

# **Grade 11**

## **Active Healthy Lifestyles**

Manitoba Physical Education/Health  
Education Curriculum Framework  
of Outcomes and A Foundation  
for Implementation





**GRADE 11**  
**ACTIVE HEALTHY LIFESTYLES**

Manitoba Physical Education/Health Education  
Curriculum Framework of Outcomes and  
A Foundation for Implementation

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Manitoba Education, Citizenship and Youth  
School Programs Division  
Winnipeg, Manitoba, Canada

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Print copies of this resource can be purchased from the Manitoba Text Book Bureau (stock number 80594). The print version of this resource is accompanied by a CD-ROM that includes a copy of this curriculum document, along with other policy and support documents. The CD-ROM can also be purchased separately (stock number 80599). Order online at <[www.mtbb.mb.ca](http://www.mtbb.mb.ca)>.

This resource is also available on the Manitoba Education, Citizenship and Youth website at <[www.edu.gov.mb.ca/k12/cur/physhlth/curriculum.html](http://www.edu.gov.mb.ca/k12/cur/physhlth/curriculum.html)>.

Ce document est disponible en français.

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<b>Writer</b>	Nick Dyck	Physical Education and Health Consultant Pembina Trails School Division
<b>Content Reviewers</b>	Dr. Catherine Casey Assistant Professor	Faculty of Education University of Manitoba
	Dr. Shannon Gander Policy Analyst	Mental Health and Addictions Branch Manitoba Health and Healthy Living
	Dr. Dean Kreillars Professor	School of Medical Rehabilitation University of Manitoba
	Nicole Laping Prevention and Education Consultant	Youth Community-Based Services Addictions Foundation of Manitoba
	Faralee Wilson Schools Physical Activity Coordinator	Manitoba Physical Education Teachers Association (MPETA)
<b>Members of the Manitoba Grades 11 and 12 Physical Education/ Health Education Development Team</b>	David Bard	Consultant Winnipeg School Division
	Daniel Bélisle (until June 2007)	École Saint-Joachim Division scolaire franco-manitobaine
	Shawna Cochrane- Thomson	Portage Collegiate Institute Portage la Prairie School Division
	Demetro Danyluk	St. Mary's Academy Independent School
	Joanne Goodwin	Vincent Massey Collegiate Pembina Trails School Division
	Jason Mateychuk	Roseau Valley School Borderland School Division
	John Potter	Minnedosa Collegiate Rolling River School Division
	Robert Stanners	Collège Louis-Riel Division scolaire franco-manitobaine
	Lynne Syrenne-Habeck	Collège Jeanne-Sauvé Louis Riel School Division

**Members of the  
Manitoba Grades  
11 and 12  
Physical Education/  
Health Education  
Development Team  
(Continued)**

**Steering Committee  
(Members as of  
2006/2007 and  
2007/2008)**

Treva Tilston-Jones	Murdoch MacKay Collegiate River East Transcona School Division
Jody Williams	Swan Valley Regional Secondary School Swan Valley School Division
Jamie Wilson	Joe A. Ross School Individual Band Operated School Opaskwayak Education Authority
Terry Bobychuk	Senior Years Representative Seven Oaks School Division
Catherine Casey (from September 2007)	Faculty of Education University of Manitoba
Wendy Cull	Middle Years Representative Kelsey School Division
Nick Dyck	Manitoba Physical Education Supervisors' Association (MPESA) Pembina Trails School Division
Ron Hildebrand (until June 2007)	Manitoba Association of School Superintendents (MASS)
Dwight Kearns	Early Years Representative Brandon School Division
Peter Kotyk	Manitoba Association of School Trustees (MAST)
Khalid Mahmood	Manitoba Association of Parent Councils (MAPC)
Pat McCarthy-Briggs	Agencies for School Health (ASH)
Ross Metcalfe (from September 2007)	Manitoba Association of School Superintendents (MASS)
Francine Morin (until June 2007)	Faculty of Education University of Manitoba
Laura Morrison	Manitoba Healthy Schools Healthy Living
Irene Nordheim	Council of School Leaders (COSL)
Jacki Nylén (from September 2007)	Manitoba Physical Education Teachers Association (MPETA)

**Manitoba Education,  
Citizenship and Youth  
School Programs  
Division and  
Bureau de l'éducation  
française Division  
Staff**

Jean-Vianney Auclair Assistant Deputy Minister	Bureau de l'éducation française Division Manitoba Education, Citizenship and Youth
Lee-Ila Bothe Coordinator	Document Production Services Educational Resources Branch
Jacques Dorge Acting Director	Curriculum Development and Implementation Branch Bureau de l'éducation française Division
Cécile Dufresne Consultant (until February 2007)	Curriculum Development and Implementation Branch Bureau de l'éducation française Division
Darryl Gervais Coordinator	Development Unit Instruction, Curriculum and Assessment Branch
Surujdai Gorcharan Administrative Assistant	Development Unit Instruction, Curriculum and Assessment Branch
Susan Letkemann Publications Editor	Document Production Services Educational Resources Branch
Janet Long Desktop Publisher	Document Production Services Educational Resources Branch
Anne Longston Assistant Deputy Minister	School Programs Division Manitoba Education, Citizenship and Youth
Grant McManes Project Co-leader/ Consultant (after September 2007)	Development Unit Instruction, Curriculum and Assessment Branch
Aileen Najduch Director	Instruction, Curriculum and Assessment Branch School Programs Division
Paul Paquin Consultant (after February 2007)	Curriculum Development and Implementation Branch Bureau de l'éducation française Division
Cyril Parent Desktop Publisher	Document Production Services Educational Resources Branch
Lindsay Walker Desktop Publisher	Document Production Services Educational Resources Branch
Heather Willoughby Project Co-leader/ Consultant	Development Unit Instruction, Curriculum and Assessment Branch



# INTRODUCTION

## Purpose

*Grade 11 Active Healthy Lifestyles: Manitoba Physical Education/Health Education Curriculum Framework of Outcomes and A Foundation for Implementation* is a combined Framework and Implementation document. The purpose of this document is to provide Manitoba school administrators and teachers with the basis for curriculum planning, teaching, learning, and assessment.

The print version of *Grade 11 Active Healthy Lifestyles* is accompanied by a CD-ROM, which contains a copy of this curriculum document, as well as other policy and support documents. The curriculum document is also available on the Manitoba Education, Citizenship and Youth website at [www.edu.gov.mb.ca/k12/cur/physhlth/curriculum.html](http://www.edu.gov.mb.ca/k12/cur/physhlth/curriculum.html).

## Background

The resources that influenced the direction and content of the Grade 11 Active Healthy Lifestyles curriculum include the documents cited below. Other resources are cited in the Bibliography.

Resources Used in Curriculum Document	
<b>Reports</b>	
Healthy Kids, Healthy Futures All-Party Task Force. <i>Healthy Kids, Healthy Futures: Task Force Report</i> . Winnipeg, MB: Manitoba Healthy Living, June 2005. Available online at <a href="http://www.gov.mb.ca/healthykids/">www.gov.mb.ca/healthykids/</a> .	
Proactive Information Services Inc., and Manitoba Education, Citizenship and Youth. <i>Helping Clients Make a Difference: S3 and S4* Physical Education/Health Education Consultation, Final Report</i> . Winnipeg, MB: Proactive Information Services Inc., June 2006. Available online at <a href="http://www.edu.gov.mb.ca/k12/docs/reports/s3_s4_ph/">www.edu.gov.mb.ca/k12/docs/reports/s3_s4_ph/</a> .	
<b>Departmental Resources</b>	
Manitoba Education and Training. <i>Kindergarten to Senior 4* Physical Education/ Health Education: Manitoba Curriculum Framework of Outcomes for Active Healthy Lifestyles</i> . Winnipeg, MB: Manitoba Education and Training, 2000. Referred to as the <i>Framework</i> .	
**	Manitoba Education, Citizenship and Youth. <i>Guidelines for Fitness Assessment in Manitoba Schools: A Resource for Physical Education/Health Education</i> . Winnipeg, MB: Manitoba Education, Citizenship and Youth, 2004.
**	---. <i>Implementation of Grades 11 and 12 Physical Education/Health Education: A Policy Document</i> . Winnipeg, MB: Manitoba Education, Citizenship and Youth, 2007. Referred to as the <i>Policy Document</i> .
---	<i>OUT-of-Class Safety Handbook: A Resource for Grades 9 to 12 Physical Education/Health Education</i> . Winnipeg, MB: Manitoba Education, Citizenship and Youth, 2008.
**	---. <i>Senior 1 and Senior 2* Physical Education/Health Education: A Foundation for Implementation</i> . Winnipeg, MB: Manitoba Education, Citizenship and Youth, 2004.
These departmental resources are available online at <a href="http://www.edu.gov.mb.ca/k12/cur/physhlth/curriculum.html">www.edu.gov.mb.ca/k12/cur/physhlth/curriculum.html</a> .	
<b>Safety-Related Resources</b>	
Hanna, Glenda, Quest Research and Consulting Inc., and YouthSafe Outdoors (Association). <i>YouthSafe Manitoba: School Field Trip Resource</i> . Edmonton, AB: Quest Research and Consulting, 2004.	
**	Manitoba Physical Education Teachers Association (MPETA), et al. <i>Safety Guidelines for Physical Activity in Manitoba Schools</i> . Winnipeg, MB: MPETA, 2000. Available online at <a href="http://www.edu.gov.mb.ca/k12/docs/support/pehe_safety/">www.edu.gov.mb.ca/k12/docs/support/pehe_safety/</a> .

\* In June 2006 the terms Grade 9, 10, 11, 12 were reinstated to replace Senior 1, 2, 3, 4 high school designations.

\*\* These resources are available on the CD-ROM that accompanies this document.

## Research and Consultations

*Healthy Kids, Healthy Futures: Task Force Report* identifies 47 recommendations to improve the health and well-being of Manitoba's children and youth, which have been accepted by government. Three of these recommendations address high school physical education/health education (PE/HE). The report recommends that

the provincial government not just recommend, but mandate the current amount of time that [Grades 9 and 10] students spend in [PE/HE] classes. Schools can choose to meet the mandated times within the timetable, or use an out-of-classroom model for up to 20 hours of the mandated 110 hours. This should be implemented before the fall of 2007.

... develop a [PE/HE] curriculum for [Grades 11 and 12] students. This should be implemented before the fall of 2008.

... require all [Grades 11 and 12] students to complete two [PE/HE] credits for graduation, in addition to the two credits required in [Grades 9 and 10]. Schools may choose to include the [PE/HE] credits in the timetable or use an out-of-classroom model. (24–25)

Furthermore, the *Healthy Kids, Healthy Futures: Task Force Report* encourages parents,\* students, and schools to “work together to determine what will work best in their community to help youth take greater ownership of their own physical fitness, promote the discovery of activities suited to their own individual interests, and encourage active lifestyles that persist into their futures” (25).

The choice of using an OUT-of-class model was provided to help minimize the time students spend away from academic studies and to give families, students, and schools more options in their efforts to increase physical activity among young people. As well, local recreation and sports-related organizations are encouraged to explore how nearby schools and community facilities could be jointly used.

The development of the Grade 11 Active Healthy Lifestyles curriculum was also guided by research and consultations. As reported in *Helping Clients Make a Difference: S3 and S4 Physical Education/Health Education Consultation, Final Report (4)*, the delivery model most favoured by students and educators was a flexible delivery model that would allow schools and/or students to choose different combinations of IN-class and OUT-of-class time to achieve credits. This flexibility was considered important since resources such as facilities, equipment, staffing, and timetabling challenges vary from school to school.

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\* In this document the term *parents* refers to both parents and guardians and is used with the recognition that in some cases only one parent may be involved in a child's education.

## Policy for Grades 11 and 12 PE/HE

In April 2007 Manitoba Education, Citizenship and Youth released *Implementation of Grades 11 and 12 Physical Education/Health Education: A Policy Document*. This *Policy Document* serves as the basis for the development of, and provides direction for the implementation of, the Grades 11 and 12 PE/HE curricula. A development team composed of Manitoba educators was formed to work in collaboration with Manitoba Education, Citizenship and Youth to produce the Grade 11 Active Healthy Lifestyles curriculum.

*Kindergarten to Senior 4 Physical Education/ Health Education: Manitoba Curriculum Framework of Outcomes for Active Healthy Lifestyles (the Framework)* identifies the five general learning outcomes and provides the basis for teaching, learning, and assessment in PE/HE for all grades. Because the *Framework* identifies the specific learning outcomes only for Kindergarten to Grade 10, this *Grade 11 Active Health Lifestyles* document includes new information related to specific learning outcomes and guidelines for implementation specifically for Grade 11.

### Document Content and Organization

*Grade 11 Active Healthy Lifestyles* contains the following sections:

- **Introduction:** The Introduction outlines the purpose, background, and content and organization of this document.
- **Overview of Grade 11 Active Healthy Lifestyles:** This section gives an overview of the following:
  - **Framework Overview:** This section contains key information from the *Framework* that pertains to Grade 11 Active Healthy Lifestyles. It also contains the new policy information related to mandating Grades 11 and 12 PE/HE, including a discussion of graduation requirements, potentially sensitive content, involvement of parents, families, and communities, students with exceptional learning needs and/or special health care needs, and safety and liability.
  - **Planning for Implementation:** This section outlines the guiding principles, requirements, and guidelines for implementing Grade 11 Active Healthy Lifestyles, based on the *Policy Document*, for the three PE/HE components: Physical Activity Practicum, Core Component, and Flexible Delivery Component.
  - **Specific Learning Outcomes:** The specific learning outcomes identified for Grade 11 Active Healthy Lifestyles are presented by module in this section. Specific learning outcomes drive instruction and assessment for all students.
  - **Implementation Overview:** This section discusses the philosophy for effective programming in Grades 11 and 12 PE/HE and outlines how the Grade 11 Active Healthy Lifestyles curriculum is connected to each of the general learning outcomes identified in the *Framework*.

- **Planning for Instruction:** This section refers to general information on planning for instruction that appears in the Overview of *Senior 1 and Senior 2 [Grades 9 and 10] Physical Education/Health Education: A Foundation for Implementation* but also applies to Grades 11 and 12 PE/HE. More detailed information is provided in Appendix D: Planning Guidelines for Physical Education/Health Education.
- **Assessment and Reporting:** This section identifies how students will be graded for completion of the Grades 11 and 12 PE/HE courses using complete/incomplete designations. It also discusses the purposes of assessment and provides suggestions for teachers to establish criteria for the compulsory personal fitness portfolio, as well as suggestions on how teachers could assess student achievement of the learning outcomes in the Core Component modules.
- **Modules for Physical Activity Practicum and Core Component:** This section contains the modules for the Physical Activity Practicum and the Core Component of this curriculum:
  - Module A: Physical Activity Practicum
  - Module B: Fitness Management
  - Module C: Mental-Emotional Health
  - Module D: Social Impact of Sport
  - Module E: Substance Use and Abuse Prevention

The modules are units of instruction developed for a specific strand and/or component of the curriculum. Each module presents lessons that identify the specific learning outcomes, key understandings, and essential questions, provide background information, offer suggestions for instruction/assessment, and present references to assist teachers with planning for instruction. Many references are websites, which are hyperlinked on the CD-ROM and online versions of the document. Resources Masters (RMs) are included at the end of most lessons. Teachers may use the sample lessons and/or adjust them as locally determined. All modules are available in Word format.

- **Appendices:** The following appendices provide additional information and tools for planning, teaching, and assessment:
  - Appendix A: Curriculum Map for Grade 11 and Grade 12 Healthy Active Lifestyles
  - Appendix B: Grade 11 Active Healthy Lifestyles Curriculum Matrix
  - Appendix C: Specific Learning Outcomes for Grade 11 Active Healthy Lifestyles
  - Appendix D: Planning Guidelines for Physical Education/Health Education
  - Appendix E: Active Learning Strategies
  - Appendix F: Sample Assessment Tools and Checklists
  - Appendix G: Common Planning Tools and Forms



- **Bibliography:** The print and online resources used in developing this document are cited in the Bibliography.
- **CD-ROM:** The CD-ROM that accompanies this document contains a copy of *Grade 11 Active Healthy Lifestyles*, along with other policy and support documents that apply to this curriculum.

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# OVERVIEW OF GRADE 11 ACTIVE HEALTHY LIFESTYLES

*Framework Overview*

Planning for Implementation

Specific Learning Outcomes

Implementation Overview

Planning for Instruction

Assessment and Reporting



# OVERVIEW OF GRADE 11 ACTIVE HEALTHY LIFESTYLES

## *Framework Overview*

The *Framework* was the basis for the development of the Grade 11 Active Healthy Lifestyles curriculum. This *Framework Overview* highlights key characteristics from the *Framework* that are reinforced in Grade 11, as well as changes to address the policy for implementing Grades 11 and 12 PE/HE.

### **Key Characteristics from the *Framework* Reinforced in Grade 11**

The Grade 11 Active Healthy Lifestyles curriculum continues to support the vision and aim identified for Kindergarten to Grade 12 PE/HE in the *Framework*:

- **Vision:** The vision is physically active and healthy lifestyles for all students.
- **Aim:** The aim is to provide students with planned and balanced programming to develop the knowledge, skills, and attitudes for physically active and healthy lifestyles. (3)

As highlighted in the *Framework*,

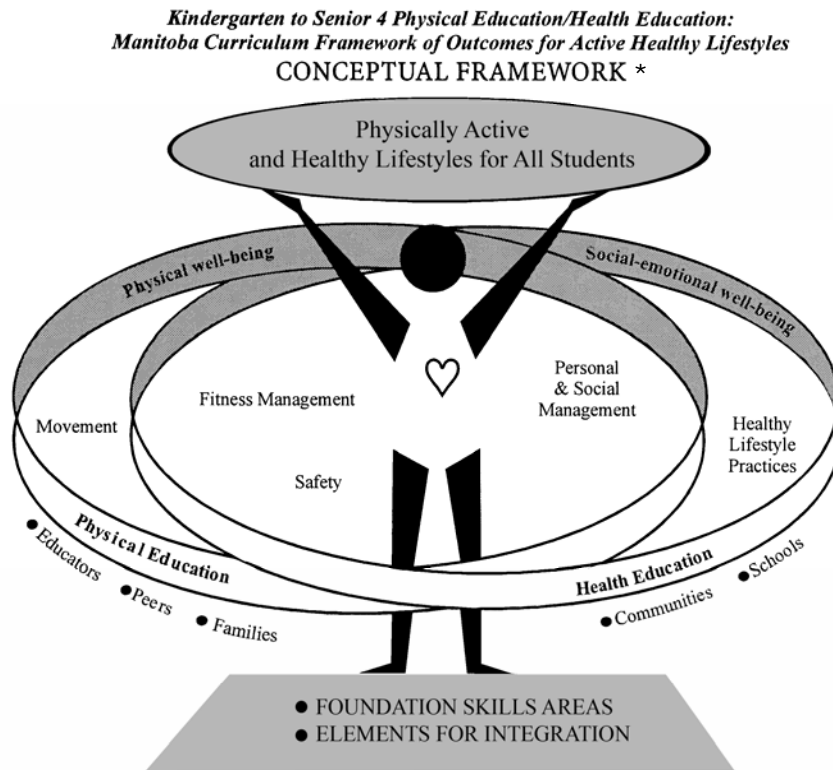
The Centres for Disease Control and Prevention (1997), supported by the Canadian Fitness and Lifestyle Research Institute, identify the significant behaviours that contribute to today's major health issues:

- inadequate physical activity
- unhealthy dietary behaviours
- drug use, including alcohol and tobacco
- sexual behaviours that result in sexually transmitted diseases/infections and unintended pregnancies
- behaviours that result in intentional and unintentional injuries (5)

The Grade 11 Active Healthy Lifestyles curriculum also addresses these five major health risk areas for children and youth.

## The Conceptual Framework

The content of both subject areas, PE and HE, is integrated and organized within five interrelated general learning outcomes, as illustrated in the following Conceptual Framework.








\* Source: Manitoba Education and Training. *Kindergarten to Senior 4 Physical Education/Health Education: Manitoba Curriculum Framework of Outcomes for Active Healthy Lifestyles*. Winnipeg, MB: Manitoba Education and Training, 2000. 21.

This Venn diagram captures many of the key characteristics and principles related to PE/HE. For example, PE/HE builds on the foundation skill areas (i.e., literacy and communication, human relations, problem solving, and technology), as well as on the elements for integration (i.e., curriculum integration, human diversity, sustainable development, anti-racist/anti-bias education, resource-based learning, differentiated instruction, Aboriginal perspectives, gender fairness, appropriate age portrayals). The diagram shows how the two subject areas PE and HE are connected through the five general learning outcomes. The curriculum focus is student-centred, with each student learning the knowledge, skills, and attitudes for a physically active and healthy lifestyle.

The five general learning outcomes and attitude indicators identified in the *Framework* are addressed in PE/HE across all grades from Kindergarten to Grade 12. Refer to the following chart for the descriptions of each general learning outcome and the corresponding attitude indicators.

**Kindergarten to Grade 12 Physical Education/Health Education  
General Learning Outcomes and Attitude Indicators\***

General Learning Outcomes		Attitude Indicators	
<b>1</b>	<p align="center"><b>Movement</b></p> <p>The student will demonstrate competency in selected movement skills, and knowledge of movement development and physical activities with respect to different types of learning experiences, environments, and cultures.</p> 	<p align="center">↑</p> <p align="center">Specific Learning Outcomes</p> <p align="center">↓</p>	<p>1.1 Show a willingness to participate in a variety of physical activities.</p> <p>1.2 Express enjoyment in a variety of movement experiences.</p> <p>1.3 Appreciate that time, commitment, and practice are required for skill development.</p> <p>1.4 Appreciate the aesthetic and athletic values of movement.</p> <p>1.5 Appreciate and respect diversity while participating in physical activity.</p> <p>1.6 Appreciate and respect the natural environment while participating in physical activity.</p>
<b>2</b>	<p align="center"><b>Fitness Management</b></p> <p>The student will demonstrate the ability to develop and follow a personal fitness plan for lifelong physical activity and well-being.</p> 		<p>2.1 Show an interest in and responsibility for personal fitness.</p> <p>2.2 Appreciate the role and contribution of regular participation in physical activity for health and fitness.</p> <p>2.3 Show respect and acceptance for physical and performance limitations of self and others.</p>
<b>3</b>	<p align="center"><b>Safety</b></p> <p>The student will demonstrate safe and responsible behaviours to manage risks and prevent injuries in physical activity participation and in daily living.</p> 		<p>3.1 Show respect for safety of self and others.</p> <p>3.2 Show responsibility in following rules and regulations in dealing with safety of self and others.</p>
<b>4</b>	<p align="center"><b>Personal and Social Management</b></p> <p>The student will demonstrate the ability to develop self-understanding, to make health-enhancing decisions, to work cooperatively and fairly with others, and to build positive relationships with others.</p> 		<p>4.1 Show a positive attitude toward learning, growth, and personal health.</p> <p>4.2 Be sensitive to the needs and abilities of others.</p> <p>4.3 Demonstrate personal responsibility in daily work and play.</p> <p>4.4 Show a willingness to play fairly and work cooperatively/collaboratively with others.</p> <p>4.5 Show a positive attitude toward change.</p> <p>4.6 Enjoy participation and learning.</p>
<b>5</b>	<p align="center"><b>Healthy Lifestyle Practices</b></p> <p>The student will demonstrate the ability to make informed decisions for healthy living related to personal health practices, active living, healthy nutritional practices, substance use and abuse, and human sexuality.</p> 		<p>5.1 Appreciate and value the benefits of healthy lifestyle practices for a healthy body.</p> <p>5.2 Appreciate the importance of making health-enhancing decisions in daily living.</p> <p>5.3 Appreciate the responsibilities and commitment associated with developing healthy relationships.</p>

\* Source: Manitoba Education and Training. *Kindergarten to Senior 4 Physical Education/Health Education: Manitoba Curriculum Framework of Outcomes for Active Healthy Lifestyles*. Winnipeg, MB: Manitoba Education and Training, 2000.

## The Curriculum Map

In the *Framework*, a Curriculum Map (20) identifies all the strands that are addressed in all or some of the grades. As the Grades 11 and 12 curricula were developed, key strand areas were selected and specific modules were developed to expand on the learning outcomes identified for Grade 9 and/or Grade 10. For example, the Substance Use and Abuse Prevention strand was developed further in Grade 11 to build on the knowledge, skills, and attitudes learned in previous grades.

