The Virginia Journal

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

SPRING 2014 Vol. 35, No. 1

"Radford University 2014 PEAK" Photo taken by Dr. Anna Devito, RU

VAHPERD Members,

It is my pleasure to serve as the editor of The Virginia Journal (TVJ) and Communicator. Enclosed you will find the Spring 2014 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 2014 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, 2014 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

VAHPERD Priorities

Member Services
Communication
Marketing and Promotion
Education

Visit VAHPERD's Web Site

www.vahperd.org

Learn About:

VAHPERD	Membership
Leadership	Publications
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Cover picture was created by Sarah Gayle Ballagh, a student in Dr. Kathleen Poole's Consumer Health class at Radford University as a way to increase awareness of the dangers of texting and driving.

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President's Message

Regina Kirk

Happy New Year! It has been a great transition of leadership in your professional organization. The Representative Assembly elected the President-Elect, Fred Milbert, and a truly talented group of Division Vice Presidents. The Division Meetings were also successful in electing new Section Chairs. I look forward to working closely with Past President Rodney Gaines, the Board of Directors and the Section Chairs as we continue to move forward together.

Some of the highlights from President Gaines leadership include approving the By-Law revisions by the Representative Assembly, changing the voting for President and VP positions from the Representative Assembly to Active Professionals, Retired, Life, Complimentary, Association, and Student Representative Members voting; approving the hiring of a Treasurer/Bookkeeper, and recommending the hiring of a Lobbyist to advocate for Health and Physical Education. I am pleased to continue to lead these initiatives.

In December, VAHPERD secured the services of B2L Consulting LLC to work on the behalf of VAHPERD with the General Assembly proposed bills. Becky Bowers-Lanier, of B2L Consulting LLC, has been working hard since to keep us informed of the House and Senate bills that effect Health and Physical Education. I have asked President-Elect Milbert to be the point person on any issues that we, as professionals, need to comment upon. You should have received information about any bills that need your action.

The Board of Directors met at a special GoTo Meeting in January and approved the Treasure/Bookkeeper Operating Code. An Ad-Hoc Search Committee is currently drafting the job application which will be posted to the membership by February 15th. If you know someone with budgeting skills that might be interested in this position, please forward the job posting to them. Thanks to Chad Triolet, Bill Deck, Duke Conrad, and Fred Milbert for all their work on developing the Operating Code.

On January 25th, the VAHPERD Leadership Development Conference was held at VCU in Richmond. Participants included the Board of Directors and all Section Chairs. While it was a short conference, valuable information about the workings of VAHPERD were shared. I want to thank everyone for contributing to the success of this meeting. Their support and willingness to contribute to VAHPERD is greatly appreciated.

I hope each of your will consider becoming more involved in order to make VAHPERD truly your professional organization. Any member is eligible for committee appointment. President-Elect Milbert is looking for a *few fantastic people* to fill committee openings. If you are interested, I encourage you to contact him. Planning for the 2014 Convention is under way. The deadline for submitting Presentation Proposals is May 1, 2014. Keep checking the webpage for the online application.

Your support as a member is appreciated and valued. I hope you will contact me (kirkvahperd@gmail.com) any time you have a suggestion or concern. Your participation in VAHPERD makes the organization stronger.

Together we can move forward

President-Elect's Message

Fred Milbert

Happy 2014 To All,

First, I want to say thank you to the members of the VAHPERD Representative Assembly for supporting my bid to serve as President Elect for the membership of VAHPERD. I am very excited to serve the membership and strive to bring positive change and growth to our profession.

As I sat in my office the day after Christmas with a real chance to reflect, I started thinking about the New Year 2014, and how every New Year brings changes to everyone. Some designed, some unintended, some for the better and some for the worse. I already know that 2014 will bring a fair amount of changes to me personally and professionally. Changes in one's personal life occur every year. When they occur, we take action and perform the tasks necessary for these changes to have the best outcome possible for everyone impacted. We do this because we have to and it is the right thing to do. In our profession as educators, we have the ability to choose how we address changes. We can just let it happen around us and roll with it or we can use it to make our jobs more meaningful, realistic, and create better lives for all of the young people we impact.

The New Year, 2014, will begin with changes to VAHPERD and many challenges that will impact all of our Health and Physical educators whether they are VAHPERD members or not. I am calling for you to take action, seize the opportunities available and share your voice to impact your ability to influence the children we teach. I challenge you to accept the task to join VAHPERD in a renewed effort to ensure your profession is recognized as a significant contributor to the educational success of the students in Virginia.

Starting now, the leadership of VAHPERD has made some significant changes that will give you more opportunity to be engaged, share your voice, and elevate your profession and its core value to a new level.

Changes to VAHPERD that impact the members:

- Membership voting for the new Board of Directors; Vice President –elects for each Division and the President –elect;
- Assignment of a dedicated web master, improved website function and appearance for the VAHPERD website;
- Acquired new support and assistance that will support all of VAHPERD functions; Treasurer/Bookkeeper and a Lobbyist
- Addition of key resource individuals to help guide the direction of the Board of Directors;

In the weeks to come, we are asking you to take advantage of these changes to become engaged and better informed. With the opportunity to vote for Board members, you will influence the leadership to shape the professional development opportunities, budget decisions, and support that the membership needs. You will be able to guide decision making with your voice and ensure you are benefitting the most from the actions of the VAHPERD Board of Directors.

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Executive Director's Messsage

Henry Castelvecchi

Convention

I want to say thank you to the over 600 members that attended this past years convention at the Founder Inn and Spa in Virginia Beach. It was a huge success! We had over 100 sessions over the 3 days of the convention and we have received feedback from you on how to make the convention more successful in the future. The board is currently accepting presentation proposals for the 2014 convention. If you would like to submit a proposal, visit the website and click on 2014 conference proposals. President Regina Kirk is already lining up keynote speakers for the 2014 convention. I am excited about these speakers and know that you will leave the convention with more knowledgeable and better prepared to advocate for our profession.

In November 2015 we will not hold a state convention. Instead, we will be partnering with Southern District SHAPE America for a convention in Williamsburg. This is a great opportunity for our members to be a part of a district convention and see many great presenters from the 13 states that are members of the Southern District. Virginia has many wonderful state Teachers of the Year. But, did you know that many of these teachers have also won District and National Teacher of the Year Awards? This will be an opportunity for Virginia to showcase our teachers to the rest of the District. I hope you will consider attending this convention in February 2016.

Changes

This past year there have been some changes within VAHPERD. We have hired a lobbyist, hired a treasurer, and made changes in voting procedure for the Board of Directors.

In an effort to increase our visibility in Richmond we have hired a lobbyist. The lobbyist has been able to provide accurate and up to date information about bills that are being considered by the General Assembly. This has already given us the opportunity to inform you so you can contact your legislatures and voice your opinion. This is an important part of advocating for our profession. If you have not been receiving listserv emails, you may be missing important information concerning legislation. Make sure you are a part of the listserv! Contact me at info@vahperd.org to update and add you to the listserv.

The board has planned for a treasurer to be in place by the start of the new budget year in June. I will be working with this new person to assure a smooth transition.

The Representative Assembly has approved that the membership will now vote for the Board of Directors starting at the 2014 Convention. Please be on the lookout for more information about the voting procedure. Make sure to stay informed and vote!

Keep up to date with all things VAHPERD by visiting www.vahperd.org, following VAHPERD on Facebook (facebook.com/Vahperd), and following us on Twitter (twitter.com/Vahperd).

