notes possible characteristics or challenges associated with ESL children and possible solutions to these items for physical education teachers. It is important to remember that not all of these characteristics are present in all ESL children and not all of these solutions will be successful when working with all children with ESL in the physical education setting. They do, however, represent a solid foundation. It should be noted that the previously-mentioned "cognitive abilities" section of characteristics is not addressed as they are typically similar to peers whose

first language is English. Before noting these possible solutions it should be stressed that the desired physical education environment is typically cooperative, as opposed to competitive, and some solutions may work with more than one characteristic.

it a point to provide constant encouragement to all students and praise effort, not simply success. This is especially true for the ESL student.

It is important to remember the student activity to be performed

ESL Characteristics	Possible Solutions in the Physical Education Setting
<p>Language Skills</p> <ul style="list-style-type: none"> • Student’s first language is appropriate for age level (ESL Advisory Services, 2002). • Student’s nonverbal communications skills (such as eye contact, response to speaker, clarification or response, turn taking, etc.) are appropriate for age level (ESL Advisory Services, 2002). • Student may not know specific vocabulary for the second language, but be familiar with item or concept (ESL Advisory Services, 2002). • Student may demonstrate a loss of receptive and expressive language skills in first language when exposed to second language (ESL Advisory Services, 2002). 	<ul style="list-style-type: none"> ▪ Instruct the student in small groups, within his/her class, when possible, to lessen distractions (LaVergne Middle School, 2010). ▪ Instruct the student in a position that naturally has fewer distractions. This simply means in ideal locations within the gym such as in an area facing fewer distractions such as other students. ▪ Utilize physical demonstrations to “overcome” the language barrier such as demonstrating desired activities during explanation (LaVergne Middle School, 2010). ▪ Allow the student to express key concepts in his/her own words as well as repeat instructions in English.
<p>Academic Functions</p> <ul style="list-style-type: none"> • Student often exhibits normal language potential (ESL Advisory Services, 2002). • Student’s apparent problems are often due to culturally determined life style or lack of schooling in home country (ESL Advisory Services, 2002). 	<ul style="list-style-type: none"> • Incorporate activities that may be from student’s background – allow them to feel comfortable with activity – allow them to model/demonstrate activities (LaVergne Middle School, 2010).. • Provide manipulatives to the student that help express the concepts (LaVergne Middle School, 2010). • Allow the student to physically demonstrate key concepts (LaVergne Middle School, 2010).

should be one in which the ESL student – like all other students – will be able to gain an appropriate level of success, and subsequently comfort. This should influence the positioning of the marked spots from which the students will shoot the ball. Before the ESL student begins the activity, the teacher should have the student demonstrate the activity, to ensure he/she has understood the directions and exhibits some success. The teacher should also have the student articulate the activity in his/her natural language, even if this is not understood by the teacher or other students, to ensure comfort. This should be done with the student in a small group, facing away from the majority of students, so as to avoid possible distractions.

Next, the teacher should encourage the student to also express the key concepts of the main portion of the activity in English. Again, this should be done with the student in a small group, as opposed to alone, to avoid singling-out of the student. Utilizing a small group for these activities should also help to limit an “overload”

Methods of Teaching a Student Whose Primary Language is

Not English in a Basketball-Related Activity

For the purpose of discussion of including an ESL student in a physical education activity, the class is participating in a simple basketball activity in which students are divided into groups of approximately five, each group at its own basket. The students in the groups will be shooting, one student at a time, from marked spots on the floor. The other four group members are to obtain the rebound, pass to each other, and back to the shooter. Each shooter will shoot for one minute before rotating to another student. The skills that will be practiced are shooting, catching, rebounding, and passing.

To appropriately include an ESL student in the activity the following modifications should be made. Before beginning the activity, the teacher should choose the groups so no one is “left-out” or “picked last”, including the ESL student. The groups should also be evenly divided with groups kept to a small size – as noted before the more active learning time, the better. Next, the teacher should model the correct procedure, including behavior, during a demonstration of the class activity. The teacher should also make

response such as gazing off. It may also be appropriate to have a few other students also demonstrate the activity and express the key concepts so as to not single-out one student. In addition, the possibility of social isolation can be addressed through other steps. One can be by placing the student in a group with a student who can speak both the first language of the student and English. Another method to address the possibility of social isolationism can be to guarantee all students cheer or give “high fives” to all shooters, including the student in question. It should also be remembered to place the student in a group with individuals who demonstrate the appropriate behavior as actions will speak louder than words. Lastly, one should note these instructional methods are indicative of quality teaching for all students.