New topics were also chosen for Grade 11 that connected to existing strands. For example, Module D: Social Impact of Sport is a link to and an extension of the Social Development strand. To see how the Grades 11 and 12 curricula connect with the strands or topics in the Curriculum Map presented in the *Framework*, refer to Appendix A: Curriculum Map for Grade 11 and Grade 12 Active Healthy Lifestyles at the end of this document. (The strands that appear in CAPS are addressed in both grades or only in one grade, as specified.)

## Policy for Implementing Grades 11 and 12 Physical Education/Health Education

The information from the *Framework* that required updating for Grades 11 and 12 PE/HE relates to the following areas:

- graduation requirements
- potentially sensitive content
- involvement of parents, families, and communities
- students with exceptional learning needs and/or special health care needs
- safety and liability

These areas are addressed below.

### Graduation Requirements

Physical education/health education (PE/HE) is a compulsory subject area from Grades 9 to 12, effective September 2008. In 2008/2009, students are required to graduate with a minimum of 29 credits, which must include three PE/HE credits. Beginning in 2009/2010, students are required to graduate with a minimum of 30 credits, which must include four PE/HE credits.

Grades 11 and 12 students will be graded for completion of courses using complete/incomplete designations rather than percentages. Grades 11 and 12 PE/HE credits will not be compulsory for Mature Student graduation.



The following chart indicates the timeline for phasing in the PE/HE credits.

Timeline for Phasing in PE/HE Credits	
Year	Regulation
2008/2009 Transition Year	Students will be required to graduate with a minimum of 29 credits, which must include three PE/HE credits (i.e., 10F, 20F, and 40F credits).
2009/2010	Students will be required to graduate with a minimum of 30 credits, which must include four PE/HE credits (i.e., 10F, 20F, 30F, and 40F credits).

For more information or updates on graduation requirements, refer to the Department's website at <[www.edu.gov.mb.ca/k12/policy/grad\\_require.html](http://www.edu.gov.mb.ca/k12/policy/grad_require.html)>.

## Potentially Sensitive Content

The *Framework* identifies the following content areas as potentially sensitive:

- human sexuality
- substance use and abuse prevention
- personal safety (i.e., sexual exploitation/assault)

Content and issues related to the learning outcomes specific to these topics may be potentially sensitive for some students and their parents/families and/or communities. This sensitivity may be based on family, religious, and/or cultural values. Potentially sensitive content must be treated in ways that are appropriate for the local school and community context. These areas require school divisions to use a planning process (that includes parental involvement) to determine programming details and establish local policy and procedures. Before implementation, teachers are required to check with the school administration for school and school division guidelines and procedures related to depth and breadth of content, choice of learning resources, assessment and reporting procedures, and providing a parental option.

### PARENTAL OPTION

A parental option means that parents may choose a school-based or alternative delivery of potentially sensitive content (i.e., human sexuality, substance use and abuse prevention, and personal safety). Parents have the right to opt for alternative delivery (e.g., home, professional counselling) for their child where the content is in conflict with family, religious, and/or cultural values.

In the Grade 11 Active Healthy Lifestyles curriculum there also are specific learning outcomes that are not considered sensitive but should be treated with sensitivity. These learning outcomes relate to topics such as loss and grief, diversity related to individuals, families, and cultures, healthy weight, body image, dress, and personal hygiene. Teachers are required to follow local guidelines developed for content that requires sensitive treatment.

For information on the decision areas to assist schools/divisions in establishing their policy and procedures, refer to the chart Potential Decision Areas for School/Division Planning provided in Appendix G: Common Planning Tools and Forms at the end of this document.

### Involvement of Parents, Families, and Communities

The *Framework* “encourages parents, families, and communities to work closely with educators in areas such as promotion of health, safety, and physical activity” (9). Implementation of the Grade 11 Active Healthy Lifestyles curriculum includes an OUT-of-class delivery model whereby parents will be involved with the pre- and post-sign-off process. Pre- and Post-Sign-off Forms must be completed prior to students’ participation in the physical activity practicum and upon its completion.

The *Policy Document* states:

Parents, students, and schools are encouraged to work together to determine what will work best in their specific situations to help young people take ownership of their own physical fitness. By doing so, they will discover interesting, rewarding activities that help them establish active lifestyles that will persist into their futures . . . . Local recreation and sports-related organizations are also encouraged to explore how nearby school and community facilities could be jointly used. (15)

The roles and responsibilities of students and parents, as outlined in the *Policy Document*, are as follows.

## ROLES AND RESPONSIBILITIES \*

### **Students: Roles and Responsibilities**

1. Discuss with parents/guardians and provide the school with a completed and signed copy of the Pre-Sign-off Form. The form requires the signature of a parent/guardian if the student is under the age of 18, or the student's signature if he or she is 18 or older. In some circumstances, parents/guardians may be required to sign for students who are 18 or older (e.g., students with severe disabilities).
2. Indicate to the school, prior to commencing the activities and at the time specified by the school, their intention to participate in activities that contribute to their personal fitness plan and are consistent with school/division policy and risk-management measures for the purpose of obtaining a PE/HE credit.
3. Participate in the OUT-of-class physical activities as part of their personal fitness plan towards the completion of their physical activity practicum. Track the hours, and complete the sign-off process as per school and/or division requirements.
4. Provide the school with pertinent documentation that will be used by the school for evaluation purposes (e.g., fitness plan, activity log . . .).
5. Assume, along with parents/guardians, responsibility for safety. Students should discuss concerns related to the selected physical activity with their parents/guardians and, together, they should exercise discretion and be aware of safety issues and the appropriate level of instruction and/or supervision before deciding to participate in the physical activity.

### **Parents/Guardians: Roles and Responsibilities**

1. Exercise discretion, be aware of safety issues and the recommended level of supervision, and discuss with the school and student any concerns about the nature of the activity.
2. Assume responsibility for monitoring safety. Before making physical activity choice(s), parents/guardians should be aware of safety issues, such as staffing qualifications, child abuse registry policy, and community organization's or group's liability insurance coverage.
3. Approve OUT-of-class activity, taking into consideration the general state of health of the student, information on risk, safety, school division policy, the educational and physical benefit to the student, and costs, if applicable.
4. Complete paperwork and provide Parent/Guardian Pre- and Post-Sign-off Forms for the selected activity and for the documentation provided to the school for evaluation purposes (e.g., physical activity log). Students who are 18 years of age or older are required to provide documentation for evaluation purposes.

\* Source: Manitoba Education, Citizenship and Youth. *Implementation of Grades 11 and 12 Physical Education/Health Education: A Policy Document*. Winnipeg, MB: Manitoba Education, Citizenship and Youth, 2007. 15–16.

For more information on parental involvement and consent forms for the OUT-of-class delivery, refer to *OUT-of-Class Safety Handbook* (Manitoba Education, Citizenship and Youth).

## Students with Exceptional Learning Needs and/or Special Health Care Needs

School divisions are responsible for establishing local policy and procedures within the context of the provincial policies related to students with exceptional learning needs and/or special health care needs. Consideration for students with exceptional learning needs is an essential component of an inclusionary, learner-centred approach. PE/HE programming may necessitate various changes in the form of modifications, adaptations, and/or accommodations to support a student with exceptional learning needs.

### STUDENT WITH EXCEPTIONAL LEARNING NEEDS

A student who requires specialized services or programming when deemed necessary by the in-school team because of exceptional learning, social/emotional, behavioural, sensory, physical, cognitive/intellectual, communication, academic, or special health care needs that affect his or her ability to meet learning outcomes (Manitoba Education, Citizenship and Youth, *Appropriate Educational Programming in Manitoba: Standards for Student Services* 28).

As indicated in the *Framework* (12–13), school divisions should include the following when establishing local policy and procedures for students with special health care needs that limit participation in PE/HE:

- Establish definition for short-term and long-term absence, considering scheduling implications (e.g., may depend on the number of classes per week or cycle).
- Require notification from parents for short-term injuries/special health care needs.
- Require a medical certificate for students with special health care needs that limit or prohibit participation in physical activity for a longer term (e.g., more than two weeks).
- Seek out medical information to include in the child's individual health care plan, where appropriate.
- Establish a means of communication for seeking further information or direction related to policy and supports for students with special health care needs (e.g., contact divisional student service administrator).
- Provide adaptations where possible.
- Refer to any available medical information (e.g., a student's individual health care plan) when planning appropriate adaptations.
- Follow regular grading practices and reporting procedures when students with special health care needs are expected to achieve the student learning outcomes, with or without adaptations.

At the Senior Years, four credits of PE/HE are compulsory. Where a student's temporary physical limitations and/or special health care needs prohibits him or her from participating in physical activity, it may be possible, depending on timetabling and scheduling, to **reschedule** the credit to another semester or year. In certain cases, it may be possible to apply **accommodation** procedures for students with special health care needs. For example, during the last semester of Grade 12, student learning outcomes could be adjusted to accommodate a student who has sustained an injury that limits the achievement of some physical skill-based outcomes.

Where none of the above options is possible, and in exceptional circumstances where the PE/HE credit cannot be obtained, the credit must be **substituted** from another subject area. In such a case, medical documentation is necessary to explain the substitution when recording student marks and credits locally.

For more information on these options, refer to Summary of Options for Students with Exceptional Learning Needs and Special Health Care Needs provided in Appendix G: Common Planning Tools and Forms at the end of this document. Also refer to *Appropriate Educational Programming in Manitoba: Standards for Student Services* (Manitoba Education, Citizenship and Youth), available online at [www.edu.gov.mb.ca/k12/specedu/aep/](http://www.edu.gov.mb.ca/k12/specedu/aep/).

## Safety and Liability

Safety is of particular concern in planning and implementing PE/HE. The primary responsibility and legal liability for ensuring safe practices for school-based activities rests with the school division and its employees. Refer to *OUT-of-Class Safety Handbook* (12-15).

### *IN-Class Delivery*

For school-based activities that occur IN-class, schools must develop safe routines and procedures, and teachers need to be knowledgeable of the best safety practices, whether teaching, learning, and assessment take place in the classroom, gymnasium, playground, or alternative environments. Teachers responsible for providing a wide variety of challenging movement experiences in physically active settings must anticipate hazards and minimize the risk inherent in physical activity. Expertise in physical activity management is essential. For some specific physical activities/programming, such as aquatics, it is recommended that certified training be required.

#### **I N - C L A S S**

IN refers to IN-class instructional time that is teacher-directed and based on learning outcomes from the curriculum. This class time is timetabled as part of the instructional day, and students are required to attend.

The *Framework* states:

Sections 86, 87, and [90] of *The Public Schools Act* address exemption from liability in areas of physical education, and may provide some degree of exemption from liability and negligence.

However, it is important that school divisions be aware that it is their primary responsibility for ensuring safe practices when planning and implementing [school-based activities].

In several litigations resulting from students being injured during physical education classes, Canadian courts have demonstrated a clear departure from “the careful and prudent parent” standard of care when assessing teacher negligence, adopting instead a “professional” standard of care. (15)

The Supreme Court of Canada has said that to determine whether a physical education teacher has *not* been negligent or in breach of the necessary and appropriate standard of care, the following criteria, identified in *YouthSafe Manitoba*, must be considered:

- Is the activity sanctioned by the school administration and school authority?
- Is the activity suitable to the age, mental and physical condition of the participant(s)?
- Have students been informed of the risks and responsibilities (e.g., safety procedures, behaviour expectations and consequences) of participation?
- Have the participants been progressively taught and coached to perform the activity properly and to identify and manage the risks inherent in the activity and environment?
- Is the equipment adequate and suitable for the activity?
- Is the activity being supervised properly for the inherent risk involved?  
(Hanna, Quest Research and Consulting Inc., and YouthSafe Outdoors, Safety First 7-8)

Schools continue to use the following resources when developing or revising local policy and procedures, as well as when obtaining information related to equipment, facilities, supervision, teaching progressions, and risk management:

- *Safety Guidelines for Physical Activity in Manitoba Schools* (Manitoba Physical Education Teachers Association, et al.)
- *YouthSafe Manitoba: School Field Trip Resource* (Hanna, Quest Research and Consulting Inc., and YouthSafe Outdoors)

## *OUT-of-Class Delivery*

For the purposes of implementing the OUT-of-class delivery model, physical activities are defined in the following two categories because the safety rules and regulations are different for each (see *OUT-of-Class Safety Handbook*, Glossary of Terms):

- **School-based activities:** School-based activities that may be selected for the OUT-of-class component of PE/HE are organized by the school/division and include activities that do not occur as part of the scheduled class time, such as sports teams, intramurals, clubs, field trips, and others. Note that the safety rules governing school-based activities for OUT-of class are the same for IN-class.
- **Non-school-based activities:** Non-school-based activities are home-, community- or independently based activities that are not directly organized by the school or school division, such as community sports, classes and clubs, and exercising at home. Note that the safety rules governing non-school-based activities for OUT-of class are different than for IN-class.

### OUT - OF - CLASS

OUT refers to OUT-of-class time that is student-directed and based on learning outcomes from the curriculum that promote participation in physical activity. The OUT-of-class delivery option will require teacher and parent/guardian sign-off.

The OUT-of-class time may include physical activities that occur

- in school with teacher supervision (e.g., intramurals, interschool sports, fitness workouts) but not during instructional class time
- outside of the school or off school property, and without direct supervision by a certified teacher or other person employed by or under contract with a school division

For non-school-based activities as part of the OUT-of-class delivery model, different rules apply as compared to school-based activities. For OUT-of-class activities that are not organized by the school, the primary responsibility and legal liability for ensuring safe practices rests with the students, parents, and community organizations that organize and provide the coaches/instructors for the activity.

Schools and school divisions are required to develop a risk-management policy related to the OUT-of-class physical activity practicum, as well as provide risk-management measures and a teacher and parent/guardian sign-off process that aligns with government policy.

Determining eligibility of physical activities that students may include for the OUT-of-class physical activity practicum is a local decision. Certain high-risk activities that are inherently dangerous may be prohibited by the school/division and will not be eligible for credit under any circumstances. This policy might also require that certain activities (e.g., trampolining) that are known to be associated with a higher rate of injury when unsupervised be directly supervised by a qualified instructor or coach to be eligible for credit. Other risk factors, conditions, or exceptional circumstances may also need to be considered prior to acceptance.

A Physical Activity Inventory (RM 3-PA: Physical Activity Inventory) is provided in this document to help schools/divisions develop their eligible activities list. If students choose an activity that is not included in the eligible activities list, this activity will need to be approved by the school/division according to the process outlined in its policy. The school division has the right to prohibit inclusion of a high-risk physical activity as part of a physical activity plan and/or log.

For information on developing local policy and procedures, sample Parent Declaration and Consent Forms, Physical Activity Safety Checklists, glossary of terms, criteria established by the Supreme Court of Canada to determine the necessary and appropriate standard of care within the context of physical education for non-school-based activities, refer to *OUT-of-Class Safety Handbook*, available online at [www.edu.gov.mb.ca/k12/cur/physhlth/curriculum.html](http://www.edu.gov.mb.ca/k12/cur/physhlth/curriculum.html).



## Planning for Implementation

*Implementation of Grades 11 and 12 Physical Education/Health Education: A Policy Document (Policy Document)* outlines guiding principles (see page 4) and provides information on the curriculum design and the IN-class and OUT-of-class delivery model (see page 9) that schools must be aware of before planning for implementation.

### Guiding Principles

The guiding principles were developed for Grades 11 and 12 PE/HE based on information collected from research, stakeholders, and educational partners to serve as a foundation for supporting the development and future implementation of Grades 11 and 12 PE/HE.

The guiding principles outlined in the *Policy Document* include the following.

#### GUIDING PRINCIPLES \*

- Develop learning outcomes that align with the K–12 PE/HE *Framework* to maintain the vision and integrity of this [*Policy Document*].
- Encourage youth to take greater ownership of their physical fitness and become involved in physical activities suited to their own individual interests and abilities.
- Involve parents/guardians/schools/community in a supportive and complementary role to build positive values and attitudes.
- Provide schools with flexibility in determining the best delivery model depending on local resources.
- Provide variety and choice of activities to students through an IN-class and OUT-of-class delivery model.
- Allow for schools and students/parents/guardians to determine how the learning outcomes of the curriculum will be achieved, that is, through a teacher-directed delivery model during IN-class time and a student-directed model as part of the OUT-of-class time.
- Ensure clarity of roles and responsibilities of students, parents/guardians, school administrators, teachers, school divisions, and Manitoba Education, Citizenship and Youth.

\* Source: Manitoba Education, Citizenship and Youth. *Implementation of Grades 11 and 12 Physical Education/Health Education: A Policy Document*. Winnipeg, MB: Manitoba Education, Citizenship and Youth, 2007. 4.

As schools begin and continue to implement the Grade 11 Active Healthy Lifestyles curriculum, the intent of the flexible delivery model is to ensure that variety and choice of physical activities is offered to students to accommodate personal factors such as interest, accessibility, and ability, considering local resources.

## Guidelines for Implementation

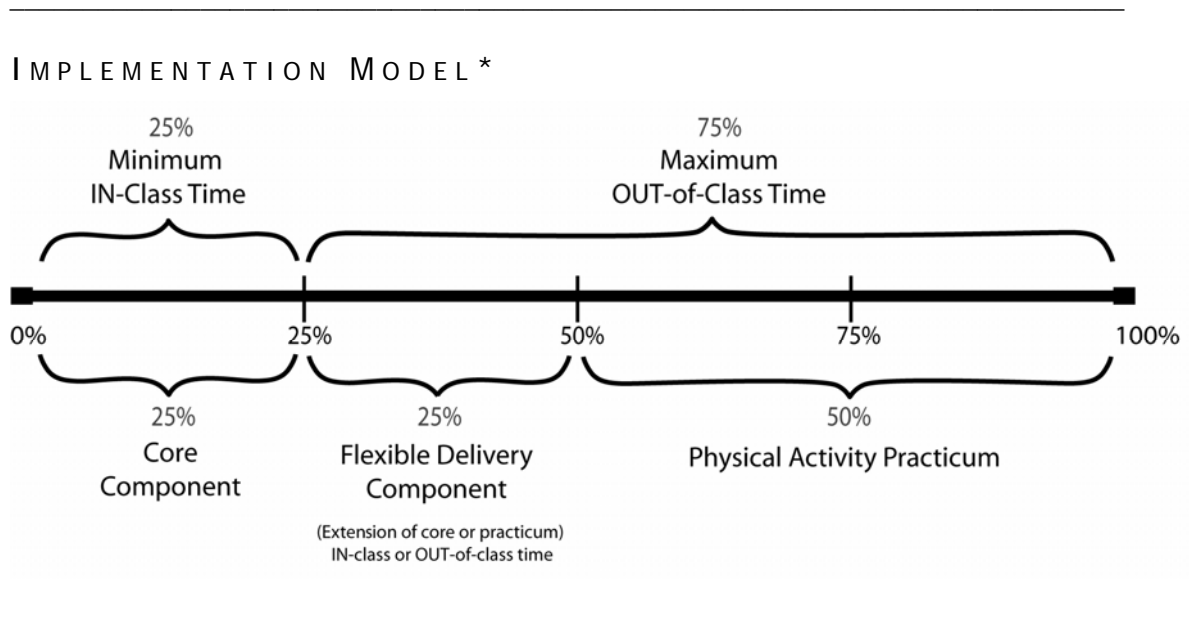
When planning for implementation, consider the following four steps:

1. Choose an implementation model.
2. Develop an OUT-of-class safety policy.
3. Develop a pre- and post-sign-off process.
4. Establish evaluation and reporting procedures.

A discussion of each step follows. Guidelines are suggested for each identified step to address the requirements and guiding principles identified in the *Policy Document*.

### 1. Choose an Implementation Model

Schools will implement the Grades 11 and 12 PE/HE curriculum based on the following Implementation Model.



\* Source: Manitoba Education, Citizenship and Youth. *Implementation of Grades 11 and 12 Physical Education/Health Education: A Policy Document*. Winnipeg, MB: Manitoba Education, Citizenship and Youth, 2007. 10.

The curriculum learning outcomes are achievable through an IN-class and/or an OUT-of-class delivery model. Schools may choose the proportion of IN-class and OUT-of-class time for the courses they offer based on local priorities and preferences, while ensuring alignment with minimum requirements related to this model. The delivery model must include an IN-class component that must be a minimum of 25% of IN-class time. It must also include a physical activity practicum (whether or not it is delivered IN- or OUT-of-class), which must be a minimum of 50% and up to a maximum of 75% of time.

The Implementation Model is made up of three components, as described below:

- **Core Component:** This component refers to the minimum of 25% of IN-class time (approximately 30 hours) that must be teacher-directed. This component focuses on health and personal planning and contains specific learning outcomes organized into four units of instruction called modules. The Grade 11 Active Healthy Lifestyles Core Component modules are: Module B: Fitness Management, Module C: Mental-Emotional Health, Module D: Social Impact of Sport, and Module E: Substance Use and Abuse Prevention. Each module aligns with one or more of the five general learning outcomes.
- **Physical Activity (PA) Practicum:** A minimum of 50% (i.e., 55 hours) is required for the physical activity practicum, which contains specific learning outcomes that focus on safe participation in physical activity. This may be achieved through IN-class, OUT-of-class, or a combination of IN-class and OUT-of-class time. Therefore, schools could choose to offer 100% IN-class time, which would include a minimum of 50% physical activity practicum that would occur in class or in school-supervised activities. Module A: Physical Activity Practicum contains suggestions and tools for getting started on and implementing the physical activity plan that may be useful for IN-class or OUT-of-class delivery. The primary purpose of the physical activity practicum is to allow students to choose, with teacher guidance, physical activities that they enjoy to address health-related fitness components over a period of time, with a primary emphasis on cardiorespiratory endurance.

Eligible physical activities for the physical activity practicum, particularly for the student-directed OUT-of-class time, must

- contain a minimum of 55 hours of moderate to vigorous physical activity that contributes to cardiorespiratory endurance (heart, lungs, circulatory system) plus one or more of the other health-related fitness components (muscular strength, muscular endurance, and flexibility)
- be safe, ethical, and age/developmentally appropriate
- address risk-management measures based on *Safety Guidelines for Physical Activity in Manitoba Schools* and *YouthSafe Manitoba: School Field Trip Resource*, and require special parental permission
- require students to submit a personal fitness portfolio containing elements such as a fitness plan, a physical activity log, or journal entries
- include a teacher and parent/guardian pre- and post-sign-off process

- **Flexible Delivery Component:** Schools have the choice or flexibility to expand the time to address the learning outcomes identified for the Core Component or for the Physical Activity Practicum. It allows up to 25% of the time to be spent exploring selected areas of interest or specialization, either by the class, through an increase in the IN-class time, or by individual students, through an increase in OUT-of-class time, depending on local resources and needs. There is opportunity to increase the depth or breadth of each strand/module. Learning outcomes are teacher- or student-developed.

The time for the Flexible Delivery Component of the curriculum can be used in a variety of ways. Some examples follow:

- Increase time for the IN-class Physical Activity Practicum.
- Increase time for the OUT-of-class Physical Activity Practicum.
- Increase time for one or more of the Core Component modules to allow teachers more IN-class time for in-depth study.
- Increase time for one or more of the Core Component modules to allow students more OUT-of-class time for in-depth study.
- Allow IN- or OUT-of-class time for teachers or students to expand on a topic that connects with one or more of the modules from the Core Component or the Physical Activity Practicum. Some examples are suggested below:
  - Module A: Physical Activity Practicum could include opportunities for alternative pursuits/outdoor education, sport or dance specialization, and biomechanics for high performance.
  - Module B: Fitness Management could include more exercise science topics such as energy systems, fitness training, and fitness leadership.
  - Module C: Mental-Emotional Health could include research projects or learning more about alternative health options.
  - Module D: Social Impact of Sport could include leadership in sport and recreation.
  - Module E: Substance Use and Abuse Prevention could include developing an anti-drug or anti-violence prevention campaign.