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Past President's Messsage

Dr. Rodney Gaines

I just want to take this opportunity to thank the VAHPERD membership for allowing me to serve as the 2013 President. As I reflect back over the last year, we accomplished all of the goals that we set forth. Because our leadership training was cancelled in April 2013, we had to combine both our LDC and our budget meeting. During that meeting we were able to approve our bylaws and updated constitution, and we were able to agree on a budget for the rest of the year. We had been working on updating our bylaws and constitution for some time, so that was a major accomplishment. Also, the board felt the need of adding a treasurer to the organization, and this was first approved by the board in April and later approved by the VAHPERD's representative assembly at the November State conference. We are excited about adding a treasurer to the organization, and feel that this will allow us to handle our growing membership and continue to manage the organization's funds in an efficient manner. Another wonderful accomplishment during the November convention is that the board approved hiring a lobbyist to help with great issues in education, and the representative assembly also agreed to add a lobbyist. Last, but not least, the VAHPERD Board of Directors earlier in the year voted to allow membership to choose the President and VP's of all divisions. This would be historic since the board of directors has always chosen the President-elect. At the state conference the representative assembly agreed that membership should vote in their president and VP's so this coming fall for the first time the membership of VAHPERD will elect its President-elect and vice-president elects for all divisions. This is definitely giving membership voting power and a stronger voice in the organization. At the convention we were able to hold a preconference strength and conditioning certification prep workshop, which we did in collaboration with the National Strength and Conditioning Association. At our opening session on Friday night, Dr. Janet Rankin, former President of ACSM, addressed the VAHPERD membership. We also heard from the current President Dr. Steve Fleck address the membership at the Saturday night awards ceremony, and we also had the current Miss Virginia 2013 Miss Desiree Williams speak to membership.

As we move closer to our convention in 2014, I challenge you all to get involved in VAHPERD by making presentations and serving on the board. We need new leadership to continue running our organization, and you are the future of VAHPERD. Again, I thank you for allowing me to serve as your President in 2013, and I am excited about the upcoming year. We are meeting the challenges of yesterday, today, and tomorrow. I wish you success in your personal and professional goals in 2014, and please stay connected to your VAHPERD chapter by getting involved and making scholarly presentations.

Problems & Possibilities: Smoking Prevalence & Cessation Efforts in Virginia

Beth McKinney, *PhD, MPH, CHES, Associate Professor of Health Promotion*
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School of Health Sciences & Human Performance, Lynchburg College

Introduction

According to the Centers for Disease Control & Prevention (CDC), cigarette smoking contributes to the top leading causes of death: heart disease, cancer, chronic obstructive pulmonary disease, and stroke (2013b), making tobacco use the leading cause of preventable disease and death in the U.S. (2011a). Despite such serious health consequences, 19.0% of adults in the U.S. currently smoke (CDC, 2013a). While cigarette smoking is prevalent throughout the U.S., there are specific factors that affect smoking prevalence within each state. For example, Virginia ranks 12th among states because 16.4% of adults in Virginia currently smoke (CDC, 2011d). Some of the specific factors that are related to smoking prevalence in Virginia include failing grades on the American Lung Association's State of Tobacco Control Report (2013a) as well as a large rural population that experiences poorer health status than those living in other regions of the state. In order to reduce the prevalence of smoking in Virginia it is important to determine what can be done to lessen the impact of these factors. The purpose of this paper is to describe the seriousness of as well as discuss current and future means of modifying each factor to reduce the prevalence of smoking in Virginia.

State of Tobacco Control Report for Virginia

The American Lung Association released its 11th annual State of Tobacco Control Report in 2013. This report monitored laws and policies in place since the beginning of January 2013 in order to determine how well tobacco use is being controlled at the state and federal level (American Lung Association, 2013d). According to this report, Virginia earned failing grades in all of the categories that were assessed: Tobacco Prevention Control & Spending, Smoke Free Air, Cigarette Excise Tax, and Cessation (American Lung Association, 2013b).

Tobacco Prevention Control & Spending

The Tobacco Prevention Control & Spending category indicates whether or not states are allocating adequate funds for aiding in tobacco prevention and reduction (American Lung Association, 2013c). A failing grade in this category is earned if states allocate funds for tobacco control programs in amounts less than 50% of the $103,200,000 that the CDC recommends (American Lung Association, 2013e). During the 2013 fiscal year, Virginia provided $11,279,257 for such programs, which is significantly less than the amount recommended by the CDC (American Lung Association, 2013b). Virginia's minimal allocation of funds is due in part to the fact that a portion of the money set aside for such programs has been used to cover non-tobacco-related budget deficits as well as to assist in efforts addressing other health issues, such as childhood obesity (Richmond Times-Dispatch, 2012).

Smoke Free Air

The Smoke Free Air category indicates the extent to which states keep their residents from being exposed to potentially lethal secondhand smoke (American Lung Association, 2013c). Virginia earned a failing grade in this category due to inadequate policies for the restriction of smoking. Virginia currently restricts smoking in a limited number of locations (i.e., health care facilities, restaurants, retail stores, and grocery stores), which means that smoking must be confined to certain designated areas within these locations. In addition, there are only two locations in Virginia where smoking is completely prohibited (i.e., public schools (K-12) and licensed childcare facilities), which means that smoking is not allowed within these locations at all (American Lung Association, 2012; American Lung Association, 2013b).

Cigarette Excise Tax

The Cigarette Excise Tax category compares such taxes among states. Virginia earned a failing grade in this category for having a cigarette excise tax less than $0.73 (American Lung Association, 2013c). More specifically, Virginia ranks 49th in the U.S. for having a cigarette excise tax of only $0.30 (American Lung Association, 2013b).

Cessation

The Cessation category measures the effectiveness of cessation efforts offered by each state (American Lung Association, 2013c). Virginia earned a failing grade in this category due to inadequate coverage in the following areas: Medicaid, State Employee Health Plans, Quit Lines (American Lung Association, 2013a). Quit lines are one of the three areas considered when grading states in this category because they are an economical and centralized way for states to offer referrals as well as actual services to all of their residents. Such centralized services are important given the fact that the availability of smoking cessation resources across the state is often inadequate (Riordan, 2012). Currently, Virginia's Medicaid Program only covers individual counseling and a couple of medications (e.g., Zyban and the Nicotine Replacement Therapy Patch) while State Employee Health Plans only cover phone counseling and certain medications (e.g., Zyban, Chantix, and Nicotine Replacement Therapy Patches, Gums, and Inhalers). In addition, Virginia only invests $0.42 per smoker in the state quit line, which is significantly less than the $10.53 recommended by the CDC (American Lung Association, 2013b).

Virginia's Rural Population

Approximately 65% of the counties and cities in Virginia are considered rural (Virginia Department of Health, 2011). The least healthy localities across the U.S. and in Virginia are mostly

rural (Council on Virginia's Future, 2013b), with populations that categorize their health as fair to poor more often than populations from other localities (U.S. Department of Health & Human Services, 2009).

Education, Income, & Poverty

This poor health status may be due to the fact that there are more issues related to health care in rural as opposed to other areas within the U.S. (Virginia Department of Health, 2011), including lower education and income levels, which lead to higher poverty levels (National Rural Health Association, n.d.). One way that such levels can detract from health is by having a significant impact on smoking rates (Council on Virginia's Future, 2013a). With regard to education level, 25.1% of people with less than a high school education smoke; 23.8% of high school graduates smoke; and 9.9% of people with undergraduate degrees smoke (CDC, 2011a). In terms of income, there is a higher percentage of smokers among those who earn less than $15,000 annually as compared to those who earn more than $50,000 annually, 35.8% and 13.7% respectively (Council on Virginia's Future, 2013a). Concerning poverty rate, 29% of people living below the poverty level smoke and 18% of people living above the poverty level smoke (CDC, 2011a). Lower education and income levels along with higher poverty levels can impact smoking rates through associations issues related to health care (University of Missouri, 2011).

Utilization of Health Care

Lacking an accurate understanding of what it means to be healthy, rural individuals often consider good health to be the ability to do work as opposed to being free of illness. Typically, they do not place much emphasis on the negative aspects of poor health, accepting health problems as an everyday part of life (Labuhn, Lewis & Koon, 1993). As such, these individuals are less likely to utilize health care services.