Conclusion

The participation of an ESL student in physical education can often be challenging and rewarding for both the student and physical education teacher. The rewards for the student can include having him/her safely and successfully participate in an instructionally-sound physical education program that is appropriately modified. This paper has hopefully addressed some basic

concerns and solutions to improve the education of ESL students in the physical education setting.

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Past President Message *continued from page 2*

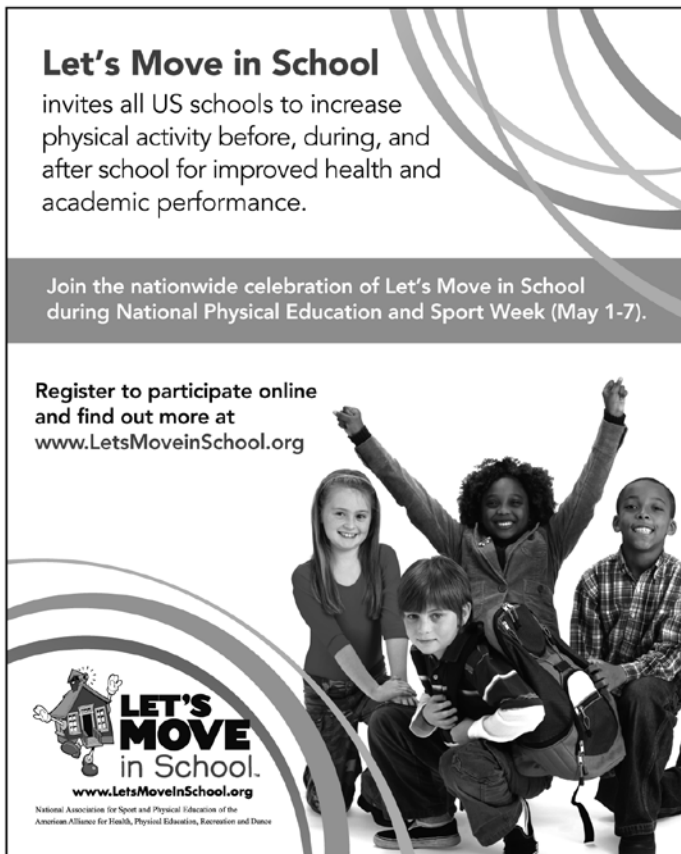
Programs). Please continue to encourage our school leaders to ask for these programs during in-service days and throughout the year. And... Speaking of our school leaders ... a special THANK YOU to Vanessa Wigand and the City/County Supervisors for the great working relationship with VAHPERD and our teachers. Please continue this special working relationship.

I am also so proud of the Walk4Life/VAHPERD grant that encouraged teachers to submit “best practices” using pedometers in the classroom. Thanks to Eric Carver at Walk4Life and the “grant committee” for selecting Cindy Ferek and Amy Wheeler to “present” their VAHPERD award winning grant at AAHPERD. Their video, lesson plans, and other educational “helpful hints” will be on the VAHPERD website. Walk4Life awarded \$2,000.00 for the winners and made Walk4Life pedometers available for VAHPERD members at a reduced cost. Thanks Eric! I would also like to THANK Henry Castelvechi for all of his hard work to make our VAHPERD website so user friendly and informative. Henry has also done a great job as our Executive Director. VAHPERD is so fortunate to have so many leaders on the BOARD and in the general membership. We need all of you to continue to make VAHPERD a great educational organization for our members. VAHPERD has another great opportunity to sponsor the Bike Smart! VA programs. The VAHPERD Board is working with Bike Walk VA and DMV to change the grant process from Bike Walk VA to VAHPERD. This will enable more VAHPERD teachers to participate in the training and leadership. This grant will enable VAHPERD to reach more of our members. A “win-win” for everyone.

Special THANKS to Mark Arrington for taking photos at the General Sessions and workshops during the VAHPERD convention. Henry will post these on the website.

Special THANKS to Judy Johnson, our VAHPERD convention manager for all of her hard work. There are so many VAHPERD “friends” to THANK.... please know that I appreciate all of you and THANK YOU for making my VAHPERD experience the best!

Sincerely,
Vicki



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The graphic features a group of diverse children of various ethnicities and ages, some with their arms raised in excitement. The background includes stylized, overlapping circular lines in shades of gray.

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SoftChalk™ Pros and Cons

Cindy Schendel, Ed.D., Shenandoah University

Abstract

This article is a quick overview of a software lesson plan program called *SoftChalk*. It discusses why technology should be used in Health and Physical Education, how technology can allow success for each student, and how the technology addiction can be used to the teacher's advantage. Both the positive and negative aspects of this software program are covered with a final recommendation of purchasing this software if the school or district can afford it.