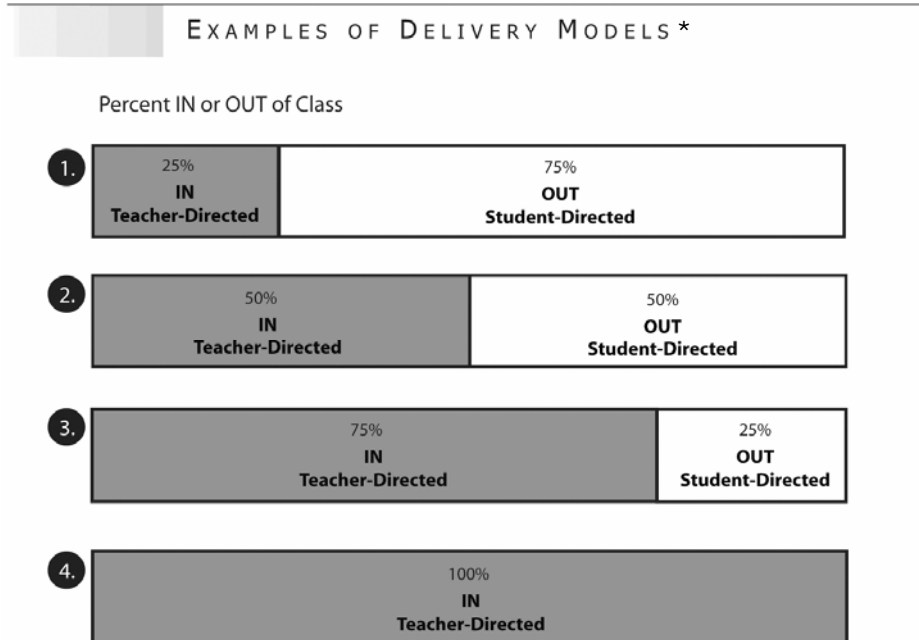
### *Examples of Delivery Models*

Schools will choose different implementation models, depending on their local needs and resources. Schools may choose one model, or they may wish to offer a combination of models and allow students to choose which delivery model suits their needs.

The following are examples of various delivery or timetabling models that different schools have created:

- **Block programming:** Require students to complete “x” number of blocks or units of instruction, as identified in the school course outline. This type of programming depends on the number of teachers available to be scheduled. With more teachers available, a greater number of blocks or units can be offered to students. When students are not participating in a block or unit, they are on unassigned or OUT-of-class time.
- **Looping:** Schedule Grades 11 and 12 students together so that in the first year all students take the Grade 11 course, and then in the second year all students take the Grade 12 course.
- **Course pathways or streams:** Offer a choice of course options to students, based on factors such as percentage of IN-class/OUT-of-class time, topic or sport, gender, and so on.
- **Flexible scheduling:** Provide the opportunity for students and teachers to deliver the course in different ways or at different times of the day (e.g., early bird classes, after-hour classes, seminars).
- **Other**

The following diagram shows ways of scheduling course pathways or streams based on percentage of IN-class/OUT-of-class time.



\* Source: Manitoba Education, Citizenship and Youth. *Implementation of Grades 11 and 12 Physical Education/Health Education: A Policy Document*. Winnipeg, MB: Manitoba Education, Citizenship and Youth, 2007. 11.

The Grade 11 Active Healthy Lifestyles course could vary from teacher to teacher, depending on what delivery model is chosen and how the flexible component will be treated. Whatever model is chosen, teachers will need to develop a plan for each of the components (Core, Physical Activity Practicum, and Flexible Delivery).

The following examples show a variety of ways to schedule course components based on percentage of IN-class/OUT-of-class time. The intent is that students would be able to choose the combination that best meets their needs.

<b>25%/75% IN/OUT – Active Healthy Lifestyles</b>			
Component	Module	% Time IN	% Time OUT
Core Component (25%)	Module B: Fitness Management	10%	
	Module C: Mental-Emotional Health	5%	
	Module D: Social Impact of Sport	5%	
	Module E: Substance Use and Abuse Prevention	5%	
Physical Activity Practicum (50%)	Personal Fitness Portfolio		50%
Flexible Delivery Component (25%)	Personal Fitness Portfolio		25%
Student/Teacher Conferencing	(e.g., 1 hour per student)		

<b>50%/50% IN/OUT – Active Healthy Lifestyles</b>			
Component	Module	% Time IN	% Time OUT
Core Component (25%)	Module B: Fitness Management	10%	
	Module C: Mental-Emotional Health	5%	
	Module D: Social Impact of Sport	5%	
	Module E: Substance Use and Abuse Prevention	5%	
Physical Activity Practicum (50%)	Personal Fitness Portfolio		50%
Flexible Delivery Component (25%)	Physical Activity/Sport Options	25%	
	Health Options		
Student/Teacher Conferencing	(e.g., 1 hour per student)		

<b>75%/25% IN/OUT – Active Healthy Lifestyles</b>			
Component	Module	% Time IN	% Time OUT
Core Component (25%)	Module B: Fitness Management	10%	
	Module C: Mental-Emotional Health	5%	
	Module D: Social Impact of Sport	5%	
	Module E: Substance Use and Abuse Prevention	5%	
Physical Activity Practicum (25%)	Personal Fitness Portfolio		25%
Flexible Delivery Component (50%)	Physical Activity/Sport Options	50%	
	Health Options		
Student/Teacher Conferencing	(e.g., 1 hour per student)		

<b>100% IN – Active Healthy Lifestyles</b>			
Component	Module	% Time IN	% Time OUT
Core Component (25%)	Module B: Fitness Management	10%	
	Module C: Mental-Emotional Health	5%	
	Module D: Social Impact of Sport	5%	
	Module E: Substance Use and Abuse Prevention	5%	
Physical Activity Practicum (50%)	Physical Activity/Sport Options	50%	
Flexible Delivery Component (25%)	Physical Activity/Sport Options	10%	
	Teacher-Developed Module (e.g., Leadership, Sport Science, Cardiopulmonary Resuscitation [CPR] Certification, Health Research Projects)	15%	

## 2. Develop an OUT-of-Class Safety Policy

Schools and school divisions are required to develop a risk-management policy related to the OUT-of-class physical activity practicum, as well as provide risk-management measures and a teacher and parent/guardian sign-off process that aligns with government policy.

For information on developing an OUT-of-class safety policy, refer to the guidelines and suggestions in *OUT-of-Class Safety Handbook* (Manitoba Education, Citizenship and Youth), available online at [www.edu.gov.mb.ca/k12/cur/physhlth/curriculum.html](http://www.edu.gov.mb.ca/k12/cur/physhlth/curriculum.html).

### 3. Develop a Pre- and Post-Sign-off Process

The *Policy Document* requires a teacher and parent/guardian pre- and post-sign-off process for the OUT-of-class delivery model. As schools are developing their local policies and procedures, the following must be taken into consideration:

- If a parent/guardian is unwilling to approve the OUT-of-class time component outlined by the school, the school should provide other opportunities for the student to meet the time expectation, such as IN-school supervised activities (e.g., intramurals, fitness clubs). Examples of circumstances that may necessitate this special type of support are exceptional learning needs, safety concerns, and religious and cultural values.
- At a parent's/guardian's request, a school offering a 100% IN-class model must allow the student to opt for a minimum 25% OUT-of-class option as part of a personalized physical activity practicum. Schools will determine eligibility of a higher percentage based on local policy.
- For students who cannot achieve the required credit or credits because of exceptional circumstances (e.g., unforeseen serious physical or medical limitation, cultural values), the school administrator, in discussion with parents/guardians, can decide to substitute a maximum of two credits, as per school division policy and existing departmental policy. This substitution of credits must be reported to the Department.
- Physical activities selected for the OUT-of-class component do not qualify when the activities are the result of employment where the student receives payment, or when they are related to another course for which the student receives credit (e.g., school-initiated courses related to dance or sports).

#### PRE - AND POST - SIGN - OFF

Pre- and post-sign-off refers to the sign-off process required for the student-directed option prior to implementing the physical activity practicum and upon its completion. This process involves teachers, students, parents/guardians, and/or supervising adult(s). The purpose of the Pre-Sign-off Form is to ensure the student/parent/guardian has chosen physical activity that is safe and appropriate to meet the learning outcomes. The purpose of the Post-Sign-off Form is to provide the documentation or evidence that the student met the requirements of the physical activity practicum. (*Policy Document 6*)

#### *Sign-off Process for OUT-of-Class Activities*

Schools/divisions are responsible for ensuring, through a sign-off process, that

- the student's choices of OUT-of-class physical activities for the course have been accepted by the teacher based on criteria for completion and divisional policy and approved by the parent (if the student is under 18 years of age)
- the student and parent (or only the student if 18 years or older) have been informed about the recommended safety guidelines and risk-management strategies related to the student's chosen physical activities



- the student and parent (or only the student if 18 years or older) are aware of their responsibility for the student’s safety during participation in the selected physical activities
- the student has completed the requirements of the physical activity practicum

There are two parts to the sign-off process involving the student, parent, and teacher: pre-sign-off and post-sign-off.

### *Pre-Sign-off Process*

- The purpose of the **student** pre-sign-off is to
  - identify what physical activities the student has chosen for his or her physical activity practicum based on division policy
  - demonstrate awareness of safety guidelines and risk-management strategies
- The purpose of the **parent** pre-sign-off is to
  - demonstrate agreement with their child’s choice of physical activities
  - demonstrate an assumption of responsibility for monitoring their child’s safety during participation in these activities
- The purpose of the **teacher** pre-sign-off for non-school-based and/or OUT-of-class school-based activities is to
  - show acceptance of the physical activity plan (i.e., that the student has met the criteria for completion of the plan, addressing factors such as personal goals, frequency of participation, intensity level, amount of time, and type of physical activity)
  - acknowledge that the student has demonstrated an understanding of the risk-management process and appropriate planning related to physical activity
  - ensure the student is aware of the safety guidelines and risk-management information and associated responsibilities for discussion with parents for their approval

The following steps are suggested to help facilitate the **pre-sign-off** process:

- The PE/HE teacher provides student orientation regarding the physical activity practicum requirements, personal physical activity plan, and risk management.
- The student selects eligible physical activities in consultation with the PE/HE teacher and parents, and as per division policy.
- The student, with teacher guidance, develops a personal physical activity plan that includes safety guidelines and risk-management strategies.

- The PE/HE teacher accepts the proposed plan based on criteria for completion and on division policy, and signs it.
- The student and parent (or only the student if 18 years or older) show acceptance of the personal physical activity plan and of the responsibility for safety by signing the Declaration and Consent Form.

### *Post-Sign-off Process*

- The purpose of the post-sign-off for the **student** and for the **parent** is to show that the student has fulfilled the requirements of the physical activity practicum (i.e., a minimum of 55 hours of moderate to vigorous physical activity that is safe, ethical, and age/developmentally appropriate).

For more details and suggestions on the pre- and post-sign-off process, refer to the lessons in Module A: Physical Activity Practicum, as well as to the *OUT-of-Class Safety Handbook* (Manitoba Education, Citizenship and Youth).

## 4. Establish Evaluation and Reporting Procedures

For the Grades 11 and 12 PE/HE credits, students will be graded for completion of the courses using complete/incomplete designations and not percentages (*Policy Document 14*). Teachers are responsible for evaluating and reporting PE/HE credits. Schools are responsible for awarding the credits for both IN- and OUT-of-class delivery. Students are responsible for achieving the identified learning outcomes, regardless of the delivery model used.

Physical activities selected for the OUT-of-class component do not qualify when the activities are the result of employment where the student receives payment, or when they are related to another course for which the student receives credit (e.g., school-initiated courses related to dance or sports).

As evidence for demonstrating progress and achievement of the learning outcomes related to the physical activity practicum, regardless of the delivery model used, students are required to submit a personal fitness portfolio. This portfolio should contain elements such as a fitness plan, a physical activity log, or journal entries (*Policy Document 14*). Because of the importance of the teacher managing and evaluating the OUT-of-class time for each student, staff time allocation should include conferencing time for the teacher to meet with each student periodically throughout the course. It is recommended that administrators allot staff time to manage and evaluate the IN/OUT-of-class activities in accordance with school division policy (*Policy Document 16*).

Schools will need to update current reporting systems to accommodate the complete/incomplete designation. Criteria for grading for completion of the personal fitness portfolio for the Physical Activity Practicum module, as well as the criteria for each of the four Core Component modules and other modules if applicable (i.e., Flexible Delivery Component modules) will need to be determined.

For additional information, refer to Assessment and Reporting in the Overview of Grade 11 Active Healthy Lifestyles, as well as the discussion on planning for assessment in Appendix D: Planning Guidelines for Physical Education/Health Education. Specific suggestions for instruction/assessment are provided in each module contained in this document.

## Specific Learning Outcomes

### Grade 11 Active Healthy Lifestyles—Specific Learning Outcomes

The specific learning outcomes identified for the Grade 11 Active Healthy Lifestyles curriculum are focused on developing active healthy lifestyles that are achievable through an IN-class and/or OUT-of-class delivery model, and are assessed by teachers. The specific learning outcomes for Grade 11 curriculum are organized within five modules according to the three curriculum components:

- The **Physical Activity Practicum** contains specific learning outcomes that focus on participation in physical activity.
- The **Core Component** contains specific learning outcomes (for each of the four modules) focusing on health and personal planning.
- The **Flexible Delivery Component** will address specific learning outcomes developed by the teacher and/or student.

Furthermore, the specific learning outcomes align with certain general learning outcomes (GLOs), as identified on the following pages.

### Module Codes

The following codes are used for the respective modules:

- PA** Physical Activity Practicum (Module A)
- FM** Fitness Management (Module B)
- MH** Mental-Emotional Health (Module C)
- SI** Social Impact of Sport (Module D)
- SU** Substance Use and Abuse Prevention (Module E)

### Specific Learning Outcome Codes

A code is used to identify each specific learning outcome by grade and module, as shown in the following example:

- 11.PA.1** The first two numbers refer to the grade (Grade 11).  
The two letters refer to the module (Physical Activity Practicum)  
The last digit indicates the specific learning outcome number.

## Physical Activity Practicum

### Module A: Physical Activity Practicum (PA)

<b>GLO 3—Safety</b>	<i>The student will demonstrate safe and responsible behaviours to manage risks and prevent injuries in physical activity participation and in daily living.</i>
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**11.PA.1** Demonstrate appropriate critical thinking, planning, and decision-making skills in the development and implementation of a personal physical activity plan that is safe and ethical and contributes to health-related fitness goals.

**11.PA.2** Demonstrate an understanding of the risk-management process and responsibilities related to physical activity participation.

**11.PA.3** Demonstrate the ability to access and use information for making informed decisions about safety and risk management related to physical activity participation.

*Includes:* level of instruction, level of supervision, facilities/environment, equipment, clothing/footwear, and personal and other considerations

<b>GLO 1—Movement</b>	<i>The student will demonstrate competency in selected movement skills, and knowledge of movement development and physical activities with respect to different types of learning experiences, environments, and cultures.</i>
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**11.PA.4** Apply movement skills and concepts in selected physical activities that meet the goals of a personal physical activity plan.

<b>GLO 2—Fitness Management</b>	<i>The student will demonstrate the ability to develop and follow a personal fitness plan for lifelong physical activity and well-being.</i>
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**11.PA.5** Participate in physical activities at a moderate to vigorous intensity level.

**11.PA.6** Record and report the frequency, intensity, time, and type of the physical activities, as indicated in the personal physical activity plan, and reflect on physical activity participation.

## Core Component

### Module B: Fitness Management (FM)

<b>GLO 2—Fitness Management</b>	<i>The student will demonstrate the ability to develop and follow a personal fitness plan for lifelong physical activity and well-being.</i>
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- 11.FM.1** Evaluate the benefits of selected types of physical activities in the development of fitness and in the prevention of disease at various stages of life.  
*Examples:* relationship between aerobic activity and cardiovascular disease, breast cancer, type 2 diabetes, mental health; relationship between weight-bearing activities and osteoporosis
- 11.FM.2** Examine factors that have an impact on the development and implementation of and adherence to a personal physical activity plan.  
*Examples:* motivation, barriers, changing lifestyle, values and attitudes, social benefits, finances, medical conditions, incentives, readiness for change
- 11.FM.3** Examine and evaluate factors that affect fitness and activity choices.  
*Examples:* intrinsic and extrinsic motivation, personal interests, personal health, family history, environment, finances, culture, level of risk
- 11.FM.4** Demonstrate an understanding of the concepts and principles related to the development and implementation of a personal physical activity plan.  
*Examples:* cardiorespiratory endurance/aerobic fitness, musculoskeletal fitness, training principles, FITT (frequency, intensity, time, type) principle
- 11.FM.5** Design, implement, evaluate, and revise an exercise routine that contributes to the health-related fitness components.  
*Examples:* resistance training, walking, running programs

## Module C: Mental-Emotional Health (MH)

<b>GLO 4—Personal and Social Management</b>	<i>The student will demonstrate the ability to develop self-understanding, to make health-enhancing decisions, to work cooperatively and fairly with others, and to build positive relationships with others.</i>
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- 11.MH.1** Identify and apply positive health strategies to deal with issues such as stress, anxiety, depression, and eating disorders.
- 11.MH.2** Examine media influence(s) on self-image and behaviour.
- 11.MH.3** Investigate the impact and importance of active healthy lifestyle practices on mental-emotional health issues.
- 11.MH.4** Examine the signs and symptoms of mental-emotional health issues related to stress, anxiety, depression, and eating disorders.
- 11.MH.5** Identify community service agencies that support individuals concerned about mental-emotional health issues.
- 11.MH.6** Apply problem-solving and decision-making strategies in case scenarios related to selected mental-emotional health issues.

## Module D: Social Impact of Sport (SI)

<b>GLO 4—Personal and Social Management</b>	<i>The student will demonstrate the ability to develop self-understanding, to make health-enhancing decisions, to work cooperatively and fairly with others, and to build positive relationships with others.</i>
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- 11.SI.1** Identify the different stages of sport participation and their role in society.
- 11.SI.2** Examine the impact of sport on various social issues.  
*Examples: ethnic background, gender equity, populations with exceptional needs, politics, technology, business*
- 11.SI.3** Analyze sporting behaviours that may be positive and/or negative.

## Module E: Substance Use and Abuse Prevention (SU)

<b>GLO 5—Healthy Lifestyle Practices</b>	<i>The student will demonstrate the ability to make informed decisions for healthy living related to personal health practices, active living, healthy nutritional practices, substance use and abuse, and human sexuality.</i>
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- 11.SU.1** Explain ways in which drugs and other substances are classified.
- 11.SU.2** Explain the stages of involvement in substance use or abuse.  
*Includes: non-involvement, irregular involvement, regular involvement, harmful involvement, and dependent involvement*
- 11.SU.3** Examine factors that influence decisions regarding substance use and abuse.
- 11.SU.4** Use reliable information in making healthy decisions for helping self and/or others regarding substance use and abuse.



## Implementation Overview

### Grades 11 and 12 Philosophy for Effective Programming

The following are the key philosophical underpinnings to support effective programming for Grades 11 and 12 PE/HE.

- **Lifelong physical activity participation:** The intent of the Grades 11 and 12 curricula is to help students develop the necessary knowledge, skills, and attitudes in personal planning for lifelong physical activity participation.
- **Taking greater ownership:** Due to the age and maturity of students in Grades 11 and 12, the goal is to encourage students to take greater ownership for their physical fitness and to become involved in physical activities suited to their own individual interests and abilities.
- **Healthy decision making:** Leading an active healthy lifestyle will contribute to health and well-being. Helping students understand the importance of making informed healthy decisions relevant to the five major health risk areas for youth continues to be the focus in promoting active healthy lifestyles for all students.
- **Choice and variety:** A key element for lifelong physical activity participation is finding activities that one personally enjoys and feels successful at. Where schools can offer students a choice and variety of activities within the IN-class component or the opportunity to choose their own activities as part of the OUT-of-class component, students are more likely to choose something that they enjoy and that would be suited to their interests and abilities.
- **Active and interactive learning strategies:** Brain research (Cone, et al.; Jensen) supports the approach of engaging students in active learning to increase retention and to make learning more relevant, meaningful, and enjoyable. In a PE setting, learning/teaching strategies engage students through a variety of physical activities that involve many of the multiple intelligences (e.g., bodily/kinesthetic, visual, spatial). From an HE perspective, interactive learning/teaching strategies (e.g., brainstorming, Think-Pair-Share, role playing) promote social interaction and cooperative learning, which highlight interpersonal intelligence.
- **Cooperative and low competitive-type learning activities:** Cooperative and low competitive-type activities help promote positive social interactions among students, promote inclusion, and allow students to work together toward achieving a common goal. Competitive experiences that allow students to participate at or near their own ability level contribute to increasing self-confidence and make the games or challenges more enjoyable.

- **Involvement of parents/families and communities:** Building partnerships is essential for providing a healthy, supportive environment for children and youth. Schools, parents, and communities need to work together to achieve the vision of realizing *physically active and healthy lifestyles for all students*. The home, school, and community all play an important role in providing opportunities for Senior Years students to be physically active daily or regularly.
- **Promote sustainable development:** PE/HE helps students to learn how active healthy lifestyles contribute to human health and well-being, the environment, and the economy. It is essential for students to understand the consequences of their behaviour today and the impact it may have on their future quality of life.

## Connections between the General Learning Outcomes and the Modules

To maintain the integrity of the *Framework* and the vision of the curriculum, each of the five modules in this document connects to a strand or sub-strand under one or more general learning outcomes (GLOs). Students in Kindergarten to Grade 12 are to demonstrate learning relative to the general learning outcomes. The following is a description of each GLO and how the Grade 11 Active Healthy Lifestyles curriculum addresses or connects to each GLO.

### GLO 1—Movement



*The student will demonstrate competency in selected movement skills, and knowledge of movement development and physical activities with respect to different types of learning experiences, environments, and cultures.*

### Connections to Grade 11 Modules

Throughout Kindergarten to Grade 10, PE/HE programming emphasizes acquisition and application of movement skills in a variety of physical activities for developing physical literacy. In Grade 11, through Module A: Physical Activity Practicum, students have the opportunity to participate or specialize in activities of their choice. Students will set personal goals related to their physical activity plan. These personal goals may focus on health-related fitness components and/or skill-related fitness components, depending on the students' choice of physical activity/sport and ability.

## GLO 2—Fitness Management



*The student will demonstrate the ability to develop and follow a personal fitness plan for lifelong physical activity and well-being.*

### **Connections to Grade 11 Modules**

The specific learning outcomes addressed in Module B: Fitness Management continue to help students develop a pattern of daily and/or regular participation in physical activities and develop an understanding of how to acquire/maintain optimal personal health and fitness. The ultimate goal is for each student to value physical activity as a key component of health and to take ownership for his or her fitness through regular participation in physical activity. In the physical activity practicum, Grade 11 students are required to achieve a minimum of 55 hours of moderate to vigorous physical activity that contributes to cardiorespiratory endurance plus one or more of the other health-related fitness components (muscular strength, muscular endurance, and flexibility).

There is a strong connection between the lessons in Module B: Fitness Management and the physical activity practicum. Students will determine where they are on the Stages of Change continuum (i.e., pre-contemplation, contemplation, preparation, action, or maintenance stage), set goals accordingly, and then develop and implement a physical activity plan. Students will choose safe, ethical, and age/developmentally appropriate physical activities IN-class or OUT-of-class that will contribute to the goals of their physical activity plan. The OUT-of-class model provides students with more opportunity to take responsibility and to be accountable for their participation while receiving guidance and support from their teacher and parents.

Fitness assessment is optional as part of this curriculum. If teachers and/or students choose to do fitness assessments, they need to use a humanistic approach that emphasizes education, prevention, and intervention. Fitness assessment is used to establish personal goals and to monitor individual progress, rather than to compare one student's results to those of others, as in norm-referenced testing.

For more information about fitness assessment, refer to *Guidelines for Fitness Assessment in Manitoba Schools: A Resource for Physical Education/Health Education* (Manitoba Education, Citizenship and Youth), which is available on the CD-ROM that accompanies this document, as well as online at

<[www.edu.gov.mb.ca/k12/cur/physhlth/curriculum.html](http://www.edu.gov.mb.ca/k12/cur/physhlth/curriculum.html)>.

## GLO 3—Safety



*The student will demonstrate safe and responsible behaviours to manage risks and prevent injuries in physical activity participation and in daily living.*

### **Connections to Grade 11 Modules**

This GLO continues to be emphasized in Module A: Physical Activity Practicum and in Module B: Fitness Management relative to physical activity participation and in the other PE/HE modules relative to making safe decisions in daily living. Safety education and risk management are essential to helping students prevent injury, reduce risks, and avoid potentially dangerous situations, whether the topic is related to PE or HE.

Students, parents, the school, and the community are all involved in managing risk for the non-school-based activities that occur during the OUT-of-class component of this course. Students are provided the opportunity to choose physical activities suited to their own interests and abilities through the OUT-of-class delivery model. With this choice, students take more responsibility, along with their parents, for becoming informed about the safe and responsible behaviours related to the selected physical activities.

Since all physical activity involves an element of risk, teachers, parents, and students have the responsibility to minimize risks and hazards at all times. Students and parents must follow the local policy and procedures (i.e., sign-off process) for school-based and non-school-based OUT-of-class physical activities.