Cost of Health Care

While some rural individuals may be interested in receiving health care, they make up approximately 20% of the uninsured population in the U.S. (Health Resources & Services Administration, 2009). Without the assistance of private programs such as those provided by employers as well as public programs like Medicaid to help cover the cost of health care services (Stanford School of Medicine, 2013), those who lack coverage are less likely to receive appropriate health care (Blumenthal, 2007).

Lack of Qualified Health Care

Even rural individuals who can afford health care may not have adequate access to it because only 10% of physicians throughout the U.S work in rural areas (Stanford School of Medicine, 2013). In addition, health care providers in rural areas are often less qualified to assess the smoking habits of their patients as well as to provide their patients with smoking cessation assistance (Rayens, Hahn, & Hedgecock, 2008).

Recommendations for Reducing Smoking Prevalence in Virginia

Improving Virginia's Grade on the State of Tobacco Control Report

With regard to the American Lung Association's State of Tobacco Control Report, improved grades in all of the assessed categories could potentially reduce smoking prevalence in Virginia: Tobacco Prevention Control & Spending, Smoke Free Air, Cigarette Excise Tax, Cessation (American Lung Association, 2013b).

Tobacco prevention control & spending. The CDC recommends that states spend at least $103,200,000 on tobacco control programs. To meet the CDC recommendation and to improve its grade in this category, Virginia would need to increase the amount of money allocated for such programs from $11,279,257 to at least $103,200,000 (American Lung Association, 2013b). In order to do so, Virginia should find other sources of funding to cover non-tobacco-related budget deficits as well as to assist in efforts addressing other health issues (Richmond Times-Dispatch, 2012). If this can be accomplished then all of the money that was initially designated for tobacco prevention will be available to fund such programs.

Smoke free air. To prevent another failing grade in this category, Virginia would need to improve its policies for the restriction of smoking. This could be done by expanding the prohibition of smoking beyond public schools and licensed childcare facilities, to also include government workplaces, restaurants, bars, retail stores, and recreation/cultural facilities. It would also be beneficial for Virginia to begin enforcing restrictions and/or prohibitions for smoking in the private sector as well (e.g., private schools and private childcare facilities and private workplaces) (American Lung Association, 2013b).

Cigarette excise tax. In order for Virginia to receive a passing grade in this category the cigarette excise tax would need to increase from $0.30 to at least $0.73 (American Lung Association, 2013c). However, if Virginia desired to strive for an A in this category the cigarette excise tax would need to increase from $0.30 to at least $2.92 (American Lung Association, 2013b).

Cessation. To meet the CDC recommendation and to improve its grade in this category, Virginia would need to enhance its efforts to assist with smoking cessation by increasing the amount of medications and counseling covered by all Medicaid and State Employee plans. In addition, Virginia would need to increase the amount of funds it invests per smoker in the state quit line from $0.42 to at least $10.53 (American Lung Association, 2013b).

Improving Cessation-Related Health Care for Virginia's Rural Population

With regard to Virginia's rural population improvements can be made in the areas of utilization, cost, and availability of qualified health care in order to potentially reduce smoking prevalence in Virginia

Utilization of health care. In order for rural individuals to recognize the need to quit smoking and utilize health care resources to do so, health care providers can help them understand what a healthy lifestyle entails and why such a lifestyle is important (CDC, 2011b).

Cost of health care. Those who lack health care coverage, however, are less likely to receive appropriate health care services (Blumenthal, 2007). Therefore, it is important to provide more coverage by public or private resources so that rural individuals can better afford to access the health care services they need. Through the Affordable Care Act, the federal government plans to address this lack of coverage by changing eligibility requirements so that families of no more than four individuals living off of annual incomes of less than $29,000 can now receive Medicaid coverage (White House, n.d.a). In addition, the Affordable Care Act makes it more feasible for small businesses to offer health care coverage to their employees at an affordable rate by providing these businesses with tax credits for doing so (White House, n.d.b).

Lack of qualified health care. Due to the fact that only a small percentage of qualified health care providers choose to practice in rural areas (Rayens, Hahn, & Hedgecock, 2008; Stanford School of Medicine, 2013) it is important to provide adequate incentives, reimbursement, and funding to encourage them to work in these areas. It is also important to offer further training to better prepare these health care providers to meet the unique needs of those living in rural areas. Through the Affordable Care Act, the federal government plans to provide financial incentives to health care providers so that they are more inclined to work in rural areas. To further meet the needs of underserved populations, the Affordable Care Act has also provided additional funding for health care facilities to be established and staffed by trained health care providers in areas that currently have limited access to health care (White House, n.d.a). Since the prevalence of smoking is higher in such areas, it is even more important for health care providers to receive training specifically related to smoking. According to the Partnership for Prevention (2008), such training should teach health care providers how to utilize long-term and short-term treatment options that are proven to be effective when it comes to smoking, such as drug therapy and counseling.

Conclusion

As of 2010, 68.8% of smokers desired to quit, with 52.4% actually attempting to do so, and only 6.2% being successful (CDC, 2011c). Since a majority of smokers want to quit, the small percentage of smokers who were successful in their attempts indicates that the amount of resources available for effective smoking cessation is inadequate. While the Affordable Care Act has made some progress toward improving smoking cessation efforts, in order to reduce the prevalence of smoking additional support must be provided by state and federal governments as well as qualified health care providers. Implementing the recommendations outlined above gives Virginia the opportunity to improve its grade on the State of Tobacco Control Report as well as increase the availability of qualified health care resources to all Virginians, which will likely reduce the prevalence of smoking throughout the state. Doing so has the potential to improve health within the state of Virginia for smokers and non-smokers alike.

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President Elect *continued from page 2*

With the addition of key resource individuals, the members will be better informed about critical curriculum changes and legislation that impacts the physical educator's job. Members will have a better opportunity to understand how to acquire and make positive use of the resources that already exist.

With the additional support of a treasurer, VAHPERD can better serve the membership with financial guidance and budget oversight. The services of a lobbyist will meet two new goals for all VAHPERD members; one to inform and teach skills of local advocacy and the other to increase VAHPERD's visibility with strategic leaders across the state.

I am excited about the new opportunities ahead of me for 2014. I hope to make the most of the Southern District VAHPERD Conference and the Leadership Development Conferences to gain valuable insight to improve my ability to serve VAHPERD. I hope to find ways to engage the membership to help increase the resources available for all to benefit from and become valuable assets to students.

With all of this coming in the New Year, I am asking you to become more engaged as a member and encourage your fellow members to join and strengthen our efforts to support those who are currently active.

Follow these actions of the Board, learn about how to vote and who you are able to vote for, and stay in touch through our new website.

Thank you for this great opportunity and I look forward to a great 2014 with you.

Executive Director *continued from page 3*

Thank You

Lastly, thank you to all the Jump Rope and Hoops for Heart Coordinators. From the updates I have been receiving, we are on track to raise more money this year than last to help support the efforts to prevent heart disease and stroke. If you are not a coordinator, please consider this next year. Coordinators have a reduced fee for membership, opportunities to earn free membership for VAHPERD and SHAPE America, and opportunities for coordinator only grants.

Wellness Policies and Academics

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Introduction

School nutrition advocates, and health care organizations from across the country assert "that education and health are interdependent systems" and "healthy children are in a better position to acquire knowledge" since "no curriculum is brilliant enough to compensate for a hungry stomach or a distracted mind" (Symons, Cinelli, James, & Groff, 1997, p. 220). To this end, federal mandates were updated and policies were refined in order to insure positive student health practices, at least during the course of the school day.