For those of us struggling to gain and keep the attention of our learners there is an excellent and easy to use tool to add to a school's toolbox. The tool being recommended is called *SoftChalk*™ (www.softchalk.com). Their slogan is, "If it's not easy. It's not *SoftChalk*." and those of us who have used this software program are in complete agreement. *SoftChalk* helps one create interactive lessons that can be used in all areas including physical education and health. This article will give a quick summary of some of the benefits and also some of challenges of *SoftChalk*. But first, why add any more software technology?

Most would agree that technology grabs the learner's attention. Our students use some form of technology—a smart phone, video games, a video recorder, a personal auditory device (MP3), on a regular basis. It is time for us to take advantage of this addiction and incorporate it into our teaching. As we assign homework (yes, homework in physical education) that incorporates technology, we can reinforce topics covered in class and also increase teacher productivity (Mohsen, 2010; Chase, Vealey, Galli, Evers, Klug, & Reichert, 2007). Teacher productivity improves because we can address thoroughly all of the domains for which we are responsible—psychomotor, cognitive, and affective.

Technology allows the learner to be self-directed (Nye, 2008). By allowing the student a choice of topics one increases the student's perception of control and increases motivation to continue to learn (Molhsen, 2010). Assigning homework that allows the learner to explore, practice, play games (word games, matching activities), view pictures or videos related to a chosen topic, can only help students learn. Gardner's Multiple Intelligences theory stresses that "teachers should fashion teaching and learning so that *all* students have the chance to learn and to demonstrate what they have learned" (Gardner, 2000, p. 32). Technology and software, like *SoftChalk*, allow students to use many intelligences and have fun as they explore content designed to meet our health and physical education professional standards (state and national). Technology has the capability to differentiate instruction to engage each student and make us more effective teachers. It is a win-win—the student learns while having fun and the software is very easy to learn and use.

What exactly is *SoftChalk*? It is a web based software program that formats a lesson. It contains links to pictures, videos, quizzes, and fun activities for the student. Once one has created a lesson it can be viewed in various Learning Management Systems (LMS) like Blackboard or Moodle or one can use it in the classroom like a PowerPoint. A school that has a server can easily upload

a lesson to the web. The *SoftChalk* User Guide is excellent and provides screen shots to help guide one through the process from getting started to publishing the final lesson. *SoftChalk* contains five main sections: Media Search, Library, QuizPoppers, Quiz Groups, and Activities.

Media Search is absolutely a favorite tool for those who have used this software. It provides the teacher with options like: choose pictures or videos, link to a web page, obtain pictures from sources like Flickr, information from MERLOT (Multimedia Educational Resource for Learning and Online Teaching), and even adding YouTube clips. Content can be typed in but since most students seem to prefer to watch a video as opposed to reading tons of content on a page a combination appears to be the best choice. Once media is located to include in a lesson, simply import it directly into the lesson or place it in the Library.

The Library is the second section where video clips, pictures that have already been cropped, and activities or quizzes previously created are stored. Once these are in the library they can be used again with or without modifications. Files created can be stored in the library for future use or for sharing with colleagues.

TextPoppers (highlight the word for the student and provide a definition or pronunciation), QuizPoppers (short quizzes), and Quiz Groups (more than one question) are also available sections. Quizzes (short and group) can be inserted anywhere in the lesson and the scores can be tracked using *ScoreTracker*. Once the students take the quiz the results can be emailed to you. The instructor just needs to sign-up for *SoftChalk*'s Scoretracking, which only takes a few minutes, then voilà—student scores arrive via email.

The last section is Activities. There are many fun activities to choose from that can sharpen student skills. There are crossword puzzles, charts, jigsaw puzzles, word seek, flashcards, labeling, and DragNDrop, to name a few. I used most of these and enjoy the sound effects included in the software when a student makes a correct or incorrect choice. Labeling muscles, bones, exercises are all super possibilities for physical educators. In a lesson on the obesity epidemic students were asked to label the states where obesity rates were the highest. This could be considered interdisciplinary since the students had to know geography to label them correctly.

What are the negatives of this software program? Some may be familiar with the acronym WYSIWYG—which stands for "What You See Is What You Get". As lessons are created, an extra step is required. One must go to "View in Browser" to see what has been created. This provides a preview of what the student will see when viewing the lesson. As content is created the background or banners or anything other than the words being typed are not seen by the instructor. It takes two clicks to view what has been created. The first click is to remind you to save what you have created (a good thing), and the second click opens the file in the viewing format.