Students will be responsible for demonstrating an awareness of the safe and responsible behaviours to manage risks and prevent injuries in physical activity participation in accordance with the following risk factors:

- level of risk of the activity
- level of instruction
- level of supervision
- facilities/environment
- equipment
- clothing/footwear
- environmental factors
- personal and other considerations

The *OUT-of-Class Safety Handbook* provides Physical Activity Safety Checklists to support the implementation Module A: Physical Activity Practicum. These checklists are intended to assist with providing students, teachers, and parents with the necessary safety information. Note, however, that many of these checklists include risk-management strategies recommended as minimum standards for participation in what are predominantly organized programs. Instructors, coaches, or program leaders of OUT-of-class physical activities may also impose more stringent safety standards. These standards may vary according to the nature of the activity (e.g., recreational versus competitive). Any number of variables may increase or decrease the risks involved, such as the student's personal experience, skill level and physical condition, the level of intensity of the activity, as well as the student's personal behaviour during physical activity participation.

For more information about safety and specific Physical Activity Safety Checklists, refer to *OUT-of-Class Safety Handbook* (Manitoba Education, Citizenship and Youth), which is available online at <[www.edu.gov.mb.ca/k12/cur/physhlth/curriculum.html](http://www.edu.gov.mb.ca/k12/cur/physhlth/curriculum.html)>.

#### GLO 4—Personal and Social Management



*The student will demonstrate the ability to develop self-understanding, to make health-enhancing decisions, to work cooperatively and fairly with others, and to build positive relationships with others.*

#### *Connections to Grade 11 Modules*

In the Grade 11 curriculum, Module C: Mental-Emotional Health and Module D: Social Impact of Sport are extensions of the learning outcomes related to Social Development and Mental-Emotional Development.

The following personal and social management skills that are identified in the *Framework* are reinforced in each module:

- goal-setting/planning skills
- decision-making/problem-solving skills
- interpersonal skills
- conflict-resolution skills
- stress-management skills

For example, goal-setting/planning skills are reinforced in the lessons in Module B: Fitness Management. Decision-making/problem-solving skills continue to be the foundation skills emphasized in every module.

## GLO 5—Healthy Lifestyle Practices



*The student will demonstrate the ability to make informed decisions for healthy living related to personal health practices, active living, healthy nutritional practices, substance use and abuse, and human sexuality.*

### ***Connections to Grade 11 Modules***

The strands identified for GLO 5 in the *Framework*, Personal Health Practices, Active Living, and Substance Use and Abuse Prevention, are addressed in the Grade 11 curriculum. The focus continues to be on accessing accurate and useful information to support healthy decision making. Learning about the benefits and importance of active healthy lifestyle practices for prevention of chronic disease or illness is also reinforced. Health promotion for self and others is emphasized in the suggested learning activities that build on the positive and negative aspects of different influences such as the media and peer pressure.

## Planning for Instruction

### Planning Guidelines and Tools

The Overview in *Senior 1 and Senior 2 Physical Education/Health Education: A Foundation for Implementation* (Manitoba Education, Citizenship and Youth) contains planning guidelines on various topics for Grades 9 and 10 PE/HE that will also be useful to teachers planning for IN-class delivery of Grades 11 and 12 PE/HE.

To make this planning information more accessible for teachers to use in the context of the Grade 11 Active Healthy Lifestyles curriculum, Appendix D: Planning Guidelines for Physical Education/Health Education provides guidelines and suggestions for the following areas:

- Part A: Planning for Instruction
  - Creating a Meaningful Learning Environment
  - Implementation Guidelines for the General Learning Outcomes
  - Planning for Students with Exceptional Learning Needs
  - Fostering a Safe and Supportive Learning Environment for Potentially Sensitive Content
  - Yearly/Semester Planning
  - Unit Planning
  - Lesson Planning
- Part B: Planning for Assessment
- Part C: Additional Planning

Teachers may also refer to Appendix G: Common Planning Tools and Forms at the end of this document. In addition, teachers are encouraged to use the planning tools provided on the Manitoba Education, Citizenship and Youth website at [www.edu.gov.mb.ca/k12/cur/physhlth/](http://www.edu.gov.mb.ca/k12/cur/physhlth/).

### Active Learning Strategies

Many of the instructional and assessment strategies suggested in each module of this curriculum document are active and/or interactive. They encourage students to collaborate with their peers, parents, caregivers, Elders, and other adults in their community. Interaction with others allows students to clarify and explore their own ideas, expand on what they know, learn from others, challenge each other, and construct new meanings.

Teachers are encouraged to use active and/or interactive learning strategies that promote discussion and health-enhancing decision making and accommodate different learning approaches (e.g., creating posters or pamphlets, brainstorming, reflection exercises, debates, drama, songs, videos, interviews, case studies, anonymous question box). The use of examples of current events from newspapers, magazines, television, radio, and/or movies also moves the content away from the students themselves and makes certain issues easier to talk about. Furthermore, brain research supports the benefits of physically active learning strategies, as physical activity increases the blood flow and oxygen to the brain.

Refer to Appendix E: Active Learning Strategies for examples of physically active learning strategies such as Carousel Brainstorming and Scavenger Hunts and interactive learning strategies such as Jigsaw, Think-Pair-Share, and Think and Link.



## Assessment and Reporting

For the Grades 11 and 12 PE/HE credits, students will be graded for completion of the courses using complete/incomplete designations and not percentages (*Policy Document 14*). Therefore, assessment and reporting may look different but the principles and best practices remain the same.

PE/HE teachers will require multifaceted assessment tools and strategies for a number of reasons. First, the assessment process must measure the kinesthetic, affective, and cognitive domains of each student's learning. Second, the assessment must account for all students within an inclusive learning environment. Third, as PE/HE in Grades 11 and 12 allows schools to choose an IN-class and/or OUT-of-class implementation model, the assessment must be adaptable enough to allow for this choice and flexibility. Finally, as previously stated, schools will report course credits as complete/incomplete instead of as percentages.

This section on assessment and reporting includes suggested assessment tools and strategies that will help teachers determine whether or not students provide the evidence for meeting the expectations of the specific learning outcomes to grant credit in the course.

Suggestions for assessing student achievement of the learning outcomes are also offered in other departmental documents:

- *Kindergarten to Senior 4 Physical Education/Health Education: Manitoba Curriculum Framework of Outcomes for Active Healthy Lifestyles* (Manitoba Education and Training)
- *Guidelines for Fitness Assessment in Manitoba Schools: A Resource for Physical Education/Health Education* (Manitoba Education, Citizenship and Youth)
- *Rethinking Classroom Assessment with Purpose in Mind: Assessment for Learning, Assessment as Learning, Assessment of Learning* (Earl, Katz, and Manitoba Education, Citizenship and Youth)
- *Communicating Student Learning: Guidelines for Schools* (Manitoba Education, Citizenship and Youth)

The discussion that follows synthesizes ideas about assessment from these documents from the unique perspective of today's PE/HE classroom. The following are addressed:

- Purposes of Assessment
  - Assessment *for* Learning
  - Assessment *as* Learning
  - Assessment *of* Learning
- Determining Course Completion
  - Assessing the Physical Activity Practicum
  - Assessing the Core Component
  - Assessing the Flexible Delivery Component

## Purposes of Assessment

*Rethinking Classroom Assessment with Purpose in Mind* (Earl, Katz, and Manitoba Education, Citizenship and Youth) defines three purposes for assessment: assessment *for* learning, assessment *as* learning, and assessment *of* learning.

### Assessment *for* Learning

Assessment *for* learning is designed to give teachers information to differentiate teaching and learning activities. It acknowledges that individual students learn in idiosyncratic ways, but also recognizes that there are predictable patterns and pathways that many students follow. It requires careful design on the part of teachers so that they use the resulting information to determine not only what students know, but also to gain insights into how, when, and whether students apply what they know. Teachers can also use this information to streamline and target instruction and resources, and to provide feedback to students to help them advance their learning.

Research has clearly demonstrated that student achievement increases when teachers increase the amount of descriptive feedback on student performance (Black and Wiliam). In the Grades 11 and 12 PE/HE courses, students will benefit from such feedback from teachers during conferencing, coaching sessions, and classroom observations.

Assessment *for* learning occurs throughout the learning process. It is interactive, with teachers

- aligning instruction with the targeted learning outcomes
- identifying particular learning needs of individual students or groups
- selecting and adapting materials and resources
- creating differentiated teaching strategies and learning opportunities for helping individual students move forward in their learning
- providing immediate feedback and direction to students

### Assessment *as* Learning

Assessment *as* learning is a process of developing and supporting metacognition for students. It focuses on the role of the students as the critical connector between assessment and learning. When students are active, engaged, and critical assessors, they make sense of information, relate it to prior knowledge, and use it for new learning. This is the regulatory process in metacognition. It occurs when students monitor their own learning and use the feedback from this monitoring to make adjustments, adaptations, and even major changes in what they understand.

Black and Wiliam showed that student achievement increased when they were more involved in their own assessment. Reflection, using tools such as goal setting, weekly physical activity reflections, and self-assessment/peer assessment, will increase the chances of student success.

The teacher's role in promoting the development of independent learners through assessment *as* learning is to

- model and teach the skills of self-assessment
- guide students in setting goals, and monitoring their progress toward reaching them
- provide exemplars and models of good practice and quality work that reflect curriculum outcomes
- work with students to develop clear criteria of good practice
- guide students in developing internal feedback or self-monitoring mechanisms to validate and question their own thinking, and to become comfortable with the ambiguity and uncertainty that is inevitable in learning anything new
- provide regular and challenging opportunities to practise, so that students can become confident, competent self-assessors
- monitor students' metacognitive processes as well as their learning, and provide descriptive feedback
- create an environment where it is safe for students to take chances and where support is readily available
- set realistic goals (SMART goals: specific, measurable, attainable, realistic, and time framed – refer to Module B, Lesson 5)

The gradual increase of student responsibility for assessment is part of developing students' autonomy as lifelong learners. The goal is to decrease students' dependence both on the teacher's comments for direction in learning and on their marks for validation of their accomplishments. This is paramount if students are to take responsibility for their own physical fitness and designing an exercise program that suits their lifestyle and time commitments.

Below are some suggestions for increasing students' role in assessment:

- **Encourage students to suggest alternative assignments to demonstrate their learning.**
- **Involve students in developing scoring rubrics.**

A class preparing oral presentations, for example, may develop a rubric in several stages:

- brainstorm ideas on the qualities of an effective presentation
- refine the criteria after viewing a simulated or videotaped presentation
- list the criteria in order of priority and assign values

- **Use assessment tools for student reflection and self-assessment at every opportunity.**

Assessment tools may include

- learning logs
- statement of goals
- self-reflective captions on portfolio items
- self-assessment rubrics

(See Appendix F: Sample Assessment Tools and Checklists.)

- **Remove the mystery from assessment by using “backward design.”**

Wiggins and McTighe’s “backward design” model identifies three distinct but related stages:

1. Identify desired results.
2. Determine acceptable evidence.
3. Plan learning experiences and instruction.

It is important to plan assessments before teaching. It is necessary to communicate course completion expectations to students and parents at the beginning of each term. This helps ensure that students understand precisely what products and performances they are accountable for producing as evidence of learning; it also encourages parents to provide support and encouragement to increase the likelihood that these assessment components are completed and submitted on time.

## Assessment *of* Learning

Assessment *of* learning is summative in nature and is used to confirm what students know and can do, and, occasionally, to show how they are placed in relation to others. Teachers concentrate on ensuring that they have used assessment evidence to provide accurate and sound statements of students’ proficiency.

Assessment *of* learning refers to strategies designed to confirm what students know, demonstrate whether or not they have met curriculum outcomes or the goals of their individualized programs, or to certify proficiency and make decisions about students’ future programs or placements. It provides evidence of students’ achievement to parents, other educators, the students themselves, and sometimes to outside groups (e.g., employers, other educational institutions). Assessment *of* learning is the assessment that becomes public and results in statements or symbols about how well students are learning. It often contributes to pivotal decisions that will affect students’ futures. It is important, then, that the underlying logic and measurement of assessment *of* learning be credible and defensible.

Due to the nature of experiential learning in PE, self-reflection and self-assessment are an important part of the assessment *of learning* process. Students need to understand the importance of monitoring their own progress as they work towards, for example, meeting the fitness goals set in the physical activity plan. Because the consequences of assessment *of learning* are often far-reaching and affect students seriously, teachers have the responsibility of reporting student learning accurately and fairly, based on the most recent evidence obtained from a variety of contexts and applications.

Effective assessment *of learning* requires that teachers provide

- a rationale for undertaking a particular assessment *of learning* at a particular point in time
- clear descriptions of the intended learning
- processes that make it possible for students to demonstrate their competence and skill
- a range of alternative mechanisms for assessing the same learning outcomes
- public and defensible reference points for making judgements
- transparent approaches to interpretation
- descriptions of the assessment process
- strategies for recourse in the event of disagreement about the decisions

With the help of their teachers, students can look forward to assessment *of learning* tasks as occasions to show completion, competence, as well as the depth and breadth of their learning.

## **Determining Course Completion**

Students in Grades 11 and 12 are assessed for completion of the PE/HE courses using *complete* and *incomplete* designations, not percentage grades. A *complete* designation indicates the student has demonstrated achievement of the learning outcomes through completion of learning experiences based on the selected criteria and expectations outlined by the teacher. Teachers are responsible for assessing and reporting PE/HE credits based on locally developed policy.

Assessment instruments such as portfolios, teacher observations and anecdotal records, and performance-based tests and examinations can be used to evaluate what students know and are able to do in a variety of contexts. (Sample teacher checklists and tracking forms are provided in Appendix F: Sample Assessment Tools and Checklists.)

The variety of methods available for collecting, interpreting, and reporting information about what students know and can do is endless, and many excellent resources are available for teachers. Although some methods have come to be associated with assessment during instruction and learning, and others with assessment at the end of a unit or term, a variety of methods can be used for all three purposes: assessment *for* learning, assessment *as* learning, and assessment *of* learning. What is important is that teachers first clarify the purpose of assessment and then select the method that best serves the purpose in the particular context.

## Assessing the Physical Activity Practicum

Each student is required to participate in a physical activity practicum. Students must complete a minimum of 55 hours of physical activity participation at a moderate to vigorous intensity level over a period of time that contributes to cardiorespiratory endurance plus one or more of the other health-related fitness components (muscular strength, muscular endurance, and flexibility) (*Policy Document 5*).

As part of the assessment of this physical activity practicum, students must submit a personal fitness portfolio as evidence of their completion of the physical activity practicum. This personal fitness portfolio may contain elements such as a fitness plan, a physical activity log, journal entries, and personal reflections (*Policy Document 14*).

The purpose of the personal fitness portfolio is to show evidence of the students taking ownership for their physical fitness through personal planning and participating in physical activity. The planning will be related to personal goal setting and analysis, as well as safety and risk management. The personal fitness portfolio would contain the evidence to demonstrate the achievement of learning outcomes for active healthy lifestyles. The main focus of the planning is physical activity involvement, but other health issues could be integrated as well.

The following elements are recommended to use as evidence of student learning for the personal fitness portfolio:

1. physical activity plan (includes personal goals)
2. safety and risk-management plan (includes appropriate safety checklists and safety form)
3. Parent and Student Declaration and Consent Forms
4. physical activity log (a record of a minimum of 55 hours of moderate to vigorous physical activity that is safe, ethical, and age/developmentally appropriate)
5. fitness portfolio reflections (recorded regularly)

Teachers are responsible for assessing and reporting PE/HE credits. Assigned teachers would be required to approve appropriateness of the personal fitness portfolio items based on locally developed criteria before authorizing their implementation.

It is up to individual teachers to decide on the format for the student presentation of the personal fitness portfolio. For example, teachers may wish to have students present their personal fitness portfolios in one of the following ways:

- at a Portfolio Fair organized by teachers
- as a student presentation (participants invited by the student presenting)
- in an electronic/multimedia format
- in a student-teacher conference

The learning outcomes that must be assessed are related primarily to the following general learning outcomes (GLOs):

- GLO 1 – Movement
- GLO 2 – Fitness Management
- GLO 3 – Safety

The following chart provides suggested elements and criteria for completion of the Physical Activity Practicum module. For each of the identified learning outcomes, the chart provides suggested instructional/assessment strategies as well as guiding questions for criteria development. These, in turn, would become the elements and criteria that could be considered as evidence for student achievement of the learning outcomes specifically related to the physical activity plan, safety and risk-management plan, sign-off forms, physical activity log, and portfolio reflections. The Resource Masters (RMs) cited in the chart are provided in the modules at the end of individual lessons.

Details about how to implement the physical activity practicum are contained in Module A: Physical Activity Practicum.

**Suggested Elements and Criteria for Completion of the  
Physical Activity Practicum**

Specific Learning Outcomes	Evidence (Examples from Module)	Questions to Guide Assessment
<b>Module A: Physical Activity Practicum (PA)</b>		
<p><b>11.PA.1</b> Demonstrate appropriate critical thinking, planning, and decision-making skills in the development and implementation of a personal physical activity plan that is safe and ethical and contributes to health-related fitness goals.</p> <p><b>11.PA.3</b> Demonstrate the ability to access and use information for making informed decisions about safety and risk management related to physical activity participation. <i>Includes:</i> level of instruction, level of supervision, facilities/environment, equipment, clothing/footwear, and personal and other considerations</p>	RM 5–PA	Does the student demonstrate an understanding of the importance of relating risk factors (safety) to achieving fitness goals?
<p><b>11.PA.2</b> Demonstrate an understanding of the risk-management process and responsibilities related to physical activity participation.</p>	RM 5–PA	Does the student demonstrate an understanding of the risks associated with the physical activities chosen? Does the student provide evidence of appropriate consent forms?
<p><b>11.PA.4</b> Apply movement skills and concepts in selected physical activities that meet the goals of a personal physical activity plan.</p>	RM 4–PA	Can the student choose appropriate physical activities that assist him or her in reaching the stated goals?
<p><b>11.PA.5</b> Participate in physical activities at a moderate to vigorous intensity level.</p>	RM 7–PA	Has the student documented a minimum of 55 hours of moderate to vigorous physical activity?
<p><b>11.PA.6</b> Record and report the frequency, intensity, time, and type of the physical activities, as indicated in the personal physical activity plan, and reflect on physical activity participation.</p>	RM 7–PA	Can the student collect and record information in a systematic way?



## Assessing the Core Component

The Core Component modules for the Grade 11 Active Healthy Lifestyles are as follows:

- Module B: Fitness Management
- Module C: Mental-Emotional Health
- Module D: Social Impact of Sport
- Module E: Substance Use and Abuse Prevention

The learning outcomes that must be assessed are related primarily to the following GLOs:

- GLO 2—Fitness Management
- GLO 3—Safety
- GLO 4—Personal and Social Management
- GLO 5—Healthy Lifestyle Practices

The following chart identifies the specific learning outcomes and examples of instructional/assessment strategies that are contained in the Core Component modules. Guiding questions for assessment are also identified for each learning outcome. These strategies and questions become the elements and criteria that could be considered as evidence for student achievement of the learning outcomes. The RMs cited in the chart are provided in the modules at the end of individual lessons.

Teachers may choose to use a portfolio for the entire course (including Modules A to E) or they may choose to use alternative assessment tools for Modules B to E. A Sample Portfolio Rubric is provided in Appendix F: Sample Assessment Tools and Checklists. This sample rubric could be used for the personal fitness portfolio, a course portfolio, or both.

**Suggested Elements and Criteria for Completion of the  
Core Component Modules**

Specific Learning Outcomes	Evidence (Examples from Modules)	Questions to Guide Assessment
<b>Module B: Fitness Management (FM)</b>		
<b>11.PA.1</b> Demonstrate appropriate critical thinking, planning, and decision-making skills in the development and implementation of a personal physical activity plan that is safe and ethical and contributes to health-related fitness goals.	RM 6–FM Physical Activity Plan SMART Goals RM 7–FM	Can the student formulate clear health-related fitness goals? Does the student clearly link the benefits of his or her chosen physical activities to the stated goals?
<b>11.FM.1</b> Evaluate the benefits of selected types of physical activities in the development of fitness and in the prevention of disease at various stages of life. <i>Examples:</i> relationship between aerobic activity and cardiovascular disease, breast cancer, type 2 diabetes, mental health; relationship between weight-bearing activities and osteoporosis	Benefits of Physical Activity and Exercise (Lesson 1) Benefits of Physical Activity/Sports for Different Age Groups (Lesson 1)	Does the student know and understand the connection between various types of physical activities and health-related benefits?
<b>11.FM.2</b> Examine factors that have an impact on the development and implementation of and adherence to a personal physical activity plan. <i>Examples:</i> motivation, barriers, changing lifestyle, values and attitudes, social benefits, finances, medical conditions, incentives, readiness for change	Think-Pair-Share RM 1–FM RM 2–FM	Can the student reflect on his or her level of personal commitment to the physical activity plan? Does the student have the ability to assess barriers to active participation and how to problem-solve?
<b>11.FM.3</b> Examine and evaluate factors that affect fitness and activity choices. <i>Examples:</i> intrinsic and extrinsic motivation, personal interests, personal health, family history, environment, finances, culture, level of risk	RM 3–FM Three-Point Approach RM 4–FM RM 5–FM	Can the student identify realistic fitness goals based on personal resources and interests?
<b>11.FM.4</b> Demonstrate an understanding of the concepts and principles related to the development and implementation of a personal physical activity plan. <i>Examples:</i> cardiorespiratory endurance/aerobic fitness, musculoskeletal fitness, training principles, FITT (frequency, intensity, time, type) principle	RM 8–FM RM 9–FM RM 10–FM	Has the student incorporated the fitness principles and concepts in physical activity into his or her physical activity plan?
<b>11.FM.5</b> Design, implement, evaluate, and revise an exercise routine that contributes to the health-related fitness components. <i>Examples:</i> resistance training, walking, running programs	RM 11–FM RM 12–FM RM 13–FM	Can the student analyze his or her physical activity plan and make changes necessary to reach the fitness goals?

*Continued*

Suggested Elements and Criteria for Completion of the Core Component Modules <i>(Continued)</i>		
Specific Learning Outcomes	Evidence (Examples from Modules)	Questions to Guide Assessment
<b>Module C: Mental-Emotional Health (MH)</b>		
<b>11.MH.1</b> Identify and apply positive health strategies to deal with issues such as stress, anxiety, depression, and eating disorders.	Think-Pair-Share RM 1–MH RM 2–MH	Does the student know the factors that cause or lead to stress, anxiety, depression, and so on?  Is the student aware of coping mechanisms for dealing with stress?
<b>11.MH.2</b> Examine media influence(s) on self-image and behaviour.	Brainstorming RM 3–MH	How well does the student formulate an opinion based on current information?
<b>11.MH.3</b> Investigate the impact and importance of active healthy lifestyle practices on mental-emotional health issues.	RM 4–MH RM 5–MH Rotating Reel	Can the student identify a variety of healthy lifestyle practices?  Can the student demonstrate how these healthy lifestyle practices can positively affect mental-emotional health?
<b>11.MH.4</b> Examine the signs and symptoms of mental-emotional health issues related to stress, anxiety, depression, and eating disorders.	T-Chart (Lesson 3)	Can the student identify the warning signs and symptoms of someone experiencing mental-emotional health issues?
<b>11.MH.5</b> Identify community service agencies that support individuals concerned about mental-emotional health issues.	Community Supports and Services (Lesson 3)	Does the student understand how to access health-related community resources?
<b>11.MH.6</b> Apply problem-solving and decision-making strategies in case scenarios related to selected mental-emotional health issues.	RM 6–MH	Can the student use critical thinking and problem-solving skills to develop action plans based on the case scenarios?