In June 2004, the National School Lunch Act and the Child Nutrition Act of 1966 were amended to improve nutrition standards for child nutrition programs. The reauthorization was called the Child Nutrition and WIC (Women, Infants and Children) Reauthorization Act of 2004 (Public Law 108-265). In the School Nutrition Reauthorization Act of 2004, the federal government mandated that all school divisions participating in the National School Lunch program initiate a school wide wellness policy by school year 2006 (SNA, 2005).

Section 204 of Public Law 108 designates the Local Wellness Policy component of the Child Nutrition and WIC Reauthorization Act of 2004. This abbreviated section of the overall law encourages the local school division to establish "appropriate" programs that reinforce "nutrition education, physical activity, and other school-based activities" (Public Law 108-265). Based on this law, federal funding for state agencies would be directly tied to the programming and promotion of appropriate school nutrition programs in the local school division and these programs would be designated in a school wellness policy. This article includes nutrition guidelines as well as nutrition education programs and physical activity standards. The Commonwealth of Virginia includes, in Superintendent's memo #208-10, a five-year review process for program initiation and implementation practices that specify the evaluation of Virginia school nutrition programs in order to determine compliance with federal standards.

How do Virginia school divisions implement school wellness policies and what is the impact of these policies on student academic performance? As indicated in the research, most localities include wellness policies in their local policy manuals; and, under the guidelines of No Child Left Behind (NCLB) and most recently, the national Common Core Standards, a majority of school divisions have standardized procedures for testing academic progress, particularly in math, and reading. Virginia localities support the importance of school nutrition policies as mandated through the Reauthorization Act; and, most localities, though to a lesser degree, support the use of physical activity and/or physical education as an additional arena in which to improve student health. In addition, many educators would support the importance of both these concepts as a method to improve student academic performance; yet most, if not all, localities fail to use the local wellness policy as a template to solidify and support child nutrition, physical education, and activity as a prerequisite to improve academic performance in core curriculum subjects. This article seeks to introduce a topic of study that will be statistically investigated in future analysis of Virginia Standard of Learning Test scores and Virginia School Division wellness policies. Can the local wellness policy be an active template to improve student academic performance?

Purpose of the School Nutrition and Reauthorization Act 2004

The guiding premise of the local wellness policy is to improve the level of student health for our nation's students as well as provide students and parents needed tools for early intervention and prevention of disease. Most of the items presented in the Reauthorization Act highlight school breakfast and lunch programs, competitive sales and school vending. Physical education and activity comprise a smaller portion of the overall Reauthorization Policy. Yet, according to the Center for Disease Control, in 2010, Virginia had a 26% obesity rate in a nation where no state has a rate less than 20% (CDC, 2010). These statistics clearly indicate the need for nutritional standards as well as wellness programming in Virginia school systems. As part of state funding, localities also must have a wellness policy outlined in the local policy manual. Virginia encourages local school divisions to establish the local policy as it is described by the federal policy. This leaves the school divisions across the Commonwealth with a great amount of latitude in writing, promoting, financing and assessing the success of Virginia Wellness Policies. In reviewing local wellness policies, in many cases, goals and programs, when present, seem vague, or obviously under developed. If policies are ambiguous, then their intended strength is affected and implementation practices can be hindered.

The School Nutrition Association (SNA) has conducted a number of national studies on school wellness policies in order to evaluate wellness policy implementation practices for nutrition education and physical activity practices across the country. The development of nutrition guidelines is the most successfully initiated portion of the wellness policy. Often studies, such as those written by the SNA, produce viable information; yet, a significant limitation is the analysis of the policy through the role of the school nutrition director, rather than from the perspective of other key stakeholders. This limitation does not provide an inclusive view of school activities and physical education programs, and could potentially narrow the scope of information needed to evaluate good programming. According to federal guidelines, compliant policies include performance standards developed by key stakeholders, which include initiatives for both nutrition and physical activity.

In Virginia, only 34.1% of the 132 school divisions included diverse stakeholders on the wellness committee (Serrano, et al., 2007). Lyn, O'Meara, Hepburn and Potter (2011) suggests that stakeholder involvement appears to be a low priority since they are not often included in local wellness committees. According to the School Nutrition Association, School Nutrition Directors execute "78% of local wellness policies, teachers 78%, as well as principals 65%, other administrators 61% and school nurses 59%" (SNA, 2005). These statistics imply a high level of

administrative decision making. Studies also find assessments and policy wording vague (Castelli & Hillman, 2007) because there is a fear of loosing control over local autonomy or having higher levels of local and state accountability. In addition, most local wellness policies do not link improved academic performance directly to the local wellness policy, in spite of information available on the importance of nutrition and activity to student academic performance (GENyouth, 2013). Unless these areas are more succintly developed, local wellness policies will be too underdeveloped to truly assist young Virginians in becoming healthier, and better performing students.

Nutrition and Academic Performance

The enactment of The Child Nutrition and WIC Reauthorization Act of 2004 was a significant step in addressing the diverse needs of the nutrition and activity challenges of our nation today. School nutrition and activity programs provide a plan to help decrease the rate of obesity and improve student health by also increasing activity (Brener et al., 2011). As Falbe, Kenny, Henderson and Schwartz (2011) suggest, there is an increased need to promote activity and good nutrition early in life in order to give children the resources needed for healthy habits. The local wellness policy is designed to be that resource. In addition, it would be remiss to omit the significance of proper nutrition as a tool to improve student academic performance as we know healthy students miss less time from school (Symons et al, 1997). At the very least, more time in school is likely to improve student performance. Further research supports the use of improved student nutrition practices in local school food service programs (Reauthorization Act, 2004).

No research study reviewed denies the significance of school nutrition programs designed to address weight and obesity as confounding factors in student academic performance. In 2004, Datar, Sturm and Magnabosco, discuss the link between weight status and academic performance in which "significantly lower math and reading test scores" ((p. 58) were found in overweight students. Judge and Jahns (2007) supports this research by stating overweight third graders scored lower than their non-overweight third graders on standardized tests. The School Nutrition Association (2005), GENyouth (2013) (a partnership organization comprising the National Dairy Council, and the National Football League) and Satcher (2005) support the use of proper nutrition, particularly in school, as a significant supporting factor for improved student academic performance. The implementation of school breakfast programs is of particular importance (Wellness Impact Executive Summary, 2013), as it clearly aligns breakfast programs with higher standardized tests scores, particularly in reading and math. Symons et al. (1997) further describe research which "confirmed that students participating in school-based breakfast and lunch programs demonstrated increased school attendance, greater class participation, improved emotional behavior, and increased academic performance" (p. 224). Based on these studies, appropriate nutrition practices, as outlined by the Reauthorization Act and implemented in local policy, appear to contribute to not only student health, but also student success in school.

Physical Activity and Academic Performance

Roberts, Freed, and McCarthy (2010) present significant findings on the correlation of aerobic fitness and standardized test scores for fifth, seventh, and ninth graders. Their assessment compares reading test scores and improved mile run times and provides the reader information on how increased physical activity can improve cognitive functioning. Siegel's (2006) research analysis found that reading and math scores "improved significantly as the number of physical fitness tests achieved increased" (p. 9). Satcher (2005) cites research from the National Association for Sport and Physical Education (NASPE) that discusses improvement in math, reading, and writing test scores for those students having increased physical activity time during the school day. In addition, NASPE activity standards recommend 60 minutes of activity per day (Faber, Kulinna, and Darst, 2007). Yet, "fewer than 25 percent of children in the United States get at least 30 minutes of any kind of daily physical activity" (Satcher, 2006, p. 26). "Evidence suggests that time spent in physical education does not decrease learning in other subjects…they have been shown to do equally well or better in academic classes" (Satcher, 2005, p. 27). Based on these findings, it is sound to suggest that "physical education does not detract from academic achievement" (Fede, 2012, p. 18), and it becomes difficult to fathom how schools could limit or eliminate physical education, or physical activity times for students.