The second and only other negative I can think of is that *SoftChalk* isn't free. The cost for educators is \$595 which is a bargain compared to the retail price of \$1050. This price includes the built

in lesson formatting, the media search, the library, the quiz maker, ability to share the lesson via CD or posting in Blackboard or an equivalent system, the interactive activities, and most important access to their support systems. There are plenty of other programs (Powerpoint, Mac Keynote, Teacher Planet) that are available to help create and format lessons. A newer program, Verizon Foundation's *Thinkfinity* (<http://community.thinkfinity.org>) is also a hot item right now and would be a dynamite combination with *SoftChalk*.

Overall, this software is worthwhile so if the school or district is considering submitting for grant money this should be on the short list. Version 6 has some cool additions – they added the ability to insert widgets like polls and surveys. Polling is very popular right now and some may be using clickers in classes already. Polling appears to be a great way to immediately find out what the students know and what needs to be re-taught.

My students have provided informal feedback on *SoftChalk* and their main issue was don't make the lesson too long! They enjoyed the word games and many of the videos but were turned off when sent to read articles.

Sharing is a huge plus with *SoftChalk*. There are sample lessons posted and available for anyone to look at and even link to if one would like. Health and physical education do not have much available online right now. Instead of seeing this as a drawback I would like to send this out as a challenge to everyone. Let's

get some lessons posted and share with colleagues. We even have coaches on campus using *SoftChalk* who download film and have the players compare film clips of the game with highly skilled teams performing the same offense or defense. I highly recommend *SoftChalk* as a tool to be added to anyone's toolbox.

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Guidelines for Manuscript Submission - (Revised Spring 2010)

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 and fall issues are January 15th and July 15th respectively. Manuscripts should be sent to Dr. Michael Moore, TVJ editor, by email in an attached WORD document. Each e-mail attachment should not be greater than 4 MB. In submitting a manuscript, the author affirms that it has not been published or accepted for publication elsewhere, unless otherwise stated in writing.

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Manuscripts follow the form of the Publication Manual of the American Psychological Association and must be typed on 8 ½ 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.

Any research involving human subjects must have Institutional Review Board (IRB) approval before a review can take place. A PDF copy of the letter must be submitted with each manuscript. If IRB approval was not granted and TVJ editor doesn't have a copy of the approval letter, the manuscript will not be published. Please check with your institution or school for IRB details.

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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.

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Illustrations

Illustrations such as pictures, graphs, and drawings are valuable additions to manuscripts. Please send these embedded within your manuscript.

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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, the manuscript is poorly written or if human subjects were used in your research and IRB approval was not obtained and provided to TVJ Editor. 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.

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After the editor has compiled the journal issue, it is sent to the printers. *VAHPERD's executive director, president and presidentelect 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.



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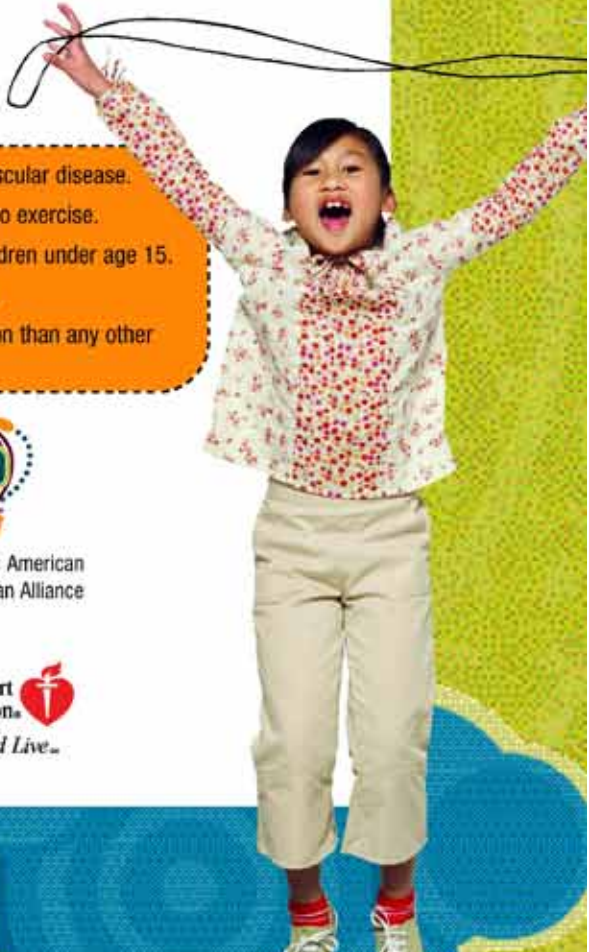
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- Obesity among our nation's youth has tripled in the last 15 years.
- American children ages 2-17 spend more time watching television than any other activity except sleeping.



Jump Rope For Heart and Hoops For Heart benefit the American Heart Association and are co-sponsored by the American Alliance for Health, Physical Education, Recreation and Dance.



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