*Continued*

**Suggested Elements and Criteria for Completion of the  
Core Component Modules (Continued)**

Specific Learning Outcomes	Evidence (Examples from Modules)	Questions to Guide Assessment
<b>Module D: Social Impact of Sport (SI)</b>		
<b>11.SI.1</b> Identify the different stages of sport participation and their role in society.	RM 1–SI RM 2–SI	Does the student know and understand the different stages of sport involvement?
<b>11.SI.2</b> Examine the impact of sport on various social issues. <i>Examples:</i> ethnic background, gender equity, populations with exceptional needs, politics, technology, business	Think-Pair-Share RM 3–SI	Can the student articulate the connection between issues in sport and greater social issues?
<b>11.SI.3</b> Analyze sporting behaviours that may be positive and/or negative.	Opinion Corners Think-Pair-Share RM 3–SI	How well does the student formulate and defend an informed opinion?
<b>Module E: Substance Use and Abuse Prevention (SU)</b>		
<b>11.SU.1</b> Explain ways in which drugs and other substances are classified.	KWL RM 1–SU Jigsaw RM 2–SU	Can the student demonstrate knowledge of where to access current information?
<b>11.SU.2</b> Explain the stages of involvement in substance use or abuse. <i>Includes:</i> non-involvement, irregular involvement, regular involvement, harmful involvement, and dependent involvement	RM 3–SU RM 4–SU RM 5–SU	How well does the student know and understand the various stages of involvement in substance use and abuse?
<b>11.SU.3</b> Examine factors that influence decisions regarding substance use and abuse.	Think-Pair-Share	Can the student identify a number of factors that influence substance use and abuse?
<b>11.SU.4</b> Use reliable information in making healthy decisions for helping self and/or others regarding substance use and abuse.	RM 6–SU DECIDE Model RM 7–SU RM 8–SU RM 9–SU RM 10–SU RM 11–SU	Can the student demonstrate that he or she knows how and where to access current information and support?

## Assessing the Flexible Delivery Component

For schools offering a Flexible Delivery Component of the PE/HE curriculum, it is the responsibility of the teacher and/or student to expand on or to develop the student learning outcomes. It is also the responsibility of the teacher and/or student to identify how these learning outcomes will be assessed.

For more information related to the Flexible Delivery Component, refer to Guidelines for Implementation in the Overview of Grade 11 Active Healthy Lifestyles.





# MODULES FOR PHYSICAL ACTIVITY PRACTICUM AND CORE COMPONENT

Introduction

Module A: Physical Activity Practicum

Module B: Fitness Management

Module C: Mental-Emotional Health

Module D: Social Impact of Sport

Module E: Substance Use and Abuse Prevention





# MODULES FOR PHYSICAL ACTIVITY PRACTICUM AND CORE COMPONENT

## Introduction

This section contains the modules and lessons for the Physical Activity Practicum and the Core Component of the Grade 11 Active Healthy Lifestyles curriculum.

The modules are units of instruction developed for a specific strand and/or component of the curriculum. Each module presents lessons that identify the specific learning outcomes, key understandings, and essential questions, provide background information, offer suggestions for instruction/assessment, and present references to assist teachers with planning for instruction. Many references are websites, which are hyperlinked on the CD-ROM and online versions of the document. Resource Masters are included at the end of most lessons.

Teachers may use the sample lessons and/or adjust them as locally determined. All modules are available in Word format.

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## Guide to Reading the Modules and Lessons

### Module Organization and Codes

Each module begins with an Introduction that gives an overview of the context and focus of the lessons to follow.

The following codes are used for the respective modules:

- PA** Physical Activity Practicum (Module A)
- FM** Fitness Management (Module B)
- MH** Mental-Emotional Health (Module C)
- SI** Social Impact of Sport (Module D)
- SU** Substance Use and Abuse Prevention (Module E)

## Lesson Organization and Codes

Each module presents lessons that include the components and codes described below.

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### Introduction

The Introduction provides teachers with information about the lesson content and about what students are expected to do.

#### NOTE TO TEACHER

Notes are used to draw attention to specific aspects of a lesson, such as treatment of potentially sensitive content, cautions, definition of terms, and other important information.

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### Specific Learning Outcomes

Specific learning outcome (SLO) statements define what students are expected to achieve by the end of the grade.

A code is used to identify each SLO by grade and module, as shown in the following example:

- 11.PA.1** The first two numbers refer to the grade (Grade 11).  
The two letters refer to the module (Physical Activity Practicum).  
The last digit indicates the specific learning outcome number.
- 



### Key Understandings

These are the core concepts, principles, theories, and processes that students will understand and be able to use.

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#### NOTE TO TEACHER

The lessons in Module A do not include **Key Understandings** or **Essential Questions**. The purpose of these lessons is to assist teachers with the process of getting students started on their physical activity practicum.

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### Essential Questions

These are the questions that students will be able to answer after participating in the learning experiences in the lessons.

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## Background Information

This information is intended to be used by teachers to develop the student learning experiences and depth of content for each lesson.

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## Suggestion for Instruction / Assessment

The suggested learning activities give students a practical way of exploring the lesson content and demonstrating their understanding of the essential learning of each lesson.

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### REFERENCES



Many references are provided to assist teachers with planning for instruction.

In the print version of the document, the website addresses are provided to enable teachers to perform personal searches. On the CD-ROM and online versions of the document, the website references are hyperlinked.

When a website is referenced in a module, it is linked to a page on the Manitoba Education, Citizenship and Youth website where the hyperlinks are active. When accessing websites online or when using the CD-ROM, users will see the following message and can click on the website address:

For website updates, please visit Websites to Support the Grades 11 and 12 Curriculum at [www.edu.gov.mb.ca/k12/cur/physhlth/](http://www.edu.gov.mb.ca/k12/cur/physhlth/).

Those using the print version of the document will need to key in the Department's website address. This address goes to a master list of websites referenced for each module so that the references can be updated as needed.

Any websites referenced in this document are subject to change. Educators are advised to preview and evaluate websites and online resources before recommending them for student use.

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## Resource Masters (RMs)

The RMs included at the end of most lessons are intended to provide teachers and/or students with additional information to support and enhance student learning and assessment.

The RMs are numbered sequentially within each module, using the code shown in the following example:



Refer to RM 1-PA: Five-Day Physical Activity Recall.

**RM 1-PA**      **RM** refers to Resource Master.

The number refers to the sequence of RMs within the module (i.e., this is the first RM within the module).

The last two letters refer to the module (Physical Activity Practicum).

A list of the RMs provided in this document follows. Some RMs are available in both Word and Excel formats.

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## List of Resource Masters

Module A	
Lesson 1	RM 1–PA: Five-Day Physical Activity Recall
Lesson 2	RM 2–PA: Where Am I Now? RM 3–PA: Physical Activity Inventory (Word and Excel)
Lesson 3	RM 4–PA: Personal Physical Activity Plan RM 5–PA: Safety and Risk-Management Planner RM 6–PA: Sample Cover Letter for Physical Activity Practicum RM 7–PA: Physical Activity Log (Word and Excel) RM 8–PA: Sample Sign-off Form for Completion of OUT-of-Class Physical Activity Practicum (Form for Parent/Guardian) RM 9–PA: Sample Sign-off Form for Completion of OUT-of-Class Physical Activity Practicum (Form for Authorized Adult)
Module B	
Lesson 1	
Lesson 2	RM 1–FM: Physical Activity Stages of Change—Questionnaire RM 2–FM: Process of Change: Tailoring Your Approach
Lesson 3	RM 3–FM: Mini-Biographies (and Answer Key) RM 4–FM: Motivation for Physical Activity and Exercise/Working Out—Questionnaires (Word and Excel)
Lesson 4	RM 5–FM: Barriers to Being Active Quiz (Word and Excel)
Lesson 5	RM 6–FM: New Habit Chart (Word and Excel) RM 7–FM: Physical Activity Contract
Lesson 6	RM 8–FM: Fitness Rating of Common Activities (Word and Excel) RM 9–FM: Level of Exertion/Intensity RM 10–FM: Comparative Chart of Cardiorespiratory Endurance (CRE) for Unfit and Fit Individuals RM 11–FM: FITT Principle Guidelines RM 12–FM: Split Routines for Resistance Training RM 13–FM: Resistance Training Log Resistance Training Planner (Excel)—available at < <a href="http://www.edu.gov.mb.ca/k12/cur/physlth/curriculum.html">www.edu.gov.mb.ca/k12/cur/physlth/curriculum.html</a> >.
Module C	
Lesson 1	RM 1–MH: Influences on Mental-Emotional Health (and Answer Key) RM 2–MH: Healthy Lifestyle Practices for Mental-Emotional Health RM 3–MH: Life Experiences Leading to Mental Health Issues
Lesson 2	RM 4–MH: Wellness Inventory RM 5–MH: Common Questions about Body Image
Lesson 3	RM 6–MH: Mental Health Scenarios
Module D	
Lesson 1	RM 1–SI: History of Sport: Match the Columns (and Answer Key) RM 2–SI: The Continuum of Physical Activity/Sport Participation
Lesson 2	RM 3–SI: Human Rights Appeal
Lesson 3	RM 4–SI: Moral Dilemmas in Sport
Module E	
Lesson 1	RM 1–SU: How to Read a Prescription Drug Label (and Answer Key) RM 2–SU: You Be the Judge
Lesson 2	RM 3–SU: From Experimenting to Dependency in 43 Seconds RM 4–SU: Levels of Involvement in Substance Use (and Answer Key)
Lesson 3	RM 5–SU: Risk and Protective Factors Related to Substance Misuse (and Answer Key) RM 6–SU: Techniques for Challenging Individual Risk Perception RM 7–SU: Consequences...To Drive or Not to Drive, That Is the Decision RM 8–SU: Unintended Consequences: A Case Study of Elvis Presley RM 9–SU: Sam's Story: Walnut Creek Teen's Road from Meth
Lesson 4	RM 10–SU: Learning Advocacy through Expert Testimony RM 11–SU: Drug Prevention Presentation





# MODULE A: PHYSICAL ACTIVITY PRACTICUM

Specific Learning Outcomes

Introduction

Lesson 1: Personal Physical Activity Inventory

Lesson 2: Managing Risks Related to Physical Activity

Lesson 3: Implementing the Safety and Physical  
Activity Plan

# MODULE A: PHYSICAL ACTIVITY PRACTICUM

## Specific Learning Outcomes

- 11.PA.1** Demonstrate appropriate critical thinking, planning, and decision-making skills in the development and implementation of a personal physical activity plan that is safe and ethical and contributes to health-related fitness goals.
- 11.PA.2** Demonstrate an understanding of the risk-management process and responsibilities related to physical activity participation.
- 11.PA.3** Demonstrate the ability to access and use information for making informed decisions about safety and risk management related to physical activity participation.  
*Includes:* level of instruction, level of supervision, facilities/environment, equipment, clothing/footwear, and personal and other considerations
- 11.PA.4** Apply movement skills and concepts in selected physical activities that meet the goals of a personal physical activity plan.
- 11.PA.5** Participate in physical activities at a moderate to vigorous intensity level.
- 11.PA.6** Record and report the frequency, intensity, time, and type of the physical activities, as indicated in the personal physical activity plan, and reflect on physical activity participation.



# MODULE A: PHYSICAL ACTIVITY PRACTICUM

## Introduction

The name of this course is Grade 11 Active Healthy Lifestyles. What is an active healthy lifestyle? Some would say that being healthy is the absence of disease. While this is true, this view may not capture the true essence or goals of this course. Individuals who are of this opinion may be more reactive than proactive in the sense that they “take care” of themselves when the need arises (i.e., when they become ill).

### NOTE TO TEACHER

The lessons in Module A do not include **Key Understandings** or **Essential Questions**. The purpose of these lessons is to assist teachers with the process of getting students started on their physical activity practicum.

Individuals who truly embrace the active healthy lifestyle concept understand that it adds “value” to their lives. For these individuals, leading an active healthy lifestyle does not happen by chance. It is a purposeful choice that involves making decisions about the delicate balance between being physically active and healthy eating, as well as other health behaviours. Engaging in an active healthy lifestyle also leads to positive self-concept and healthy relationships with others.

In this module students learn to analyze their own situations and make decisions about how to become more physically active or how to maintain their current level of physical activity participation in order to realize improvements in their own health-related fitness components. As part of the physical activity practicum, students develop their own physical activity plan, based on their interests. They also develop their understanding of the importance of risk management related to safe and appropriate participation in physical activity. Once the physical activity practicum is underway, students begin to record their progress as proof that they have met the course requirements.

Module A: Physical Activity Practicum contains three lessons:

- Lesson 1: Personal Physical Activity Inventory
- Lesson 2: Managing Risks Related to Physical Activity
- Lesson 3: Implementing the Safety and Physical Activity Plan

Resource Masters to support the lessons are provided at the end of all lessons.



# Lesson 1: Personal Physical Activity Inventory

## Introduction

In this lesson students reflect on their understanding of an active healthy lifestyle. They also reflect on their own personal situation and what is required of them to meet the requirements for the physical activity practicum.



## Specific Learning Outcome

**11.PA.1** Demonstrate appropriate critical thinking, planning, and decision-making skills in the development and implementation of a personal physical activity plan that is safe and ethical and contributes to health-related fitness goals.



## Background Information

### Purpose of Physical Activity Practicum

Manitobans are concerned with the health of children and youth, specifically in the areas of nutrition, physical activity, and injury prevention. The intent of this course is to have parents, students, and schools “work together to help youth take greater ownership of their own physical fitness, promote the discovery of activities suited to their own individual interests, and encourage active lifestyles that persist into their futures” (Healthy Kids 25).

### REFERENCE



For additional information, refer to the following report:

Healthy Kids, Healthy Futures All-Party Task Force. *Healthy Kids, Healthy Futures: Task Force Report*. Winnipeg, MB: Manitoba Healthy Living, n.d. Available online at <[www.gov.mb.ca/healthykids/](http://www.gov.mb.ca/healthykids/)>.

## Requirements for Physical Activity Practicum

The Grade 11 Active Healthy Lifestyles course requires students to demonstrate achievement of learning outcomes in the three course components, Physical Activity Practicum, Core Component, and Flexible Delivery Component, as applicable.

To satisfy the requirements for the physical activity practicum, all students must meet the following criteria, as identified in *Implementation of Grades 11 and 12 Physical Education/Health Education: A Policy Document* (Manitoba Education, Citizenship and Youth), regardless of whether the course is implemented according to the IN-class model and/or the OUT-of-class model. (Further information is provided in subsequent lessons.)

#### NOTE TO TEACHER

Identify for students exactly how this course is to be delivered, when classes are scheduled, and when students are to meet individually with the teacher. Clarify for students the IN/OUT-of-class implementation model that is being offered in the school. For example,

- 100% IN model
- 75% IN / 25% OUT model
- 50% IN / 50% OUT model
- 25% IN / 75% OUT model
- combination of the above

For the purpose of the lessons in Module A, the suggested steps/procedures for developing the physical activity practicum are related to schools that have some percentage of an OUT-of-class component.

#### *Criteria for Physical Activity Practicum*

- Students must complete a minimum of **55 hours of physical activity participation** over a period of time (e.g., a minimum of 11 hours per month per semester) that contributes to cardiorespiratory endurance at a **moderate** to **vigorous** intensity level plus one or more of the other health-related fitness components (muscular strength, muscular endurance, and flexibility).
- The selected physical activities must be safe, ethical, and age/developmentally appropriate, and they may include
  - **school-based** physical activities (e.g., physical education classes, interschool sports, intramural programming, special events, or regularly scheduled activity offerings such as a morning running club)
  - **non-school-based** physical activities (e.g., community-based sports programming such as a hockey team, fitness club, aerobics classes, weight training, special-interest club such as karate, home-based exercise or fitness development such as jogging, television or video exercise programs, family/church/community-organized activities)
- Students must address risk-management measures for their selected physical activities.

#### NOTE TO TEACHER

The number of hours required for the physical activity practicum may be greater, depending on the implementation model chosen by the school. If the number of hours required for the physical activity practicum is greater than 55 hours, the teacher and/or student could determine the criterion for the additional time.

- Forms must be completed prior to students’ participation in the physical activity practicum and upon its completion:
  - **Pre-Sign-off Form:** Before students begin the physical activity practicum, a Declaration and Consent Form must be signed. For a student under 18 years of age, the form must be signed by his or her parent and by the student. For a student 18 or over, the form must be signed by the student.
  - **Post-Sign-off Form:** To verify that students have participated in and accurately recorded their participation in the physical activity practicum, a form must be signed by the parent for students under 18 or by the parent/authorized adult for students 18 and over.
- Students are required to submit a **personal fitness portfolio** as evidence of their completion of the physical activity practicum. The personal fitness portfolio may contain elements such as the following:
  - physical activity plan (includes personal goals)
  - safety and risk-management plan (includes appropriate safety checklists and safety form)
  - Parent and Student Declaration and Consent Forms
  - physical activity log (a record of a minimum of 55 hours of moderate to vigorous physical activity that is safe, ethical, and age/developmentally appropriate)
  - fitness portfolio reflections (recorded regularly)

NOTE TO TEACHER

It is crucial to plan ahead and identify all the required components of the personal fitness portfolio. The creation of a checklist for the teacher and student would be useful.

### *Other Considerations*

As indicated above, the minimum number of hours required for the physical activity practicum is **55 hours**, and physical activity participation within this time must be at the **moderate** to **vigorous** intensity level. For some students who are at the pre-contemplation, contemplation, or preparation stage of the States of Change continuum (see Module B, Lesson 2), a minimum of 55 hours of physical activity participation may seem overwhelming. However, students will find that, with planning on their part and assistance from the teacher, this requirement can be met. It is important to be respectful of each student’s starting point when providing assistance.

According to *Canada's Physical Activity Guide for Youth* (Public Health Agency of Canada), youth should accumulate 90 minutes of physical activity every day to stay healthy or to improve health. Of the 90 minutes of physical activity, 30 minutes should be of vigorous intensity and 60 minutes should be of moderate intensity. This activity does not have to come from one bout of exercise, but can be accumulated from brief intervals throughout the day (e.g., climbing stairs, walking to and from school). When comparing these guidelines to the minimum requirements for the physical activity practicum, it becomes evident that the requirements are fair and realistic.

It is important to break down the requirement of a minimum of 55 hours of physical activity participation for the physical activity practicum in a manner that is realistic and manageable for students. For example,

- 55 hours over 1 semester = approximately 11 hours per month
- 11 hours per month = approximately 3 hours per week
- 3 hours per week = approximately 25 minutes per day

Also point out that if students meet only the minimum requirements for the physical activity practicum, they would not meet the daily physical activity requirements as recommended in *Canada's Physical Activity Guide for Youth*.

The other significant criterion for the physical activity practicum is that the minimum of 55 hours of physical activity must be at the **moderate** to **vigorous** intensity level:

- **Moderate activities** are physical activities that cause breathing and heart rate to increase. People engaging in moderate activities can hear themselves breathe but they can still talk.
- **Vigorous activities** are physical activities that cause breathing and heart rate to increase to a higher level, whereby it would be difficult to talk.



For further information, review RM 9-FM: Level of Exertion/Intensity. (Also see Module B, Lesson 6.)

## REFERENCES



For additional information, refer to the following resources:

Manitoba Education, Citizenship and Youth. *Implementation of Grades 11 and 12 Physical Education/Health Education: A Policy Document*. Winnipeg, MB: Manitoba Education, Citizenship and Youth, 2007. Available online at [www.edu.gov.mb.ca/k12/cur/physhlth/curriculum.html](http://www.edu.gov.mb.ca/k12/cur/physhlth/curriculum.html).

---. *OUT-of-Class Safety Handbook: A Resource for Grades 9 to 12 Physical Education/Health Education*. Winnipeg, MB: Manitoba Education, Citizenship and Youth, 2008. Available online at [www.edu.gov.mb.ca/k12/cur/physhlth/curriculum.html](http://www.edu.gov.mb.ca/k12/cur/physhlth/curriculum.html).

Public Health Agency of Canada. *Canada's Physical Activity Guide for Youth*. Ottawa, ON: Public Health Agency of Canada, 2002. Available online at [www.phac-aspc.gc.ca/pau-uap/fitness/downloads.html](http://www.phac-aspc.gc.ca/pau-uap/fitness/downloads.html).

To view a list of physical activities by intensity level (i.e., light, moderate, vigorous), refer to the following website:

Capital Health. Activity Intensity Classification. *Your Health*. [www.capitalhealth.ca/EspeciallyFor/WeightWise/Activity\\_Intensity\\_Classifications.htm](http://www.capitalhealth.ca/EspeciallyFor/WeightWise/Activity_Intensity_Classifications.htm).

For website updates, please visit Websites to Support the Grades 11 and 12 Curriculum at [www.edu.gov.mb.ca/k12/cur/physhlth/](http://www.edu.gov.mb.ca/k12/cur/physhlth/).



## Suggestion for Instruction / Assessment

### Physical Activity Recall

To develop a realistic and manageable plan for their physical activity practicum, students need to reflect on and analyze their current physical activity situation.

Ask students to think about how they can meet the requirements of their physical activity practicum by completing RM 1-PA. Students recall what their physical activity participation has been for a five-day period. They also answer questions related to the physical demands of their potential career/job. Once students have completed the questions individually, ask them to share with the class the potential careers/jobs and the associated physical activity demands they identified. As a class, attempt to categorize the identified careers/jobs by their physical activity requirements.

### NOTE TO TEACHER

*Physical activity* is defined as "all forms of large-muscle movement, including sports, dance, games, walking, and exercise for fitness and physical well-being. It may also include physical therapy or mobility training for students with special needs" (Manitoba Education, Citizenship and Youth, *Implementation of Grades 11 and 12 Physical Education/Health Education 5*).



Refer to RM 1-PA: Five-Day Physical Activity Recall.

## RM 1–PA: Five-Day Physical Activity Recall

Name \_\_\_\_\_ Date \_\_\_\_\_ Class \_\_\_\_\_

### Instructions

Complete the following Five-Day Physical Activity Recall table, indicating the

- days/dates you engaged in physical activities (two of the five days must be weekend days)
- types of physical activities in which you participated
- amount of time (hours : minutes) you spent participating in activities of various intensity:
  - **Light activities:** You begin to notice your breathing, but talking is fairly easy.
  - **Moderate activities:** You can hear yourself breathe, but can still talk.
  - **Vigorous activities:** You are breathing heavily. It is difficult to talk.

Once you have completed the table, answer the questions that follow.

Five-Day Physical Activity Recall				
Day/Date	Physical Activity	Amount of Time (hours : minutes) and Perceived Exertion		
		Light	Moderate	Vigorous
1.				
2.				
3.				
4.				
5.				
Total Time				

### Current Status

1. Is the amount and type of physical activity identified in the table above an accurate reflection of your physical activity profile? Why or why not?

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2. Based on the criteria of the physical activity practicum that your teacher has identified for you and the information you provided in the Five-Day Physical Activity Recall table, how do you see yourself meeting the requirements for your physical activity practicum?

*Continued*



## RM 1–PA: Five-Day Physical Activity Recall (Continued)

- I am already on track to meet the requirements for my physical activity practicum.
- I will be able to meet the requirements for my physical activity practicum with some additions to my current level of physical activity.
- I am currently not active enough to meet the requirements of this course and will need the assistance of my teacher, friends, and family to do so.

### Career/Job Aspirations

1. Identify, in the space provided, **three** careers/jobs that you envision for yourself in the next five to ten years. Identify the physical activity demands required to be successful in each career/job.

Careers/Jobs	Physical Activity Demands
_____	_____
_____	_____
_____	_____
_____	_____

2. Examine the physical activity demands of each of the three careers/jobs that you identified. Are there commonalities? If so, what are they?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Now compare the information you recorded in the Five-Day Physical Activity Recall table and the information you identified for your three potential careers/jobs. Based on this comparison, how do you see yourself meeting the physical demands of your potential career/job?

- I am already on track to meet the physical demands of my potential career/job.
- I will be able to meet the physical demands of my potential career/job with some additions to my current level of physical activity.
- I am currently not active enough to meet the physical demands of my potential career/job.

### Comments

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## Lesson 2: Managing Risks Related to Physical Activity

### Introduction

In this lesson students begin to identify physical activities that interest them and that contribute to the health-related fitness components. Students also begin to understand that participating in physical activities involves certain levels of risk, but identifying these risks in advance may help reduce or minimize the occurrence of injury.

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### Specific Learning Outcomes

- 11.PA.1** Demonstrate appropriate critical thinking, planning, and decision-making skills in the development and implementation of a personal physical activity plan that is safe and ethical and contributes to health-related fitness goals.
- 11.PA.2** Demonstrate an understanding of the risk-management process and responsibilities related to physical activity participation.
- 



### Suggestion for Instruction / Assessment

#### Health-Related Fitness Components

On the overhead projector or on the chalkboard, write the following health-related fitness components:

- cardiorespiratory endurance
- muscular strength
- muscular endurance
- flexibility

As an activating strategy, brainstorm and discuss with the class the physical activities that could contribute to each of these health-related fitness components. (These components are addressed in Module B, Lesson 6.) Note that many physical activities contribute to more than one health-related fitness component; therefore, ask students to identify the primary contribution.