"The healthy, physically active child is more likely to be academically successful" (SNA, 2005). The National Association of State Boards of Education (NASBE, 2012) reminds the reader math and reading test scores improved, particularly for girls who had increased physical education time. They continue to argue this analysis with this powerful statement: "Yet as educators and policymakers focus on leaving no child behind academically, some state board of education members are wondering if schools are inadvertently leaving half of the child's education behind" (NASBE, 2012, p. 13). These insights provide powerful reminders that the kinesthetic learner may enhance their academic success through the use of activity and the building of basic fitness skills.

How can the local Wellness Policy improve Academic Performance?

As Murray states in the Wellness Impact, "(W)e can't make kids smarter, but with improved nutrition and physical activity, we can put a better student in the chair" (Executive Summary, 2013, p. 3). Further, GENyouth, promotes the use of a wellness policy to support student academics since it is "more relevant than ever as the rigorous Common Core State Standards raise academic expectations of schools and students nationwide" (Executive Summary, 2013, p. 2). A solid commitment for using the local wellness policy as a guide for nutrition, physical education and activity is an excellent way to improve student health, attendance and academic performance. Based on this information, local school divisions should not overlook the local wellness policy as a powerful resource for student physical success and academic growth. In addition, integrating nutrition education and physical education into classroom pedagogical practices has the potential to improve overall academic performance.

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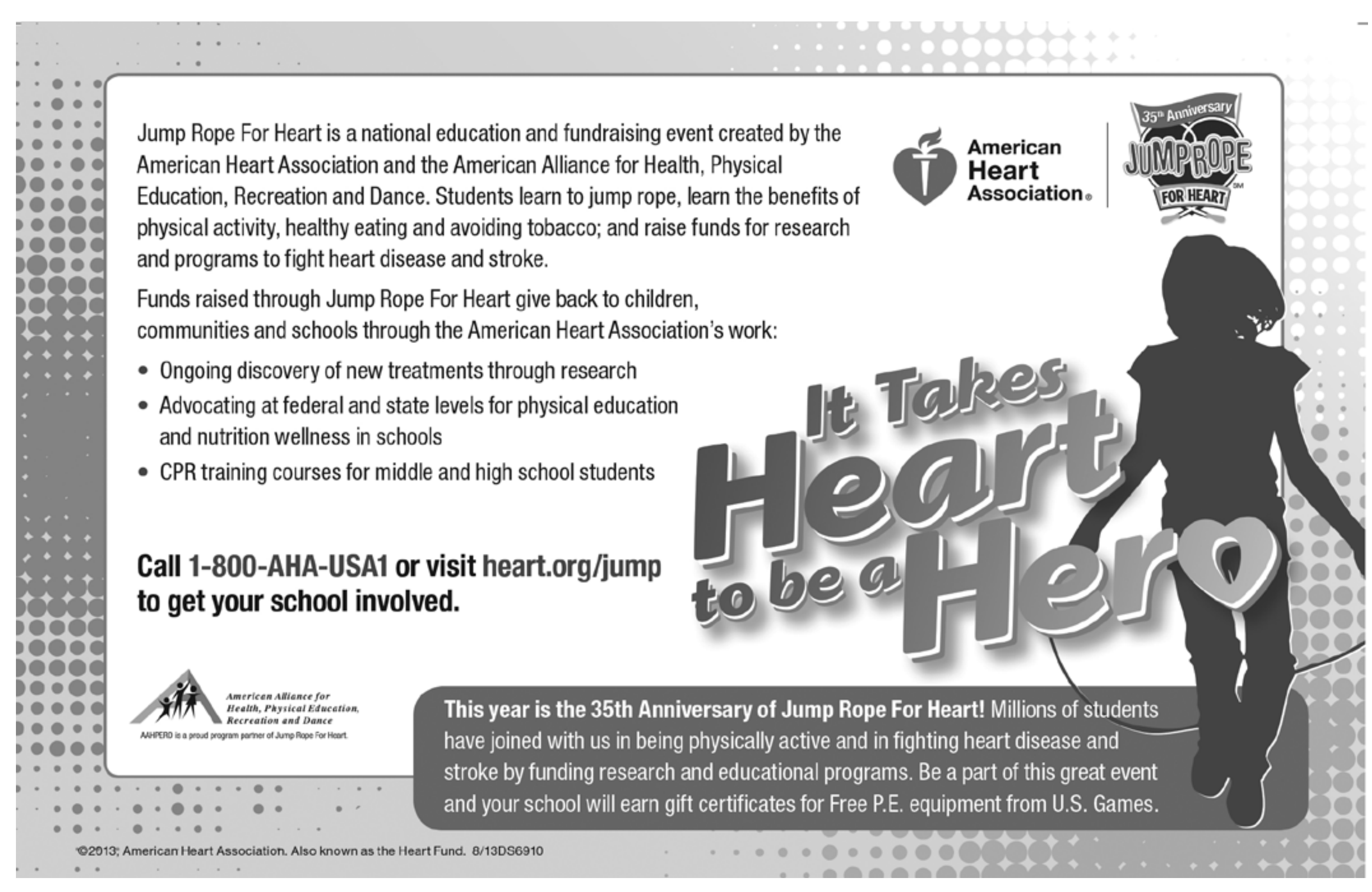

An Evidence Based Guide To Stretching

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It is common practice in today's society to stretch before performing physical activity. This trend begins to be ingrained into everyone during their young years playing recreational sports, gym classes, high school sports and up through college athletics and elite level athletes. Stretching was always an integral part of practice, but why? It is important to understand both the benefits and the negative effects of stretching before implementing it into daily practice routines. So, what is the difference between stretching and flexibility? This question brings on a lot of confusion in the world of physical fitness and sport. Stretching and flexibility are very different in their definition and application. The American College of Sports Medicine (ACSM) defines flexibility as the range of motion around a joint (ACSM). Stretching is defined as a movement applied by an external and/or internal force to increase joint range of motion (Weerapong, Hume & Kolt, 2004). Stretching is the mechanism used to improve overall flexibility. Stretching is incorporated into almost all fitness routines, but is this actually necessary if we examine it for its primary purposes?

The ACSM recognizes three main methods of stretching commonly used by athletes, coaches, and physical education teachers. These methods are static, ballistic, and proprioceptive neuromuscular facilitation (PNF) stretching. A fourth and relatively new method of stretching that is becoming very popular is dynamic stretching. Static stretching is a slow sustained stretch that is held for approximately 20 seconds (Amako et al., 2003). Ballistic stretching incorporates bouncing movements in which the muscles and tendons are rapidly stretched and relaxed (Garber et al., 2011). PNF stretching is a stretching technique that is usually done with a partner. It consists of a passive stretch, followed by a six second isometric contraction, followed by a 10-30 seconds assisted stretch. (Garber et al., 2011). Dynamic stretching seems to be the new fad in the athletic world but when this method is actually defined, it is recognized that dynamic stretching is a combination of static and ballistic stretching for it is the movement of the body from one body position to another, slowly increasing the length of the stretch with each movement (Garber et al., 2011). The main goals of stretching are to increase range of motion, improve performance, and reduce injuries (McHugh & Cosgrave, 2010; Weerapong, Hume & Kolt, 2004). If stretching does not accomplish any of these goals, pre-exercise stretching is an unneeded aspect of an exercise routine, practice or workout.

A study by Marek et al. in 2005 examined the effects of static and PNF stretching on power output. It was found that when either of these stretching methods was performed there was a decrease in mean power produced (Marek et al., 2005). In a similar study, Bacurau et al. (2009) compared the effects of static stretching exercises and maximal strength to no stretching and maximal strength. This study found that there was a significant decrease in force production after the subject participated in a static stretching protocol (Bacurau et al., 2009). From these findings we can conclude that stretching can decrease power output and force production of a muscle and/or muscle group. This would in most cases decrease performance and is not a desired outcome of stretching.

In a large study using military recruits, Pope, Herbert, Kirwan and Graham (2000) studied the effects of pre-exercise stretching specifically on lower limb injury. In stretching of the gastrocnemius muscle, there was no observed reduction in injury rates. This study recognized the idea that the stretch may not have been performed at long enough intervals, however, the conclusion drawn was that there was not a worthwhile reduction in lower limb injury due to pre-exercise stretching (Pope et al., 2000).

Thacker, Gilchrist, Stroup & Kimesy (2003) performed a systematic review of the literature and came to the conclusion that there was no evidence available showing that pre and post stretching exercises prevented injury or reduced muscle soreness. The lack of evidence available had this review neither promoting or rejecting pre and post event stretching (Thacker et al., 2003).

In another systematic review, Small, McNaughton and Matthews (2008) concluded that pre-exercise static stretching is ineffective in reducing injury risk. In the majority of the studies reviewed large risk reductions were not seen in groups that participated in pre-exercise testing, but it was found that there might be small positive effects that are being overlooked. Pre-exercise stretching only showed trends of injury prevention of musculotendinous strains and ligament injuries, which can only suggest a preliminary relationship between stretching and some types of injuries (Small, McNaughton & Matthews, 2008). More research is needed to draw conclusions on these types of injuries in relation to pre-exercise stretching.

The overall conclusion reached by examining these studies is that pre-exercise stretching does not reduce injury risk. Going back to the main goals of stretching being an increased range of motion, improved performance and decreased injury risk (McHugh & Cosgrave, 2010; Weerapong, Hume & Kolt, 2004) this conclusion does not satisfy these goals.

Overall flexibility and injury risk are closely linked according to research. It is important to maintain a normal range of motion. In a study of military recruits, Amako, et al. (2003) observed a decrease in injury after a normal level of flexibility was reached. The extremes of flexibility have also been linked to an increase in injury susceptibility. Low levels of flexibility have been associated with overuse injuries while high levels of flexibility have been found to make individuals at risk for acute injuries (Small, McNaughton & Matthews, 2008). The increase in range of motion associated with stretching and increased flexibility creates body positions that have dangerous loading effects, which could lead to ligaments being stretched too far (Thacker et al., 2003). Stretching increases ones range of motion beyond what is needed for the specific sport; therefore can possibly lead to injury (Small, et al., 2008). Significantly higher risk of injury has been noticed in the most and least flexible participants in studies (Thacker et al., 2003).

It is very difficult to isolate the effects of stretching alone on

injury risk making it difficult to say that stretching is the sole preventative measure against injury (McHugh & Cosgrave, 2010). All the research reviewed seems to find that stretching does not prevent injury, yet some small trends always seem to appear saying that it does. It has also been noted that pre-exercise warm-up is very important; this makes it extremely difficult to say what is helping prevent injury (if an aspect is actually helping), the warm-up or the stretching (McHugh & Cosgrave, 2010).

After reviewing the literature available we recommend that athletes, and others performing physical activity, maintain a normal flexibility range throughout a focused program. This flexibility program should consist of static or PNF stretching methods in which the stretch is held for 20 to 30 seconds and repeated three times. All major muscles groups should be stretched at least three times a week. The goal of a program like this is to maintain normal flexibility. Although normal range of motion is difficult to define, The American Academy of Orthopedic Surgeons and other organizations have provided range of motion normative data; however, there is a lot of variance between the charts. Typically normal range of motion is assessed using a bilateral comparison. If, due to injury of the opposite side, it is impractical to compare bilaterally, one would use the range of motion charts as a guide to establish normal range of motion. Range of motion is joint specific and varies from person to person.We also believe that a dynamic warm-up may be the most important factor as a pre-exercise activity.

There is not much research available that supports the effects of stretching on exercise performance and injury risk, yet it seems that stretching is performed regularly by most athletes. In physical education classes and organized sports teams, practice always starts out with stretching. In some sports (ballet, gymnastics, karate, etc.) there is a greater need for an increase in range of motion. In most individuals and sports, normal (compared bilaterally) range of motion is required. According to Prentice (2011), "It has also been generally accepted that flexibility is essential for improving performance in physical activities. However, a review of the evidence-based information in the literature looking at the relationship between flexibility and improved performance is, at best, conflicting and inconclusive" (p. 176). If an individual is lacking range of motion as compared bilaterally, we would recommend a flexibility program. The evidence suggests that stretching is not proven to be beneficial to performance or help decrease the risk of injury (Bacurau et al., 2009; Pope et al., 2000; Small, et al., 2008). This being the case, why is stretching still such a large part of workout routines and practices?

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Sport Management College Programs Move Into A New Era of Accreditation

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For a number of years, sport management programs in colleges and universities were very dissimilar in terms of their curriculums, course offerings, content of courses, etc. Many college sport management programs in the 1970s and 1980s were located in Departments of Physical Education or Divisions of Health, Physical Education, Recreation, and Dance. Some sport management programs had a heavy business orientation (e.g., courses in marketing, finance, economics, personnel management, business law, …) while other programs provided a heavy physical education and/or exercise science orientation (e.g., courses in kinesiology, biomechanics, motor learning, …) with a few business courses added to round out the curriculum offerings. Some sport management programs offered a fairly equal mixture of both sport business and sport science coursework.

As college sport management programs continued to expand and grow in numbers during the 1980s, a need to develop some consistency in terms of curriculum content and program requirements was realized. An effort was made to ensure some type of quality control. Some employers were starting to complain that sport management graduates were under prepared and did not have the necessary coursework and skills to prepare them for a career in sport management. In a number of instances, high school graduates could enter one college and major in sport management while taking a series of courses that were very different from a college across town that also offered a major in sport management.

American Alliance for Health, Physical Education, Recreation and Dance (AAHPERD), in a general way, and the National Association for Sport and Physical Education (NASPE) in a specific way realized this need for developing program standards and consistency. Several of the NASPE members, at the time, were teaching in sport management programs. When the North American Society for Sport Management was officially organized in the mid-1980s, additional emphasis was placed on developing sport management program review standards. Research and competency studies on curriculum standards in selected fields of sport management continued to be published and they often recommended that curricular changes were needed (Case, 1986; Case, 2003; Case & Branch, 2003).

In 1989, the North American Society for Sport Management (NASSM) and NASPE formed a committee to develop curriculum content standards in sport management. This committee eventually evolved into the Sport Management Program Review Council (SMPRC) that established a program review and approval process (NASSM-NASPE, 1993). College programs that offered majors or concentration areas in sport management could apply for program approval by completing an extensive program review process that included examination of the sport management program's curriculum, course content and competencies, internship requirements, admission standards, faculty qualifications, teaching load, number of faculty, etc.

Although the NASSM-NASPE Sport Management Program Review Process was a step forward and forced many changes to take place in college sport management programs, it lacked the necessary "teeth" and legitimacy that a "formal" and "official" accreditation process would provide. For example, although an extensive review of materials was required for the NASSM-NASPE program review process, a formal site visit to the campus of the institution being reviewed was not required. Most "official" accreditation organizations require a site visit. As a result, a number of college administrators did not view the NASSM-NASPE review process as being an "official" accreditation process.

The fact that the NASSM-NASPE program approval process was considered to be simply a "program review" and not an "official" accreditation often slowed down efforts to revise sport management program course offerings and curriculum development, the hiring of additional faculty, and many other administrative decisions that had to be made. As a result, a growing number of sport management faculty from across the country felt that there was a definite need to move sport management to the next level and develop a formal "accreditation" process.