## REFERENCE



For more information on the health-related fitness components, including definitions, refer to the following resource:

Manitoba Education, Citizenship and Youth. *Guidelines for Fitness Assessment in Manitoba Schools: A Resource for Physical Education/Health Education*. Winnipeg, MB: Manitoba Education, Citizenship and Youth, 2004. 9. Available online at <[www.edu.gov.mb.ca/k12/cur/physhlth/curriculum.html](http://www.edu.gov.mb.ca/k12/cur/physhlth/curriculum.html)>.



## Background Information

### Individual Preferences for Physical Activity Participation

No two people are created alike. By understanding this, we can begin to appreciate that everyone participates in various physical activities for different reasons. Some may not participate at all, while others participate for recreational purposes or for the thrill of competition. Some enjoy the solitude of being physically active outdoors, while others enjoy the company of a workout/exercise partner or the camaraderie of a team, or a little of each, depending on the circumstances.



## Suggestion for Instruction / Assessment

### Where Am I Now?

To begin planning the physical activity practicum effectively, have students use RM 2-PA to reflect on the physical activities that they enjoy participating in (or would consider participating in) with friends, with family, or individually.



Refer to RM 2-PA: Where Am I Now?



## Background Information

### Risk Factors Related to Physical Activity

Participating in physical activity contributes to a sense of well-being and to overall health. It also involves taking educated and calculated risks. To ensure participants' safety and to minimize the risk of injury, it is necessary to understand the inherent or potential risks that may be involved during participation in any physical activity.

The risk factors that may be involved during participation in physical activities include

- level of instruction
- level of supervision
- facilities/environment
- equipment
- clothing/footwear
- personal and other considerations

*OUT-of-Class Safety Handbook: A Resource for Grades 9 to 12 Physical Education/Health Education* (Manitoba Education, Citizenship and Youth) provides general safety guidelines and Physical Activity Safety Checklists to assist in planning for student participation in a variety of physical activities and managing risk factors for each activity. Each activity has been assigned a risk factor rating (RFR) on a scale of 1 to 4, with an RFR of 4 representing the highest risk.

#### REFERENCE



For more information on safety and managing risk factors, refer to the following resource:  
Manitoba Education, Citizenship and Youth. *OUT-of-Class Safety Handbook: A Resource for Grades 9 to 12 Physical Education/Health Education*. Winnipeg, MB: Manitoba Education, Citizenship and Youth, 2008. Available online at [www.edu.gov.mb.ca/k12/cur/physhlth/curriculum.html](http://www.edu.gov.mb.ca/k12/cur/physhlth/curriculum.html).



## Suggestion for Instruction / Assessment

### Physical Activity Inventory

Using RM 3-PA, students can begin to identify the physical activities that they will be including in their physical activity practicum. Students can choose activities by

- the type of activity
- the health-related fitness component(s) to which the activity contributes
- the level of risk involved in the activity



Refer to RM 3-PA: Physical Activity Inventory (available in Word and Excel formats).

The Excel version of the Physical Activity Inventory is available on the CD-ROM version of this document, as well as online at

<[www.edu.gov.mb.ca/k12/cur/physhlth/curriculum.html](http://www.edu.gov.mb.ca/k12/cur/physhlth/curriculum.html)>.

### NOTE TO TEACHER

The following considerations need to be kept in mind in selecting physical activities for the physical activity practicum:

- **Activities:** It is important for students to identify **all** the physical activities in which they may take part, even if participation is a remote possibility. By identifying all potential activities, students can be taken through the process of managing risks for activities that have a similar RFR, with teacher assistance.
- **Risk:** Students should consider the number of physical activities they have selected from each RFR category. If all the activities that students select have an RFR of 3 or 4, they may be in a situation of having too much risk to manage.
- **Intensity:** To meet the course requirements, students need to choose activities of moderate to vigorous intensity that will contribute to their development of cardiorespiratory endurance (heart, lungs, circulatory system) plus one or more of the other health-related fitness components (muscular strength, muscular endurance, and flexibility).

## RM 2–PA: Where Am I Now?

Name \_\_\_\_\_ Date \_\_\_\_\_ Class \_\_\_\_\_

Complete the following table, listing the physical activities you are currently involved in or would like to consider participating in, given the opportunity. Some activities could be included under more than one heading.

*Physical activity* is defined as “all forms of large-muscle movement, including sports, dance, games, walking, and exercise for fitness and physical well-being. It may also include physical therapy or mobility training for students with special needs” (Manitoba Education, Citizenship and Youth, *Implementation of Grades 11 and 12 Physical Education/Health Education 5*).

I enjoy participating in or would consider participating in the following physical activities on my own and/or with the identified groups.		
Individually	With Friends	With Family Members

## RM 3–PA: Physical Activity Inventory

This Physical Activity Inventory is intended to assist students in identifying activities that they would like to include in their physical activity practicum. Students may choose physical activities based on the type of activity, the health-related fitness component(s) to which the activity contributes, the level of risk involved in the activity, or a combination of these factors.

A Physical Activity Safety Checklist is available for each of the activities listed. These checklists contain information about managing risk, under the following risk factors:

- level of instruction
- level of supervision
- facilities/environment
- equipment
- clothing/footwear
- personal and other considerations

### REFERENCE



For copies of the Physical Activity Safety Checklists, refer to the following resource:

Manitoba Education, Citizenship and Youth. *OUT-of-Class Safety Handbook: A Resource for Grades 9 to 12 Physical Education/Health Education*. Winnipeg, MB: Manitoba Education, Citizenship and Youth, 2008. Available online at <[www.edu.gov.mb.ca/k12/cur/physlth/curriculum.html](http://www.edu.gov.mb.ca/k12/cur/physlth/curriculum.html)>.

### Codes for Physical Activity Inventory

The following codes are used in the Physical Activity Inventory.

Code for Type of Activity	
<b>AL</b>	Active Living
<b>AP</b>	Alternative Pursuits
<b>CO</b>	Combative Activities
<b>FIT</b>	Fitness Activities
<b>IT</b>	Invasion/Territory-Type Sports/Games
<b>NW</b>	Net/Wall-Type Sports/Games
<b>RG</b>	Rhythmic Gymnastic-Type Activities
<b>SF</b>	Striking/Fielding-Type Sports/Games
<b>TG</b>	Target-Type Sports/Games

Code for Risk Factor Rating (RFR)	
RFR	Level of safety concerns; recommended instruction and supervision.
1	There are few safety concerns for this physical activity; little or no qualified instruction or adult supervision is required.
2	There are some safety concerns for this physical activity; quality instruction is recommended, and little or no adult supervision is required.
3	There are several safety concerns for this physical activity; qualified instruction is required, and adult supervision is recommended.
4	There is a high level of safety concern for this physical activity; qualified instruction and adult supervision are required.

Code for Health-Related Fitness Component	
✓	Indicates that the activity contributes to the specific health-related fitness component.

*Continued*



Physical Activity Inventory							
Interest	All Activities	Type of Activity	Health-Related Fitness Components				Risk
			Cardio-respiratory Endurance	Muscular Strength	Muscular Endurance	Flexibility	
	Aerobics—Dance	FIT	✓		✓	✓	2
	Aerobics—Step	FIT	✓		✓	✓	2
	Aerobics—Water/Aqua	FIT	✓		✓	✓	4
	Aikido	CO	✓	✓	✓	✓	4
	Archery	TG		✓			4
	Athletics—Jumps	FIT		✓		✓	3
	Athletics—Long-Distance Running	FIT	✓		✓	✓	2
	Athletics—Middle-Distance Running	FIT	✓		✓	✓	2
	Athletics—Sprints, Relays, Hurdles	FIT	✓	✓	✓	✓	2
	Athletics—Throws	FIT		✓		✓	4
	Backpacking	AP	✓	✓	✓		3
	Badminton	NW	✓		✓	✓	2
	Bandy	IT	✓		✓		3
	Baseball	SF		✓	✓	✓	2
	Basketball	IT	✓	✓	✓	✓	2
	Biathlon	AP	✓	✓	✓		4
	Bocce	TG				✓	1
	Bowling—5-Pin, 10-Pin	TG			✓	✓	1
	Boxing	CO	✓	✓	✓		4
	Broomball	IT	✓		✓	✓	3
	Calisthenics	FIT		✓	✓	✓	1
	Canoeing/Kayaking/Rowing	AP	✓	✓	✓		4
	Canoe/Kayak Tripping (Wilderness/Whitewater)	AP	✓	✓	✓		4
	Catch (For safety, see Low-Organized Games)	AL			✓	✓	1
	Cheerleading	RG	✓	✓	✓	✓	4

Continued

Physical Activity Inventory (Continued)							
Interest	All Activities	Type of Activity	Health-Related Fitness Components				Risk
			Cardio-respiratory Endurance	Muscular Strength	Muscular Endurance	Flexibility	
	Circuit Training	FIT	✓	✓	✓	✓	2
	Climbing—Wall, Rock, Bouldering, Ice Tower	AP		✓	✓	✓	4
	Cricket	SF		✓	✓	✓	2
	Croquet (For safety, see Low-Organized Games)	TG			✓		1
	Cross-Country Running	FIT	✓		✓	✓	2
	Curling	TG			✓	✓	2
	Cycling—BMX, Cyclocross, Mountain Bike, Road Racing, Track Racing	AP	✓	✓	✓		3
	Cycling—Indoor/Stationary	FIT	✓	✓	✓		1
	Cycling—Recreational	AL	✓	✓	✓		2
	Cycling—Trips	AP	✓	✓	✓		3
	Dance—Ballet	RG	✓	✓	✓	✓	2
	Dancing—Ballroom	RG	✓		✓		2
	Dancing—Folk	RG	✓		✓		2
	Dancing—Hip Hop	RG	✓		✓		2
	Dancing—Hoop	RG	✓		✓		2
	Dancing—Line	RG	✓		✓		2
	Dancing—Square	RG	✓		✓		2
	Dancing—Tap	RG	✓		✓		2
	Diving—Springboard, Platform	RG				✓	4
	Dodging Games (For safety, see Low-Organized Games)	FIT	✓	✓	✓		1–4

Continued

Physical Activity Inventory (Continued)							
Interest	All Activities	Type of Activity	Health-Related Fitness Components				Risk
			Cardio-respiratory Endurance	Muscular Strength	Muscular Endurance	Flexibility	
	Fencing	CO	✓		✓	✓	4
	Field Hockey	IT	✓	✓	✓	✓	3
	Fitness Training (Exercise Machines)	FIT	✓	✓	✓		3
	Fitness Training (Small Equipment) (e.g., Stretch Bands, Physio Balls, Jump Ropes, Agility Ladders, Medicine Balls)	FIT	✓	✓	✓	✓	2
	Football—Flag	IT	✓	✓	✓	✓	2
	Football—Tackle	IT		✓	✓	✓	4
	Frisbee (For safety, see Low-Organized Games)	AL			✓		1
	Geocaching	AP	✓	✓	✓		4
	Goal Ball	IT			✓	✓	4
	Golf	TG		✓	✓	✓	2
	Gymnastics—General, Tumbling, Artistic	RG		✓	✓	✓	4
	Hacky Sack (For safety, see Low-Organized Games)	AL			✓	✓	1
	Handball—1-Wall, 4-Wall	NW	✓	✓	✓	✓	1
	Hiking	AP	✓		✓		2
	Hockey—Ice	IT	✓	✓	✓	✓	4
	Hockey—Roller/Inline	IT	✓	✓	✓	✓	4
	Hockey-Type Games—Ball, Floor, Road, Floorball, Gym Ringette, Shiny	IT	✓	✓	✓	✓	3
	Horseback Riding—Western, English Saddle	AP		✓	✓		4
	House and Yard Work	AL		✓	✓	✓	1

Continued

Physical Activity Inventory (Continued)							
Interest	All Activities	Type of Activity	Health-Related Fitness Components				Risk
			Cardio-respiratory Endurance	Muscular Strength	Muscular Endurance	Flexibility	
	Jogging	FIT	✓	✓	✓		1
	Judo	CO	✓	✓	✓	✓	4
	Jump Rope (For safety, see Fitness Training)	FIT	✓		✓		1
	Karate	CO	✓	✓	✓	✓	4
	Kickball (Soccer-Baseball)	AL			✓		1
	Kickboxing	CO	✓	✓	✓	✓	4
	Lacrosse—Box, Field	IT	✓	✓	✓	✓	4
	Lacrosse—Soft	IT	✓	✓	✓	✓	3
	Lawn Bowling	TG			✓	✓	1
	Lawn Mowing	AL	✓	✓	✓		3
	Low-Organized Games	AL	Effect on health-related fitness will vary from one game/activity to another.				1–4
	Martial Arts	CO	✓	✓	✓	✓	4
	Orienteering	AP	✓		✓		2
	Paddleball	NW	✓		✓		2
	Pilates (For safety, see Fitness Training)	FIT		✓	✓	✓	2
	Qigong	FIT		✓	✓		2
	Racquetball	NW	✓	✓	✓	✓	2
	Rhythmic Gymnastics	RG	✓		✓	✓	2
	Ringette	IT	✓	✓	✓	✓	4
	Rock Climbing (For safety, see Climbing)	AP		✓	✓	✓	4
	Rowing—Ergometer (For safety, see Fitness Training [Exercise Machines])	FIT	✓	✓	✓		3

Continued

Physical Activity Inventory (Continued)							
Interest	All Activities	Type of Activity	Health-Related Fitness Components				Risk
			Cardio-respiratory Endurance	Muscular Strength	Muscular Endurance	Flexibility	
	Rowing—Sport (For safety, see Canoeing/Kayaking/Rowing)	AP	✓	✓	✓		4
	Rugby—Flag	IT	✓		✓	✓	3
	Rugby—Tackle	IT	✓	✓	✓	✓	4
	Sailing/Yachting	AP		✓	✓		4
	Scuba Diving	AP			✓		4
	Sepak Takraw	NW	✓	✓	✓	✓	2
	Skateboarding	AL	✓		✓		2
	Skating—Figure	RG	✓		✓	✓	2
	Skating—Ice	AL	✓	✓	✓		2
	Skating—Inline/Roller (Indoor, Outdoor)	AL	✓	✓	✓		2
	Skiing—Alpine	AP	✓	✓	✓		4
	Skiing—Cross-Country	AP	✓		✓		2
	Skiing—Water	AP		✓	✓		4
	Snorkelling	AP			✓		4
	Snowboarding	AP	✓	✓	✓		3
	Snowshoeing	AP	✓		✓		2
	Soccer	IT	✓	✓	✓	✓	2
	Softball—Slo Pitch, Modified, Fast Pitch	SF		✓	✓	✓	2
	Speed Skating	AP	✓	✓	✓	✓	3
	Spinning (For safety, see Cycling—Indoor/Stationary)	FIT	✓	✓	✓		1
	Squash	NW	✓	✓	✓	✓	2
	Stretch Banding (For safety, see Fitness Training)	FIT		✓	✓	✓	1

Continued

**Physical Activity Inventory (Continued)**

Interest	All Activities	Type of Activity	Health-Related Fitness Components				Risk
			Cardio-respiratory Endurance	Muscular Strength	Muscular Endurance	Flexibility	
	Stretching (For safety, see Fitness Training [Small Equipment])	FIT				✓	1
	Swimming—Open Water	FIT	✓	✓	✓	✓	4
	Swimming—Pool	FIT	✓	✓	✓	✓	4
	Table Tennis	NW	✓		✓		2
	Tae Bo	FIT	✓	✓	✓	✓	2
	Tae Kwon Do	CO	✓	✓	✓	✓	4
	Tai Chi	FIT			✓	✓	1
	Tchoukball	IT	✓	✓	✓	✓	2
	Team Handball	IT	✓	✓	✓	✓	2
	Tennis	NW	✓	✓	✓	✓	2
	Tobogganing, Sledding, Tubing	AP	✓		✓		3
	Triathlon	FIT	✓	✓	✓	✓	4
	Tumbling (For safety, see Gymnastics)	RG		✓	✓	✓	4
	Ultimate	IT	✓	✓	✓	✓	2
	Volleyball	NW		✓	✓	✓	2
	Walking	AL	✓		✓		1
	Water Polo	IT	✓		✓		4
	Weightlifting	FIT		✓	✓	✓	3
	Weight (Strength/Resistance) Training	FIT	✓	✓	✓	✓	3
	Windsurfing/Sailboarding	AP		✓	✓		4
	Wrestling—Freestyle, Greco-Roman	CO	✓	✓	✓	✓	4
	Yoga	FIT		✓	✓	✓	2

## Lesson 3: Implementing the Safety and Physical Activity Plan

### Introduction

In this lesson students begin the process of identifying inherent risks in the physical activities that they have selected for their physical activity practicum. In addition, students demonstrate the ability to access appropriate information to make informed decisions about managing risk and safety related to participation in physical activity. They also begin to implement their physical activity plan and record their physical activity participation.

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### Specific Learning Outcomes

- 11.PA.2** Demonstrate an understanding of the risk-management process and responsibilities related to physical activity participation.
  - 11.PA.3** Demonstrate the ability to access and use information for making informed decisions about safety and risk management related to physical activity participation.  
*Includes: level of instruction, level of supervision, facilities/environment, equipment, clothing/footwear, and personal and other considerations*
  - 11.PA.4** Apply movement skills and concepts in selected physical activities that meet the goals of a personal physical activity plan.
  - 11.PA.5** Participate in physical activities at a moderate to vigorous intensity level.
  - 11.PA.6** Record and report the frequency, intensity, time, and type of the physical activities, as indicated in the personal physical activity plan, and reflect on physical activity participation.
- 



### Background Information

#### Personal Physical Activity Plan

Now that students have identified the activities in which they will participate for their physical activity practicum, they need to start putting together the components in a manner that they understand and can adhere to.

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## Suggestion for Instruction / Assessment

### Putting Together the Physical Activity Plan

Have students begin putting together their personal physical activity plan for approval and sign-off, using a physical activity planner such as the one provided in RM 4-PA. This tool can be used to identify to parents the physical activities that students have selected as part of their physical activity plan.



Refer to RM 4-PA: Personal Physical Activity Plan.



## Background Information

### Safety and Risk Management

The risk-management process is an essential part of a personal physical activity plan. Risk management is not about eliminating risk or injury. Rather, the process of risk management involves identifying the risk inherent in any physical activity and then identifying strategies to deal with the identified risk. By doing this, the risk is minimized and, if an injury does occur, the injury is minimized because of the proactive risk management.



## Suggestion for Instruction / Assessment

### Planning for Risk Management

Have students complete at least two Safety and Risk-Management Planner sheets (provided in RM 5-PA) for physical activities that they have chosen for their physical activity plan that have the highest risk factor rating.



Refer to RM 5-PA: Safety and Risk-Management Planner.

Once students have completed the Safety and Risk-Management Planner sheets, they must compare their physical activity plan to the appropriate Physical Activity Safety Checklists (available from the teacher) to check for accuracy.

### NOTE TO TEACHER

#### Physical Activity Safety Checklists

Teachers must provide students either with copies of the individual Physical Activity Safety Checklists or with access to *OUT-of-Class Safety Handbook: A Resource for Grades 9 to 12 Physical Education/Health Education* (Manitoba Education, Citizenship and Youth) in which the checklists appear. Physical Activity Safety Checklists must be included with the student's physical activity plan that goes home for parent approval.

#### Addition of Physical Activities

The process of adding new activities to a physical activity plan once a plan has been signed by the teacher and parent will be unique to each school/division. The process of including activities not identified in the Physical Activity Inventory or on the school/division-approved activities list will also be unique to each school/division. Teachers are encouraged to be familiar with these processes and outline them for students and parents as necessary.



New physical activities may be added to a physical activity plan once the original plan has been signed by the teacher and approved by the parent. Activities may also be included that are not listed on the Physical Activity Inventory (see RM 3-PA).

## REFERENCES



For additional information, refer to the following resources:

Manitoba Education, Citizenship and Youth. *Guidelines for Fitness Assessment in Manitoba Schools: A Resource for Physical Education/Health Education*. Winnipeg, MB: Manitoba Education, Citizenship and Youth, 2004.

---. *Implementation of Grades 11 and 12 Physical Education/Health Education: A Policy Document*. Winnipeg, MB: Manitoba Education, Citizenship and Youth, 2007.

---. *OUT-of-Class Safety Handbook: A Resource for Grades 9 to 12 Physical Education/Health Education*. Winnipeg, MB: Manitoba Education, Citizenship and Youth, 2008.

These resources are available online at  
<[www.edu.gov.mb.ca/k12/cur/physhlth/curriculum.html](http://www.edu.gov.mb.ca/k12/cur/physhlth/curriculum.html)>.



## Background Information

### Finalizing the Physical Activity Plan

The following steps outline a process to be considered when finalizing and obtaining approval for a student's physical activity plan:

1. The physical activity plan, developed in accordance with the specified criteria, should include
  - selected physical activities that contribute to cardiorespiratory endurance plus one or more of the other health-related fitness components (muscular strength, muscular endurance, and flexibility)
  - a risk-management plan
  - Physical Activity Safety Checklists for the selected physical activities
2. Once the plan is developed, the teacher signs a letter addressed to the parents explaining the information they are receiving.



Refer to RM 6-PA: Sample Cover Letter for Physical Activity Practicum.

3. The Parent Declaration and Consent Form and the Student Declaration Form must be completed, as applicable, before a student begins implementing the OUT-of-class physical activity plan. As these forms will be specific to each school/division, teachers need to be aware of their content and location. These forms need to be signed by the parent for students under 18. There is also a Student Declaration and Consent Form for students 18 and over.

4. The personal physical activity plan, the Parent Declaration and Consent Form, and the Student Declaration Form are to be returned to the school. The teacher records that the appropriate forms have been signed and collected and keeps these until the end of the course.

## Implementing the Physical Activity Plan

Now it is time for students to begin implementing their physical activity plan and enjoying the physical activities they have chosen. Students also need to have a tool to record their physical activity participation.

### NOTE TO TEACHER

Teachers are encouraged to confer regularly with individual students to monitor and discuss their progress related to their physical activity plan and other elements of the course.

## *Recording Physical Activity Participation*

Students need to record their participation in physical activities and submit the record to the teacher. The students' record will include

- details of the physical activity participation on a schedule decided upon by the teacher
- an assessment of the amount of time spent in the development of health-related fitness components
- daily reflections of satisfaction with certain health habits. (Reflections may provide possible explanations for the level of satisfaction or feelings about the day in general.)

The following tools are provided to assist students with recording their participation.



Refer to RM 7-PA: Physical Activity Log (available in Word and Excel formats).

The Excel version of the Physical Activity Log is a more comprehensive log than the Word version. It is available on the CD-ROM version of this document, as well as online at [www.edu.gov.mb.ca/k12/cur/physhlth/curriculum.html](http://www.edu.gov.mb.ca/k12/cur/physhlth/curriculum.html).

## Completing the Physical Activity Plan

At the conclusion of the course, parents will need to sign a form indicating that the information that the students have provided to the teacher is an accurate record of the students' participation in the OUT-of-class physical activity practicum. Students who are 18 years of age or older will need to have their sign-off form signed by their parents or an authorized adult.



Refer to RM 8-PA: Sample Sign-off Form for Completion of OUT-of-Class Physical Activity Practicum (Form for Parent/Guardian).

Refer to RM 9-PA: Sample Sign-off Form for Completion of OUT-of-Class Physical Activity Practicum (Form for Authorized Adult).

## RM 4–PA: Personal Physical Activity Plan

Name \_\_\_\_\_ Date \_\_\_\_\_ Class \_\_\_\_\_

Physical Activity		Frequency of Activity	Estimated Time (in Minutes)	Risk Factor Rating (RFR)	Safety Checklists Included
<i>Examples:</i>	Indoor Soccer	3 practices + 1 game per week		2	✓
	Inline Skating	5 days—to and from school		2	✓
Student Comments:					
Teacher Comments:					

\_\_\_\_\_  
Teacher Signature

\_\_\_\_\_  
Date

The teacher's signature is an acknowledgement of the following:

- The student has met the criteria for formulating his or her personal physical activity plan.
- The student has demonstrated an understanding of how to manage risk and take appropriate steps to participate safely in physical activity.
- The student is aware of the safety guidelines information and associated responsibilities for discussion with and approval by his or her parent/guardian.