The advantages of a "formal" accreditation process are several in number. One of the more obvious advantages is that it provides evidence that a college sport management program has undergone external scrutiny and it has met certain characteristics or standards of excellence as prescribed by the accrediting organization. It also provides sport management faculty with leverage to move forward with curriculum revisions and requests for additional faculty lines and funding. Sometimes without the backing of accreditation these efforts may prove to be futile. Most college officials and administrators understand what accreditation is and do not want to lose accreditation because they fail to financially support a program. Finally, accreditation does provide a certain level of prestige for a program and this may translate into successful marketing of the program. When students have the option to attend an accredited program over a program that is not accredited – the decision is likely to be in favor of the accredited program if all other decision factors are the same.

In 2008, the Commission on Sport Management Accreditation (COSMA) was officially launched. Its primary purpose was to develop a specialized accrediting body that would promote and recognize excellence in sport management undergraduate and graduate education. Although some similarities existed between the NASSM-NASPE program review process and the COSMA accreditation process, in other ways, they are quite different. For instance, the older NASSM-NASPE review process was focused on prescriptive input standards involving both curriculum and content. The COMSA accreditation process, on the other hand, is rather unique because it focuses on a mission-based and outcomes-driven process (COSMA, 2013).

Similarities do exist between NASSM-NASPE program approval standards or competencies and what COMAS calls common professional competencies. Expectations in both NASSM-NASPE and COSMA include student exposure to coursework in sport marketing, sport leadership and administrative theory, legal

aspects of sport , fiscal management in sport, sport economics, sport event management, sport governance, social aspects of sport, sport ethics, etc. Although NASSM-NASPE looks more at the input and content areas, COSMA focuses on the learning outcomes associated with each of these coursework areas. In addition, the area of internships or fieldwork experiences are both emphasized by NASSM-NASPE and COSMA.

Again, a major difference with COSMA is that it uses characteristics of excellence, while assessing educational outcomes, as a primary basis for making accreditation decisions. COSMA has developed accreditation principles based on best practices in sport management education and professional preparation. The outcomes assessment process ends with the development of an action plan that involves all of the units within the organization. A benchmarking process is also used in order to determine if a program is achieving its stated mission and goals while interpreting results of the assessment process outcomes. During implementation of the plan, evidence is collected to ensure that goals are accomplished and student learning is taking place. Results of implementing an outcomes assessment plan are reported to COSMA on an annual basis (COSMA, 2013).

Measurement is another major feature of COSMA. Student learning outcomes are not only identified but they are measured on a regular basis through a variety of means. In addition, the COSMA accreditation process emphasizes the development of direct and indirect student learning outcomes and measures. An example of a direct measure might include a comprehensive exam or the development of a student portfolio and an indirect measure of student learning might include an exit interview or an alumni survey. The COSMA accreditation process requires that the sport management program conduct a self-study each year. Within the self study, information is included about the outcomes assessment, strategic planning, curricular offerings, faculty qualifications, faculty work load, admission procedures and standards, facilities, scholarly and professional activities of faculty, financial resources, internal and external relationships of the program and institution, and educational innovation are some of the many items to be included in the self study.

The final phase of the COSMA process includes a site visit to the college or university that is applying for accreditation. The college sport management program must first become an institutional member of COSMA and apply for candidacy status. Then, data collection is initiated in order to support the self study writing efforts. Eventually, a timeline is established for a site visit by the accreditation review team. COSMA will send a two person accreditation review team to conduct a two day site visit. The final accreditation status of the college sport management program will be determined by the COSMA Board of Commissioners.

Over the past forty years, tremendous growth in the number sport management programs has been realized. Reports suggest that there are now over 300 sport management college programs with associate, bachelor, masters, and/or doctoral level degree offerings. Many of the programs now include business and sport business related coursework requirements. The days of sport management students taking a majority of their courses in sport science have ended. In recent years, several sport management programs have moved into Colleges of Business as they are no longer housed in Departments of Physical Education.

The NASSM-NASPE program approval process was extremely helpful in moving sport management programs forward. The process provided leverage to make changes and it provided curriculum standards for all to follow. It is now COSMA's turn to take sport management education and professional preparation to the next level. The future should prove to be exciting.

For more information about COSMA, please go to www.cosmaweb.org.

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Students with Cystic Fibrosis Participating in Recess

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Introduction

The participation of a student with Cystic Fibrosis (CF) in recess can often be both challenging and rewarding for the student and teacher. This article will address common characteristics of students with CF and present basic solutions to improve the experience of these students in the recess setting. Initially the description, prevalence, and symptoms of CF will be presented. The article will then address recommendations for children with CF in recess.

Description and Prevalence of Cystic Fibrosis

CF is a life-threatening, genetic disease that affects approximately 30,000 children and adults in the United States (Cystic Fibrosis Foundation: A Teacher's Guide to Cystic Fibrosis, 2007).. The largest problems that are often faced by people with CF are severe respiratory and digestive problems. This is a result of a faulty gene that causes the body to produce abnormally thick, sticky mucus that can clog the lungs, pancreas and other organs. One in 31 Americans — 10 million people — is a symptomless carrier of the defective CF gene. In order to have the disease, the person must inherit two such genes, one from each parent. It is important to remember that CF is not contagious and affects each individual differently. Interestingly, some people with CF are in good or even excellent health, while others are severely limited by the disease and not engaged in everyday life-activities. Children on this end of the spectrum face a variety of difficulties when attending school (Cystic Fibrosis Foundation: A Teacher's Guide to Cystic Fibrosis, 2007).

Special Education Implications of Cystic Fibrosis

The Individuals with Disabilities Education Act (IDEA) states that children who are determined to have disabilities receive special education if the condition negatively affects the educational performance of the child. One such category, which includes a variety of specific disabilities, is *other health impairments*. CF would be included in this category.

> *Other health impairment* means having limited strength, vitality, or alertness, including a heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment, that—
>
> (i) Is due to chronic or acute health problems such as asthma, attention deficit disorder or attention deficit hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia, and Tourette syndrome; and
>
> (ii) Adversely affects a child's educational performance. [§300.8(c)(9)] (CFR §300.7 (a) 9) (IDEA, 2004).

Diagnosis & Symptoms of Cystic Fibrosis

The process of diagnosing CF is relatively simple. Doctors diagnose CF based on the results from various tests. At birth, all states require screening of newborns for CF using a genetic test or a blood test. The genetic test shows whether a newborn has faulty genes. The blood test shows whether a newborn's pancreas is working properly

(United States Department of Health, 2011). CF can affect the individual in either a minor or severe manner. The thick and sticky mucus associated with CF partially restricts the tubes that carry air in and out of your lungs. This can cause a variety of respiratory signs and symptoms. Below are some of these items.

- A persistent cough that produces thick split (sputum) and mucus
- Wheezing
- Breathlessness
- A decreased ability to exercise
- Repeated lung infections
- Inflamed nasal passages or a stuffy nose (Mayo Clinic, 2013).

Benefits of the Recess Setting for Children with CF

Simply stated, the benefits of the recess setting are high for all children. Included in these are physical benefits. Recess has been shown to lead to:

- Improvement of general fitness and endurance levels for children (Kids Exercise, 2009).
- Improvement of out-of-school activity levels – children usually are involved in physical activities on days in which they participate in in-school physical activities (Dale, Corbin, & Dale, 2000).

It is also important to note that there are specific physical benefits from recess for children with CF. Exercise helps loosen the mucus that clogs the lungs. In addition, exercise helps strengthen the muscles that enable one to breath. It is to be remembered that because of the breathing difficulties, these children often will have less endurance and stamina than other children. Thus, they often will tire easily (Cystic Fibrosis Foundation, 2007).

Recess Recommendations for Children with CF

To achieve the aforementioned physical/health benefits from recess, the following recommendations should be followed for a student with CF:

- Use sound judgment when assessing a student's physical capabilities. Talk to the student and parents to determine an appropriate level of physical activity.
- Try to include a child with CF in all games and activities in which he or she is physically able to participate.