## RM 5–PA: Safety and Risk-Management Planner

Name \_\_\_\_\_ Date \_\_\_\_\_ Class \_\_\_\_\_

Taking responsibility for safety is a very important part of the OUT-of-class component of the Grade 11 Active Healthy Lifestyles course. The following questions will assist you in managing the risks while participating in any physical activity:

- Do you understand the safety rules related to the physical activity?
- Is the activity suitable to your age, ability, and physical condition?
- Is the activity suitable to any medical conditions or special health care needs that you might have?
- Do you understand the correct form or technique of the exercises or skills needed to practise?
- Do you understand the risks associated with the physical activity and ways to avoid the dangers?
- Is the equipment you will be using suitable and in good condition?
- Is the facility or playing area you will be using safe?
- Will appropriate instruction and/or supervision be provided to you in light of the danger or risk associated with the physical activity?
- Have you discussed your choice of physical activities with your parent and physical education/health education teacher?

I understand the risks associated with (name of physical activity) \_\_\_\_\_, which has a risk factor rating (RFR) of \_\_\_\_\_, and I intend to respect the following strategies to minimize some of the potential risks I can anticipate during my participation in this activity.

Risk Areas	Potential Risks Involved	Personal Strategies to Minimize Risks
Level of Instruction	▪ ▪ ▪	▪ ▪ ▪
Level of Supervision	▪ ▪ ▪	▪ ▪ ▪
Equipment	▪ ▪ ▪	▪ ▪ ▪
Facility/Environment	▪ ▪ ▪	▪ ▪ ▪
Clothing/Footwear	▪ ▪ ▪	▪ ▪ ▪
Personal and Other Considerations*	▪ ▪ ▪	▪ ▪ ▪

\* Special health care needs, skill level, experience, accessibility, and so on.

*Continued*

## RM 5–PA: Safety and Risk-Management Planner *(Continued)*

Risk Factor Rating (RFR) Scale		
RFR	Level of safety concerns; recommended instruction and supervision.	<i>Examples</i>
1	There are few safety concerns for this physical activity; little or no qualified instruction or adult supervision required.	Walking Stretching
2	There are some safety concerns for this physical activity; qualified instruction is recommended, and little or no adult supervision is required.	Racquetball Ice Skating
3	There are several safety concerns for this physical activity; qualified instruction is required, and adult supervision is recommended.	Snowboarding Field Hockey
4	There is a high level of safety concerns for this physical activity; qualified instruction and adult supervision are required.	Swimming Karate

### Reference:

For more information on safety and risk management for physical activities, go to the following school/division website to access the *OUT-of-Class Safety Handbook: A Resource for Grades 9 to 12 Physical Education/Health Education* (Manitoba Education, Citizenship and Youth):

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(Insert school/division website address where this safety information may be found.)

If you do not have access to the Internet, ask your teacher for a print copy of the Physical Activity Safety Checklists for the selected physical activities.

## RM 6–PA: Sample Cover Letter for Physical Activity Practicum

Date \_\_\_\_\_

Dear Parent/Guardian:

The health of our students is a responsibility that our school and Physical Education/Health Education Department take very seriously. Taking part in physical education/health education and being physically active can have a positive impact on students' health and well-being. To this end, our department's goal is to empower your son/daughter to adopt an active healthy lifestyle by providing the tools he/she needs to succeed.

### Grade 11 Active Healthy Lifestyles Course

The goal of this physical education/health education course is to have parents, students, and schools work together to help youth

- take greater ownership of their physical fitness
- promote the discovery of activities suited to their own individual interests
- encourage active healthy lifestyles that persist into their futures

As part of this course, your son/daughter will be involved in learning activities in the following core areas:

- fitness management
- social impact of sport
- mental-emotional health
- substance use and abuse prevention

Your son/daughter will also be required to plan, implement, and record his/her participation in the OUT-of-class physical activity practicum for a minimum of 55 hours. The details are contained within the attached physical activity plan.

Based on the physical activities your son/daughter has chosen for the OUT-of-class component of this course, safety guidelines have been provided, as part of the attached plan, to inform you and your son/daughter of the safety concerns and/or standards to consider when selecting and participating in the physical activities. The intent is not to restrict your son's/daughter's physical activity participation, but rather to assist in the process of identifying inherent or potential risks and recommending strategies/safest practices to manage these risks and to minimize the possibility of injury during participation.

*Continued*

## RM 6–PA: Sample Cover Letter for Physical Activity Practicum *(Continued)*

The suggested risk-management strategies are considered minimum standards for physical activity in an organized or formal setting. However, some of these strategies may not apply to all situations (e.g., home-based, recreational, or modified physical activities). Many variables will need to be taken into consideration when determining what level of instruction or supervision is appropriate for your son's/daughter's participation in selected physical activities, as well as determining appropriate safety practices related to the facilities/environment, the equipment, and the clothing/footwear used for the activities. Examples of personal and other variables include level of risk, medical/physical condition, skill level, experience, accessibility, intensity, and type of pursuit (e.g., competitive/recreational, individual/group).

Your involvement is important!

Your son's/daughter's success in the Grade 11 Active Healthy Lifestyles course will require coordinated and supportive communication between you and your son/daughter as well as with me, as the teacher of this course. The first step is to review the attached physical activity plan with your son/daughter. Then, once you approve of the specified intentions, please sign the attached Parent Declaration and Consent Form. Your son/daughter also needs to sign the Student Declaration Form. Once these forms have been signed, the plan and forms are to be returned to me promptly.

Throughout the duration of the course I will be meeting at predetermined times with your son/daughter. The nature of these individual meetings will be to check on the progress of your son's/daughter's OUT-of-class physical activity practicum as well as review his/her understanding of related topics discussed in class.

I encourage you to engage your son/daughter in conversation about his/her progress and to encourage him/her in pursuing personal physical activity goals and interests. If at any time you have questions/concerns, please feel free to contact me by telephone (\_\_\_-\_\_\_\_) or by email at \_\_\_\_\_.

Actively yours,

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Teacher Signature

## RM 7–PA: Physical Activity Log\*



Name \_\_\_\_\_ Class \_\_\_\_\_

Month \_\_\_\_\_ Week of \_\_\_\_\_

	Activity Description	Duration	Intensity (Light, Moderate, Vigorous)	Personal Reflection
<i>Example</i>	<ul style="list-style-type: none"> <li>▪ Walked to school</li> <li>▪ Jogged after school</li> <li>▪ Mowed the lawn</li> </ul>	<ul style="list-style-type: none"> <li>▪ 20 min.</li> <li>▪ 30 min.</li> <li>▪ 15 min.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Light</li> <li>▪ Vigorous</li> <li>▪ Moderate</li> </ul>	Felt great today. Had a good sleep. Ate too much at dinner. Feel a bit stressed about math test tomorrow.
Day 1	<ul style="list-style-type: none"> <li>▪</li> <li>▪</li> <li>▪</li> </ul>	<ul style="list-style-type: none"> <li>▪</li> <li>▪</li> <li>▪</li> </ul>	<ul style="list-style-type: none"> <li>▪</li> <li>▪</li> <li>▪</li> </ul>	
Day 2	<ul style="list-style-type: none"> <li>▪</li> <li>▪</li> <li>▪</li> </ul>	<ul style="list-style-type: none"> <li>▪</li> <li>▪</li> <li>▪</li> </ul>	<ul style="list-style-type: none"> <li>▪</li> <li>▪</li> <li>▪</li> </ul>	
Day 3	<ul style="list-style-type: none"> <li>▪</li> <li>▪</li> <li>▪</li> </ul>	<ul style="list-style-type: none"> <li>▪</li> <li>▪</li> <li>▪</li> </ul>	<ul style="list-style-type: none"> <li>▪</li> <li>▪</li> <li>▪</li> </ul>	
Day 4	<ul style="list-style-type: none"> <li>▪</li> <li>▪</li> <li>▪</li> </ul>	<ul style="list-style-type: none"> <li>▪</li> <li>▪</li> <li>▪</li> </ul>	<ul style="list-style-type: none"> <li>▪</li> <li>▪</li> <li>▪</li> </ul>	
Day 5	<ul style="list-style-type: none"> <li>▪</li> <li>▪</li> <li>▪</li> </ul>	<ul style="list-style-type: none"> <li>▪</li> <li>▪</li> <li>▪</li> </ul>	<ul style="list-style-type: none"> <li>▪</li> <li>▪</li> <li>▪</li> </ul>	
Day 6	<ul style="list-style-type: none"> <li>▪</li> <li>▪</li> <li>▪</li> </ul>	<ul style="list-style-type: none"> <li>▪</li> <li>▪</li> <li>▪</li> </ul>	<ul style="list-style-type: none"> <li>▪</li> <li>▪</li> <li>▪</li> </ul>	
Day 7	<ul style="list-style-type: none"> <li>▪</li> <li>▪</li> <li>▪</li> </ul>	<ul style="list-style-type: none"> <li>▪</li> <li>▪</li> <li>▪</li> </ul>	<ul style="list-style-type: none"> <li>▪</li> <li>▪</li> <li>▪</li> </ul>	
Totals				

Consider ways to increase your physical activity:

- **Add activity.** Find a new activity that you enjoy. Walk for 15 to 30 minutes before you sit down for your favourite TV show or as a break during your work day.
- **Trade active time for inactive time.** Take a walk after dinner, ride an exercise bike or do curl-ups while watching TV, walk to return video rentals or to pick up small grocery items.
- **Do more of what you are already doing.** Walk at a faster pace, walk for 30 minutes instead of 20, or walk five times a week instead of three times.
- **Work a little harder.** Turn your walks into power walks or jogs.

\* Source: Dairy Council of California. "Physical Activity Journal." *Meals Matter: Eating for Health—Health Topics*. 2005. <[www.mealsmatter.org](http://www.mealsmatter.org)>. Adapted with permission of Dairy Council of California.



**RM 8–PA: Sample Sign-off Form for Completion of  
OUT-of-Class Physical Activity Practicum**  
(Form for Parent/Guardian)

Dear Parent/Guardian:

Please review this form and, upon agreement, provide your signature.

I \_\_\_\_\_ parent/guardian of \_\_\_\_\_  
Name of Parent/Guardian Name of Son/Daughter

do hereby certify and acknowledge the following:

- My son/daughter has participated in the physical activities as selected for his/her OUT-of-class physical activity practicum.
- My son/daughter has accurately recorded his/her participation in the selected physical activities for the OUT-of-class physical activity practicum.

\_\_\_\_\_  
Parent/Guardian Signature Date

**Student Sign-off**

I \_\_\_\_\_  
Name of Student

certify that this record is an accurate account of my physical activity participation in the OUT-of-class physical activity practicum.

\_\_\_\_\_  
Student Signature Date

Date Received \_\_\_\_\_

**RM 9–PA: Sample Sign-off Form for Completion of  
OUT-of-Class Physical Activity Practicum**  
(Form for Authorized Adult)

Dear Authorized Adult:

Please review this form and, upon agreement, provide your signature.

I \_\_\_\_\_ the authorized adult for \_\_\_\_\_  
Name of Authorized Adult Name of Student

do hereby certify and acknowledge the following:

- The above-named student has participated in the physical activities as selected for his/her OUT-of-class physical activity practicum.
- The above-named student has accurately recorded his/her participation in the selected physical activities for the OUT-of-class physical activity practicum.

\_\_\_\_\_  
Authorized Adult Signature Date

Please indicate your relationship with this student (e.g., parent, aunt, uncle, coach, instructor):

\_\_\_\_\_

**Student Sign-off**

I \_\_\_\_\_  
Name of Student

certify that this record is an accurate account of my physical activity participation in the OUT-of-class physical activity practicum.

\_\_\_\_\_  
Student Signature Date

Date Received \_\_\_\_\_



# MODULE B: FITNESS MANAGEMENT

Specific Learning Outcomes

Introduction

Lesson 1: Physical Activity for Optimal Health  
and Fitness

Lesson 2: Changing Physical Activity Behaviour

Lesson 3: Understanding Your Personal Motivation for  
Physical Activity

Lesson 4: Addressing Barriers to Physical Activity

Lesson 5: Making Physical Activity a Habit

Lesson 6: Planning for Physical Fitness

## MODULE B: FITNESS MANAGEMENT

### Specific Learning Outcomes

- 11.FM.1** Evaluate the benefits of selected types of physical activities in the development of fitness and in the prevention of disease at various stages of life.

*Examples:* relationship between aerobic activity and cardiovascular disease, breast cancer, type 2 diabetes, mental health; relationship between weight-bearing activities and osteoporosis

- 11.FM.2** Examine factors that have an impact on the development and implementation of and adherence to a personal physical activity plan.

*Examples:* motivation, barriers, changing lifestyle, values and attitudes, social benefits, finances, medical conditions, incentives, readiness for change

- 11.FM.3** Examine and evaluate factors that affect fitness and activity choices.

*Examples:* intrinsic and extrinsic motivation, personal interests, personal health, family history, environment, finances, culture, level of risk

- 11.FM.4** Demonstrate an understanding of the concepts and principles related to the development and implementation of a personal physical activity plan.

*Examples:* cardiorespiratory endurance/aerobic fitness, musculoskeletal fitness, training principles, FITT (frequency, intensity, time, type) principle

- 11.FM.5** Design, implement, evaluate, and revise an exercise routine that contributes to the health-related fitness components.

*Examples:* resistance training, walking, running programs

# MODULE B: FITNESS MANAGEMENT

## Introduction

People need to be physically active to attain and maintain good health. Our fast-paced modern lifestyle with all its conveniences has made us progressively more inactive, and that is dangerous for our health. Sitting in front of the TV or computer screen, riding in the car, and using elevators all contribute to our inactivity. Physical inactivity is as dangerous to our health as smoking (Public Health Agency of Canada, “Why Should I Be Active?”).

Numerous health risks are associated with physical inactivity, including osteoporosis, type 2 diabetes, cancer, heart attack, and stroke. Conversely, being active has many benefits, such as improved self-esteem, increased work capacity, and better pain tolerance. Simply being aware of these risks and benefits has not been enough to make us adopt active lifestyles. To adopt active healthy lifestyles, people require a change in attitude, along with motivation to practise new active behaviours.

The Public Health Agency of Canada states that youth should accumulate 90 minutes of physical activity every day, of which 30 minutes should be of vigorous intensity and 60 minutes should be of moderate intensity, to stay healthy or to improve health (*Canada's Physical Activity Guide for Youth 2*). This does not have to come from one bout of exercise, but can be accumulated from brief intervals of activity throughout the day, such as climbing stairs, riding bike, and so on. The majority of Canadians are not physically active enough in their leisure time to reap any health benefits.

### REFERENCES



For additional information, refer to the following guides:

Public Health Agency of Canada. *Canada's Physical Activity Guide for Youth*. Ottawa, ON: Public Health Agency of Canada, 2002. Available online at <[www.phac-aspc.gc.ca/pau-uap/fitness/downloads.html](http://www.phac-aspc.gc.ca/pau-uap/fitness/downloads.html)>.

---. “Why Should I Be Active?” *Canada's Physical Activity Guide to Healthy Active Living for Older Adults*. 8 Oct. 2003. <[www.phac-aspc.gc.ca/pau-uap/paguide/older/why.html](http://www.phac-aspc.gc.ca/pau-uap/paguide/older/why.html)>.

For website updates, please visit Websites to Support the Grades 11 and 12 Curriculum at <[www.edu.gov.mb.ca/k12/cur/physhlth/](http://www.edu.gov.mb.ca/k12/cur/physhlth/)>.

In this module students examine ways of changing physical activity behaviour, discuss the barriers to physical activity and some of the ways to overcome them, and learn how to adhere to a physical activity program once started.

Module B: Fitness Management contains six lessons:

- Lesson 1: Physical Activity for Optimal Health and Fitness
- Lesson 2: Changing Physical Activity Behaviour
- Lesson 3: Understanding Your Personal Motivation for Physical Activity
- Lesson 4: Addressing Barriers to Physical Activity
- Lesson 5: Making Physical Activity a Habit
- Lesson 6: Planning for Physical Fitness

Resource Masters to support the lessons are provided at the end of most lessons.

## Lesson 1: Physical Activity for Optimal Health and Fitness

*“Lack of activity destroys the good condition of every human being, while movement and methodical physical exercise save it and preserve it.”*

– Plato (427–347 BCE)

### Introduction

Participating in physical activity and exercise are important health maintenance strategies for people of all ages – children, youth, adults, and seniors. If being physically active is to become a part of a person’s lifestyle, it will be important to make a positive emotional connection to the activities of choice. In other words, there needs to be a feeling that physical activity is enjoyable and fun. Part of feeling that physical activity/exercise is fun is achieved by simply making it a habit.

This lesson focuses on the many benefits of physical activity and exercise. The benefits are organized into three categories: physical fitness, health, and mental-emotional benefits.



### Specific Learning Outcome

**11.FM.1** Evaluate the benefits of selected types of physical activities in the development of fitness and in the prevention of disease at various stages of life.

*Examples:* relationship between aerobic activity and cardiovascular disease, breast cancer, type 2 diabetes, mental health; relationship between weight-bearing activities and osteoporosis



### Key Understandings

- Physical activity contributes to fitness, health, and mental-emotional benefits.
- Specific benefits are associated with selected physical activities.
- There are key benefits of physical activities at various life stages.



## Essential Questions

1. What are the health benefits of fitness that affect five systems of the body?
  2. Why are the effects of exercise referred to as systemic effects?
  3. What benefits of exercise affect the mental-emotional health of an individual?
  4. What benefits of physical activity may be different or the same for specific age groups?
- 



## Suggestion for Instruction / Assessment

### Benefits of Physical Activity and Exercise

To help students think about and identify the numerous benefits of physical activity and exercise, have them reflect on the following:

- What makes or would make being physically active or exercising fun for you?
- List as many benefits of physical activity and exercise as you can.

Once students have had an opportunity to list the benefits individually, have them work in groups to compile a group list. Ask students to discuss and sort the identified benefits into three categories: fitness, health, and mental-emotional benefits. Discuss any identified benefits that do not fit into any of the three categories and have students create their own category.

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## Background Information

### Fitness Benefits of Physical Activity

Regular physical activity increases the body's capacity and efficiency for work (performing movement), reduces the risk of injury and disease, and positively affects body composition (increased muscle mass, increased bone mass, and decreased fat mass). Movement places increased demands on the cardiovascular, respiratory, muscular, skeletal, and nervous systems of the body. Each system benefits from an activity plan that has consistent and progressive increases in the level of work intensity (activities that are harder to do and take longer to complete). The body's systems adapt to the increasing load, resulting in greater efficiency in these systems and thereby resulting in an increased ability to perform work. In other words, the body is able work longer and harder than it was able to before. After a person has achieved a new level of fitness, everyday tasks are no longer as difficult as they once were.



We do not have to spend hours in a gymnasium to gain the fitness benefits of physical activity. Every time we throw a ball, swim a lap, or climb a flight of stairs, our five main body systems are adapting. If these activities are consistent enough, our overall fitness will improve.

The human body responds well to consistent and progressive physical activity. Substantial improvements may be anticipated in cardiovascular and respiratory (heart, circulatory, and lung) function, muscular strength and endurance, flexibility, body composition, and the ability to respond to psychological stress.

Some of the more noticeable changes resulting from physical activity may include

- increased heart and circulatory function and endurance, seen as a lower heart rate for a given activity and a lower resting heart rate
- increased muscular strength, seen as an ability to lift heavier loads or an increased ease in lifting lighter loads
- increased muscular endurance, seen as the ability to execute more repetitions without rest
- increased bone strength, seen as a decreased risk of fracture or injury
- increased joint range of motion or flexibility, seen as an ability to reach or move into body positions impossible to attain previously
- increased physical work capacity, seen as an ability to complete more work in a single bout (e.g., shovelling a driveway with lower risk of injury or adverse effect)
- improved body composition (more muscle, stronger bones, and less body fat)

### Health Benefits of Physical Activity

The health benefits of physical activity and exercise are well researched and documented. In addition to benefiting the cardiovascular, respiratory, muscular, skeletal, and nervous systems, physical activity and exercise also have a positive effect on the endocrine (hormonal responses) and immune (ability to defend against infection) systems. Because physical activity and exercise have such a wide-ranging effect on all the body's systems they have been referred to as having a systemic effect. *Systemic* means system wide – across all body systems.

Evidence shows that regular physical activity and exercise can reduce the risk of many diseases and conditions, as well as having many other health benefits:

- Physical activity and exercise reduce the risk of diseases and conditions such as
  - heart attack or heart disease
  - second heart attack
  - stroke
  - colon, lung, breast, prostate, and many other cancers
  - high cholesterol and triglycerides (fats)
  - high blood pressure (hypertension)
  - abnormal blood sugar levels
  - type 2 diabetes
  - osteoporosis (reduced bone density)
  - pain
  - arthritis and total hip or knee replacements
  - depression and anxiety
  - sleep apnea
- Physical activity and exercise can also result in benefits such as
  - improved pain tolerance
  - improved self-esteem
  - improved immune system
  - better posture and balance
  - decreased incidence of unintended falls
  - greater energy
  - improved sleeping habits
  - faster recovery from injury or surgery
  - increased high-density lipoproteins (HDL, or the “good” cholesterol)
  - increased potential to achieve and maintain a healthy body weight by burning calories
  - improved work capacity
  - improved nervous system (better neurons)

## Mental-Emotional Benefits of Physical Activity

Physical activity participation provides children and youth with opportunities for growth and development far beyond the obvious health benefits. Participation in sport, exercise, and physical activity also helps individuals

- develop social skills, such as sharing, taking turns, cooperating, and learning about winning and losing
- develop physical skills (e.g., coordination, posture, balance), locomotor skills (e.g., running), and manipulation skills (e.g., using a racquet or hockey stick), which contribute to a person's self-efficacy
- develop a sense of belonging (when doing things with others, either in casual or organized activities and sports)
- develop family relationships (when parents play and exercise with their children and support their children's sports)
- achieve academically in school
- prevent or control risky behaviours, such as the use of tobacco, alcohol, or other substances, unhealthy diets, or violence
- develop increased self-discipline, greater self-esteem, and a healthier body image
- increase opportunities to take on leadership roles, deal with adversity, and develop the ability to manage time



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### Suggestion for Instruction / Assessment

#### Benefits of Physical Activities/Sports for Different Age Groups

Divide the class into six teams. Ask two teams (each team working independently of the other) to identify at least five common physical activities/sports in which **children** take part. Two different teams identify the same for **adolescents**, and two for **adults**.

Have each team share its list of common physical activities/sports with the other team assigned to the same age group. From the combined list, the two teams

- select the top five physical activities/sports for a given age group
- identify (on chart paper or the chalk board) the key health and fitness benefits of each of the top five physical activities/sports as it relates to a given age group

Each pair of teams then shares with the class the physical activities/sports that could have the greatest health and fitness benefits for a specific age group (children, adolescents, adults), and provides reasons for its decisions. Finally, have a class discussion to identify the common physical activities/sports that could have the greatest health and fitness benefits among the three age groups.



## Lesson 2: Changing Physical Activity Behaviour

### Introduction

This lesson focuses on the Stages of Change model, which has been used to help people adopt new healthy behaviours and dispense with unhealthy behaviours. Identifying where we are along the Stages of Change continuum can assist us in making desired change. The learning experiences in this lesson will help students understand their own stage of change in relation to physical activity and the processes they have used or could use to facilitate their desired change.

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### Specific Learning Outcomes

**11.FM.2** Examine factors that have an impact on the development and implementation of and adherence to a personal physical activity plan.

*Examples:* motivation, barriers, changing lifestyle, values and attitudes, social benefits, finances, medical conditions, incentives, readiness for change

**11.FM.3** Examine and evaluate factors that affect fitness and activity choices.

*Examples:* intrinsic and extrinsic motivation, personal interests, personal health, family history, environment, finances, culture, level of risk

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### Key Understandings

- People progress along a continuum known as the Stages of Change when changing their behaviour.
  - Each stage of change is associated with specific characteristics.
  - There are specific approaches to assisting individuals with adopting healthy behaviours, depending upon where they are along the Stages of Change continuum.
- 



### Essential Questions

1. What are the stages in the Stages of Change model, and how can you move from one stage to the next?
  2. In the processes of change, what two cues can be used to move from one stage of change to another? Why are these cues important?
  3. How do the processes of change support the Stages of Change model?
-



## Background Information

### Physical Activity and Exercise Behaviour

We are all born with a need and a desire to be physically active. This need and desire are kept alive through successful participation in physical activity, the freedom to explore various movement experiences, and having fun. Staying active will do more than promote the essential fitness behaviours that have been shown to add years to life. Staying active will maintain the physical vitality that adds life to the years.