- Children with CF are at higher risk of dehydration, especially when exercising or in hot weather. A child with CF may need to drink extra fluids. Water or sports drinks should be easily accessible during physical activities.
- During aerobic exercise, children with CF should drink six to 12 ounces of fluid every 20 to 30 minutes. Drinks with caffeine should be avoided during exercise. Instead, stick mainly with water and sports drinks.

(Cystic Fibrosis Foundation, 2007).

Conclusion

The participation of a student with CF in recess can often be both challenging and rewarding for both the student and teacher. The rewards can manifest themselves in the ability of the teacher to guarantee the safety of all students in recess. This article has hopefully addressed some basic concerns and solutions to improve the recess setting of students with Cystic Fibrosis.

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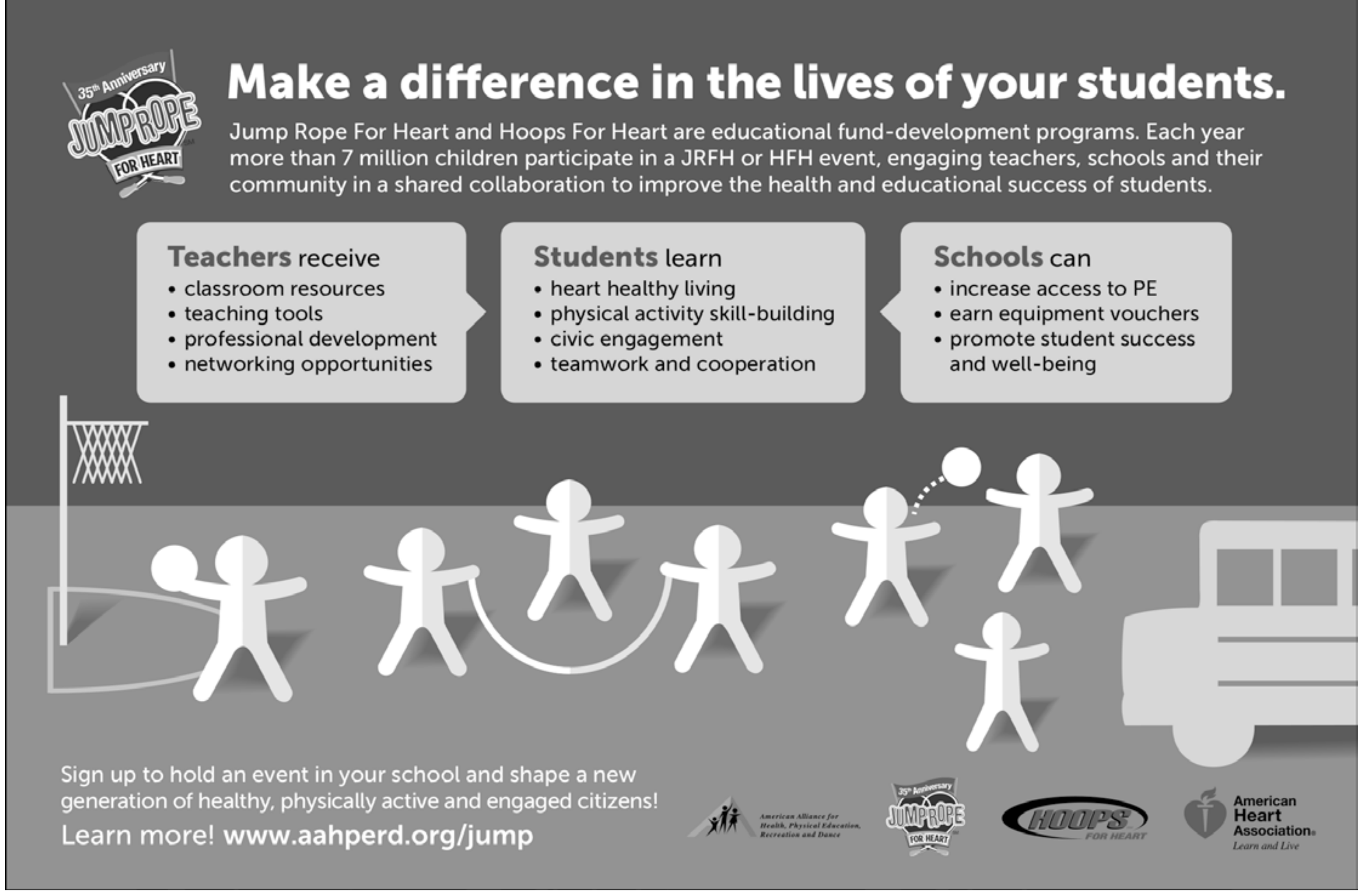

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The Virginia Journal is published twice yearly (Fall and Spring) by the Virginia Association for Health, Physical Education, Recreation and Dance. Deadlines for submitting materials for inclusion in the spring and fall issues are January 15th and July 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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Illustrations such as pictures, graphs, and drawings are valuable additions to manuscripts. Please send these embedded within your manuscript.

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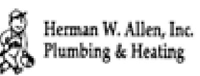

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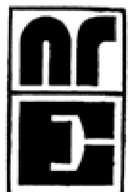

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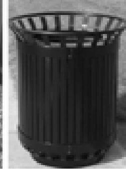

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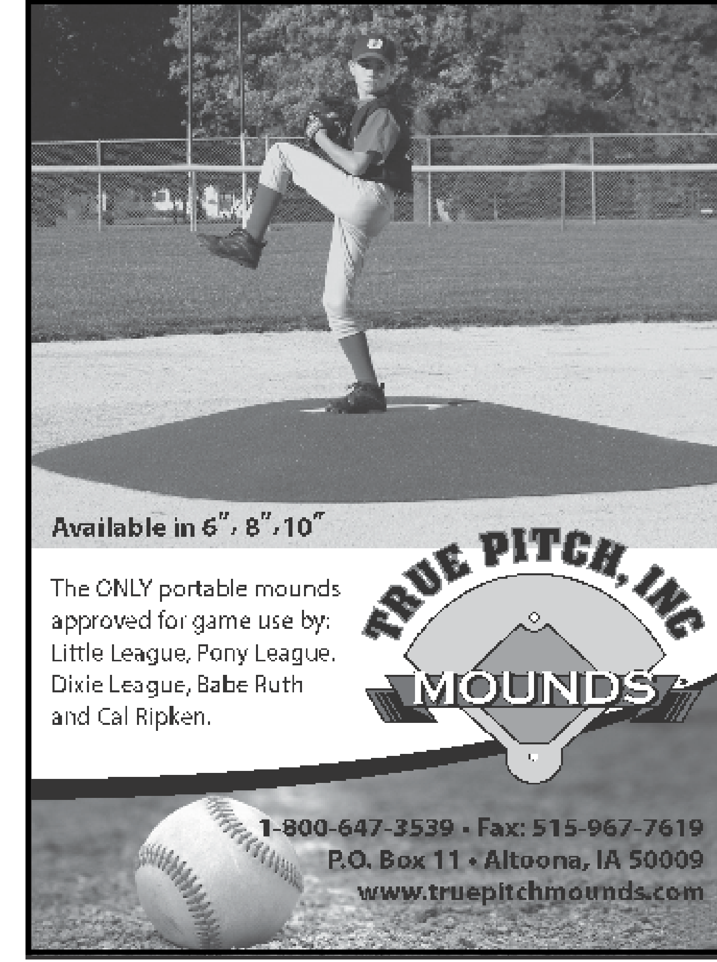

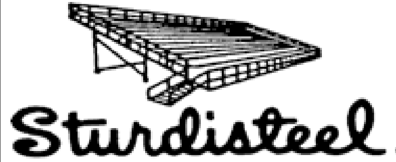

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