Unfortunately, many changes have taken place in our society, such as increased consumerism, conveniences, and wealth orientation, which have reduced the necessity to move or to be active. Along with the movement toward relative inactivity come the increased risks of illnesses and diseases. This general trend toward inactive (sedentary) and other unhealthy lifestyles (e.g., over-consumption of food) has led to a crisis in the health care system, an increase in personal health-related tragedies, and an “obesity epidemic.” There is an urgent need to address this trend. In other words, we need to change our attitudes, giving higher priority to physical activity and exercise behaviours in our lives. We must move physical activity from a “want to do” to a “must do.”

### Stages of Change

Changing our attitudes and behaviours is a process that occurs over time, and we are all at different stages of readiness to change. The Stages of Change model, as outlined by Prochaska, Norcross, and DiClemente, provides a framework for explaining how behaviour change occurs in people. The stages of change have been applied as a model of how people change in relation to a variety of problem behaviours (e.g., related to substance addictions, eating habits, disease prevention). The model helps identify where people are along the continuum of change and provides specific approaches or types of assistance for each stage of change to facilitate individuals in moving through the stages.

The Stages of Change model consists of five stages, which can help determine where individuals are in the process of changing their attitudes and behaviours related, for example, to increasing physical activity:

1. **Pre-contemplation:** People in this stage are not thinking about changing their inactive or sedentary behaviour and are not aware of their problem. They have not considered changing.
2. **Contemplation:** People in this stage have thought about their problem, can identify that they are inactive, and have devoted some thought to changing. They have not taken action to change, or they may be beginning to consider options for change.
3. **Preparation/decision:** People in this stage have begun the process of change by examining possibilities and options, such as considering a gym membership, looking at new exercise clothing, wanting to start using a pedometer, or contemplating a noon-hour walking program.

4. **Action:** People in this stage have taken steps to overcome their sedentary lifestyle by modifying their behaviour, experiences, or environment in order to overcome their problem. Action involves the most overt behavioural changes and requires a commitment of time and energy. Early indicators of the action stage include steps such as evaluating different exercise facilities and costs, purchasing a gym membership, purchasing exercise equipment, joining a walking group, and using exercise equipment for physical activity rather than as “furniture.”
5. **Maintenance:** People in this stage consolidate the gains attained as a result of initial action through sustained involvement in the new behaviour, in this case an active lifestyle (or avoidance of the old behaviour – physical inactivity). Adoption of the new behaviour usually requires a period of many weeks to months.

With this model, behaviour change is viewed as a process. An individual’s readiness for change is related to how far along the person is in the Stages of Change continuum. People can enter and exit a stage at any point, and some people may repeat a stage several times. They can move both forward and backward between the stages. Generally, the goal is to have a person move along each stage from pre-contemplation to maintenance (the new behaviour). Once a person is identified as being at a specific stage for a certain behaviour (e.g., increasing physical activity or decreasing sedentary behaviour), an approach is adopted to aid the person, specific to that stage.

### *Example*

A sedentary individual is disgusted with the rise in diabetes in society and the associated health care costs, but he does not realize that his own inactivity is leading to increased health risks, including the development of diabetes. He sees the problem in others but not in himself (*pre-contemplation*).

Recently he applied for long-term disability insurance, and his insurance broker told him he needed a medical check-up to get the preferred customer discount. His doctor informed him of his high blood pressure, high triglycerides, and high blood sugars (pre-diabetic). He was declined insurance. He realized it was time for a change and recognized that he was part of the problem and needed to get his life in order for himself and for his family’s future (*contemplation*).

He looked into many options and decided to sign up with a certified exercise physiologist at a private gym (*decision*). He paid for a one-year membership, bought exercise gear, and met his trainer for the first session (*action*). Despite advice from the trainer, he now tries to change his life too quickly by setting unrealistic goals and relapses after a week, but then realizes that the effective way to change takes work and patience (*contemplation and action*). With encouragement from his family and a new training partner he met at the gym in the same circumstance, he keeps his personal activity plan and nutrition plan (*decision*). After eight weeks, his body has changed and he has a new life, with activity every day (*maintenance*). He knows that winter is coming, and he and his trainer have established a new winter routine (*prevent relapse*).

## REFERENCES



For additional information, refer to the following resources:

Prochaska, James O., John C. Norcross, and Carlo C. DiClemente. *Changing for Good: A Revolutionary Six-Stage Program for Overcoming Bad Habits and Moving Your Life Positively Forward*. New York, NY: Avon Books Inc., 1994.

Spencer, Leslie, Troy B. Adams, Sarah Malone, Lindsey Roy, and Elizabeth Yost. "Applying the Transtheoretical Model to Exercise: A Systematic and Comprehensive Review of the Literature." *Health Promotion Practice* 7.4 (Oct. 2006): 428–43.



## Suggestion for Instruction / Assessment

### Physical Activity Stages of Change—Questionnaire

Using the Think-Pair-Share strategy (see Appendix E), have students consider which stage of change they are currently in as it relates to their own physical activity:

- Working individually, students complete the questionnaire provided in RM 1–FM. They then use their results on the questionnaire and the information and examples from this lesson to forecast what steps or strategies they could apply to advance along the Stages of Change continuum toward the *maintenance* stage.
- Students then discuss their results and ideas with someone else who is currently in the same stage as they are.
- Finally, the student pairs share their ideas with the class.



Refer to RM 1–FM: Physical Activity Stages of Change – Questionnaire.



## Background Information

### Processes of Change

Moving through the Stages of Change model is a process that requires both cognitive and behavioural changes, such as

- changes in attitude and awareness of one’s circumstances (cognitive – the way one thinks)
- changes in actions to decrease the occurrence of undesirable activities, such as overeating, and actions to engage in new, desirable activities (behaviour – the way one acts)

Both cognitive and behavioural aspects are necessary for people to change from one stage to another.



The Stages of Change model works simultaneously on multiple attitudes and behaviours; that is, a person could be in one stage for one behaviour and in a different stage for another. Seeking and maintaining a healthy lifestyle involves many behaviours, and it is unlikely that we will be in the maintenance phase for all healthy behaviours. We may have a particular problem behaviour, or we may wander in and out (e.g., from maintenance to relapse to maintenance) of a certain behaviour. For healthy lifestyles, being physically active and having a nutritious diet are both key behaviours. It is quite common to have someone doing well in one area, but not in the other. Very active athletes, for example, can have a poor diet, even though they “know better.” Some inactive people may think that all they need to do to be healthy is to eat well. To live healthy, active lives, we all need a tailored approach to keep us in a given stage or to shift us to another stage.

The two cognitive keys to shifting through the Stages of Change continuum successfully are motivation and self-esteem:

- **Motivation** is a state of readiness or eagerness to change, which may fluctuate from one time or situation to another. This state can be strongly influenced by internal and external factors. Motivation is the likelihood that a person will enter into, continue, and adhere to a strategy of change.
- **Self-esteem** can be defined as the likelihood to see oneself as competent to cope with life’s challenges and to be deserving of happiness. To improve self-esteem, a person must experience success relative to expectations. Specifically, the more realistic the expectation or goal is, the higher the degree of success will be. This success, in turn, leads to an improved self-esteem in a shorter amount of time.

### *A Tailored Approach to Change*

Successful approaches to the change process adhere to the following principles:

- Tailor your approach to each stage of change.
- Move one stage at a time.
- Be patient and allow time to change.

Tailoring our approach to each stage of change requires specific cognitive and behavioural cues, which are outlined in RM 2-FM. Specific approaches can be used to assist individuals with adopting healthy behaviours, depending upon where they are along the Stages of Change continuum.



Refer to RM 2-FM: Process of Change: Tailoring Your Approach.



## Suggestion for Instruction / Assessment

### Role Playing Stages of Change

Have students work in pairs to role play the stages of change. One student adopts a particular stage of change using his or her own circumstances (as identified in RM 1-FM) and the other student attempts to use appropriate behavioural and cognitive cues to move the partner along the Stages of Change continuum. Have students role play each stage of change, record methods that were suitable for assisting in each stage and circumstance, and explain the rationale for each method.

#### NOTE TO TEACHER

If there are any concerns about how particular students may feel about using their personal circumstances in the role play, teachers may want to provide the students with a scenario of a given stage of change rather than having them use their own circumstances.

Students may consider using the cognitive and behavioural cues from RM 2-FM to formulate their questions or to guide their discussion.



Refer to RM 1-FM: Physical Activity Stages of Change – Questionnaire and RM 2-FM: Process of Change: Tailoring Your Approach.

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## RM 1–FM: Physical Activity Stages of Change—Questionnaire\*

For each of the following questions, please circle **Yes** or **No**. Be sure to follow the instructions carefully.

Physical activity or exercise includes activities such as walking briskly, jogging, bicycling, swimming, or any other activity in which the exertion is at least as intense as these activities.

	No	Yes
1. I am currently physically active.	0	1
2. I intend to become more physically active in the next six months.	0	1

For activity to be *regular*, it must add up to a *total* of 30 minutes or more per day and be done at least five days per week. For example, you could take one 30-minute walk or take three 10-minute walks for a total of 30 minutes.

	No	Yes
3. I currently engage in <i>regular</i> physical activity.	0	1
4. I have been <i>regularly</i> physically active for the past six months.	0	1

### SCORING

If question 1 = 0 and question 2 = 0, then you are at stage 1 (*Pre-contemplation*).

If question 1 = 0 and question 2 = 1, then you are at stage 2 (*Contemplation*).

If question 1 = 1 and question 3 = 0, then you are at stage 3 (*Preparation*).

If question 1 = 1, question 3 = 1, and question 4 = 0, then you are at stage 4 (*Decision/action*).

If question 1 = 1, question 3 = 1, and question 4 = 1, then you are at stage 5 (*Maintenance*).

\* Source: Adapted, with permission, from B. H. Marcus and L. H. Forsyth, 2003, *Motivating People to Be Physically Active*, (Champaign, IL: Human Kinetics), page 21.

## RM 2–FM: Process of Change: Tailoring Your Approach

Stage of Change	Cognitive and Behavioural Cues (with Explanatory Notes)
<b>Pre-contemplation</b>	<ul style="list-style-type: none"> <li>▪ “Raise doubt” about resistance to physical activity.               <ul style="list-style-type: none"> <li>▪ Raise doubt about people’s resistance to changing physical behaviour by providing information and explaining why it is wise to adopt an active lifestyle. Simply providing pamphlets is not enough. People need to understand the real risks of being sedentary and that the risks apply to them personally, not only to others.</li> <li>▪ Many people think they don’t have the time or the finances to become active. Cast doubt on the lack-of-time excuse by “talking a person through” a weekly schedule or calendar. With patience, a few hours will be found in almost everyone’s schedule for physical activity. When financial problems are cited as the reason for inactivity, it may be possible to illustrate either that someone does have the funds (e.g., by spending money on physical activities rather than on luxuries such as a new TV, car stereo, or game system) or that becoming active may not require a large amount of money.</li> <li>▪ When people feel helpless, they may give up trying to be active. Support them by helping them to understand how they could do things they might enjoy by becoming active. Raise doubt about their helplessness by helping them to realize that they <i>can</i> change and that although it may take time to change, the benefits will be almost immediate.</li> <li>▪ In providing information, be as factual and unbiased as possible, and encourage people to seek more information.</li> </ul> </li> <li>▪ Increase awareness of risks and problems of inactivity.</li> <li>▪ Keep in mind that tolerance and patience are needed when resistance to change is high.</li> </ul>
<b>Contemplation</b>	<ul style="list-style-type: none"> <li>▪ Provide additional reasons to change.               <ul style="list-style-type: none"> <li>▪ People often focus on one reason to make a change (e.g., “I’m going on a vacation and I want to drop 5 kg.” or “I want to run my first marathon.”). When people add other reasons why a change may be beneficial, they don’t need to rely on only one outcome to gauge success. Adding other reasons to engage in physical activity (e.g., strengthen bones, improve ability to do work or to keep up with others, learn to play a sport) can help individuals create new process goals (e.g., buy new running shoes, get a gym membership) or performance goals (e.g., keep a daily step-count log), which often aids them in feeling successful. Simply listing additional benefits of change is OK, but finding benefits that individuals “buy into” is important.</li> </ul> </li> <li>▪ Discover reasons for ambivalence to change.               <ul style="list-style-type: none"> <li>▪ The feeling that “something is holding one back” from acting derives from the coexistence of positive and negative feelings toward a new behaviour. To help someone move forward, it is important to discover what the holdback is and to identify whether there are enough positive feelings to outweigh negative ones (e.g., a concern about not having the right clothing is a common negative that can be overcome).</li> </ul> </li> <li>▪ Weigh the pros and cons.               <ul style="list-style-type: none"> <li>▪ There are always positive and negative aspects to any new behaviour. It is important to recognize that negatives exist and that the positives, once weighed, will likely outweigh the negatives. Simply listing and discussing the pros and cons is helpful.</li> </ul> </li> <li>▪ Recognize when intent is high but desire to work is low.               <ul style="list-style-type: none"> <li>▪ Clearly, exercise is work. However, people almost invariably feel much better when they work out, and especially afterwards. As small increments in exercise or physical activity intensity and duration are recommended, encourage individuals to start small and work their way up (e.g., a 10% increase per week accumulates quickly).</li> </ul> </li> </ul>

*Continued*

## RM 2–FM: Process of Change: Tailoring Your Approach *(Continued)*

Stage of Change	Cognitive and Behavioural Cues (with Explanatory Notes)
<b>Preparation/ Decision</b>	<ul style="list-style-type: none"> <li>▪ Assist in selecting the best options.</li> <li>▪ Create a realistic action plan.               <ul style="list-style-type: none"> <li>▪ Make sure that goal setting is not simply based on outcomes (e.g., time in a race, placement in an event, weight loss). Establish process or performance goals (e.g., change in step counts per week, distance run, consistency in training).</li> </ul> </li> <li>▪ Plan for “blips” in the change process.               <ul style="list-style-type: none"> <li>▪ Deviations in plans often occur due to external and internal factors, so it is best to anticipate and plan for them before they occur, thereby minimizing the coping required (e.g., control the emotional reaction to the possibility of not succeeding at a goal). Blips in plans for physical activity may occur due to changes in seasons (e.g., transition from summer to winter), holidays, illness, or heavy stress in school. Set up activity goals that have minimums, normal values, and maximums (e.g., one workout a week is maintenance, two or three is very good, and four or more is excellent). Setting up “contingency plans” is as important as setting up the action plan.</li> </ul> </li> </ul>
<b>Action</b>	<ul style="list-style-type: none"> <li>▪ Support decisions by eliminating doubt in actions.               <ul style="list-style-type: none"> <li>▪ All of us have likely felt uncertainty about decisions we’ve made. When individuals experience doubt about their decision on a course of action, assure them that they “have done the right thing” and remind them of the future benefits of following this path.</li> </ul> </li> <li>▪ Establish goals using the SMART (specific, measurable, attainable, realistic, and time-framed) goal approach.</li> <li>▪ Establish a means of providing feedback on how something is working.               <ul style="list-style-type: none"> <li>▪ Self-monitoring is often a key to success. Set up accountability frameworks such as pedometer log sheets where individuals can record and identify process or performance changes. They can evaluate their log sheets and possibly report their progress. The act of reporting makes individuals accountable and indicates the importance of their physical activities. Other useful self-monitoring tools include training diaries, calendars, and exercise logs.</li> </ul> </li> <li>▪ Reinforce overt behavioural changes.               <ul style="list-style-type: none"> <li>▪ Use prompts to initiate a behaviour change (e.g., put up signs or posters at home as reminders to exercise). These prompts remind individuals to engage in the new activity and to work at it for some time before the effect of the prompts fades.</li> <li>▪ Consider getting a training partner to help with reinforcement of and adherence to a physical activity plan. A training partner can be a person or a group, an animal (e.g., a dog), or a device (e.g., a pedometer).</li> <li>▪ Having a close friend or family member “buy into” and help reinforce a change is also important.</li> <li>▪ Find ways to make the activity experience a joy rather than a burden or a chore.</li> <li>▪ Rewards or incentives can be helpful, if needed.</li> </ul> </li> </ul>
<b>Maintenance</b>	<ul style="list-style-type: none"> <li>▪ Support new behaviours.               <ul style="list-style-type: none"> <li>▪ Continued support through this time can help people avoid going back to thinking, “I don’t have enough time” and “I have more important things to attend to.” Remind people what their health is worth and that the steps they are taking are important.</li> </ul> </li> <li>▪ Diversify behaviours and explore new ones.               <ul style="list-style-type: none"> <li>▪ Adding to the repertoire of activities can be helpful so that a person is not entirely dependent upon one form of exercise (e.g., combining stationary cycling with bicycling outdoors adds a new dimension and the possibility of cycling through the change of seasons).</li> <li>▪ Although structured physical activity plans are important, some variety in workouts can make the exercise more enjoyable and decrease boredom.</li> </ul> </li> <li>▪ Provide accountability frameworks.               <ul style="list-style-type: none"> <li>▪ Some form of continued self-monitoring is important. Individuals can change the self-monitoring tool they use (e.g., from a calendar to a diary to an exercise log). This form of feedback helps reinforce behaviour.</li> <li>▪ Realistically examine the outcome goals (e.g., weight loss). Unrealistic expectations in terms of a rapid change in outcome can sabotage success at this stage.</li> </ul> </li> </ul>



## Lesson 3: Understanding Your Personal Motivation for Physical Activity

### Introduction

In this lesson students learn about intrinsic and extrinsic motivation and apply that understanding to their own physical activity motivation. The suggested learning experiences reinforce students' understanding of the different types of motivation and provide them with opportunities to assess their own motivation related to physical activity and exercise.

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### Specific Learning Outcomes

**11.FM.2** Examine factors that have an impact on the development and implementation of and adherence to a personal physical activity plan.

*Examples:* motivation, barriers, changing lifestyle, values and attitudes, social benefits, finances, medical conditions, incentives, readiness for change

**11.FM.3** Examine and evaluate factors that affect fitness and activity choices.

*Examples:* intrinsic and extrinsic motivation, personal interests, personal health, family history, environment, finances, culture, level of risk

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### Key Understandings

- Motivation can be classified as intrinsic or extrinsic motivation.
  - Physical activity participation is affected by different motivational factors.
  - Awareness of personal motivation helps to strengthen, regulate, or change a person's behaviour.
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### Essential Question

1. What intrinsic and extrinsic factors motivate you to exercise and to be active?
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## Background Information

### Understanding Motivation for Physical Activity

Self-regulation (or self-control) is an important concept for understanding why individuals are motivated to exercise or to be physically active. Factors that influence self-control can be organized into two categories: intrinsic motivators and extrinsic motivators. Intrinsic motivation represents our internal drive toward behaviour, while extrinsic motivation includes factors such as rewards or punishment. Understanding what best motivates individuals requires awareness of both the intrinsic and extrinsic factors that regulate behaviour. Both intrinsic and extrinsic regulators of motivation are important to consider when attempting to achieve or maintain an active healthy lifestyle.

#### *Intrinsic Motivation*

Internal motivators produce a long-lasting commitment to exercise. Making exercise or physical activity more internally motivating might be a practical way of enhancing persistence to exercise. There are many intrinsic motivators to exercise, such as improved health, enhanced personal skill and ability, increased energy, and decreased stress.

People who successfully maintain a physical activity plan learn to shift their focus from long-term external outcomes, such as losing weight, to more positive internal experiences that occur in the short term, such as feeling good or performing better. Intrinsically motivated exercisers, by being physically active, have discovered things that hold true value for them. While some individuals may be exercising because they enjoy the actual movement, others may find that each exercise session holds a personal challenge for them. Whatever the reasoning behind the motivation to exercise, it must come from within a person for true meaning to be attached to it.

People who are intrinsically motivated do physical activity for its own sake and because they want to. They like the positive feelings of success and enjoyment that come from doing it well.

#### *Extrinsic Motivation*

Many people begin an exercise or physical activity plan because they are motivated by extrinsic factors, such as a desire to lose weight or to get in better shape. Unfortunately, body-related motives are not usually sufficient to sustain regular exercise programs, and, therefore, should not be made the most important reasons for engaging in exercise.



Examples of extrinsically motivated exercisers could be those who are inspired to begin an exercise program by the promise that it will help them lose weight. Those focusing on the goal of losing weight will likely be excited and motivated by the early results. They may experience significant weight loss early in the exercise program, largely due to water loss. With continued exercise, however, they will not continue to see the same degree of weight loss as their bodies become accustomed to the new activity. Individuals will often become unmotivated and drop out of an exercise program because they are no longer seeing the reward (weight loss) for their effort.

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### **Suggestion for Instruction / Assessment**

#### Types of Motivation: Mini-Biographies

Have students read the mini-biographies of fictitious individuals in RM 3-FM. Then ask students to decide which type of motivation is regulating each person's behaviour and explain their decision.



Refer to RM 3-FM: Mini-Biographies.

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### **Suggestion for Instruction / Assessment**

#### Motivation Questionnaires

To help students find out what motivates them to participate in physical activity, have them complete the questionnaires provided in RM 4-FM. After students have completed the questionnaires, have a class discussion to examine possible strategies that could be used to move a person from extrinsic motivation to intrinsic motivation.



Refer to RM 4-FM: Motivation for Physical Activity and Exercise/Working Out—Questionnaires (available in Word and Excel formats).

### RM 3–FM: Mini-Biographies\*

Read the following fictitious mini-biographies. Each mini-biography illustrates a different form of motivation (i.e., intrinsic or extrinsic) for behaviour in an exercise context. Identify the motivation shown by each individual and give reasons for your choice.

#### Beth

Beth is a high school student. She has not taken any regular exercise since Grade 10 and has unhappy memories of cold, wet, and windy days on the school playing field. She feels that exercising would have little effect on her fitness and health, and so sees no point in taking it up now. Beth says: "I think I am pretty fit for my age, anyway. And I've never had any serious health problems. I don't smoke or drink and I eat well. I think those things are far more important than exercise as far as health is concerned. In any case, you hear all the time about these fitness fanatics who are always in the gym or jogging or something and then they drop down dead in their thirties from a heart attack. I think exercising is likely to do you more harm than good."

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\* Source: Markland, David. "The Behavioural Regulation in Exercise Questionnaire—The Theory." *Exercise Motivation Measurement*. 2007. <[www.bangor.ac.uk/~pes004/exercise\\_motivation/breq/theory.htm](http://www.bangor.ac.uk/~pes004/exercise_motivation/breq/theory.htm)>. Adapted with permission.

### RM 3–FM: Mini-Biographies (*Continued*)

Paul

Paul is a recent high school graduate who has just reluctantly signed up for a workout program at his local gym. He passed his basic paramedic training, but two weeks ago had to take a fitness test before he could proceed to the next stage. Unfortunately, he failed the test. He does not see himself as a sporty type and has never done much exercise except when he had to in his school days. After the fitness test, the station commander called him into his office and told him in no uncertain terms that if he fails to pass the test within three months he will be out. Paul is not too happy about it: “I really don’t see why you have to be all that fit to be a paramedic. Alright, the job can be physically demanding at times, lugging patients up and down stairs and things, but I think I am well capable of handling it as I am. I mean, it’s not as if I’m training for the Olympics, is it? Still, I have no choice really but to do as I am told.”

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**RM 3–FM: Mini-Biographies (Continued)**

Hans

Hans is a civil engineer in his forties. He works out at a local gym a couple of times a week and is trying, fairly successfully, to go jogging regularly. He has two young children. Hans has a family history of heart disease and this has been weighing heavily on his mind in recent years. Although he was quite physically active in his youth, as an adult he did little exercise for many years until the children came along. He gave up smoking at around the same time. Hans says: “My father, uncle, and grandfather all died of heart disease in their early sixties. I can’t afford to let it happen to me, what with a wife and two young kids to worry about. So I exercise as much as I reasonably can. I can’t say I particularly enjoy it, and I usually have to push myself to go. But if I feel like skipping a session, I just think about the kids and what would happen if I had a heart attack. That makes me feel really bad if don’t go, like I’m guilty of letting them down.”

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### RM 3–FM: Mini-Biographies (Continued)

#### David

David had a hard time socially as a child and as an adolescent. He was timid, small, and skinny and was frequently bullied. Although he liked sports in school, he never got the chance to participate outside of compulsory physical education lessons because the school coaches didn't consider him to be capable enough. He always looked up to his older brother, who was a competitive weightlifter and wrestler. On graduating from high school a few years ago, David was taken to a gym a few times by his brother, and he also became interested in bodybuilding. He now trains hard and regularly and his social life has been transformed from his high school days. He has lots of friends, both male and female, and seems to others to be a very confident and self-assured young man. David says: "I hated it as a youngster, being smaller than everyone and never being taken seriously. Now I'm strong and, well, I think I look good and I'm proud of that. It's important to me to look fit and strong and have a good physique. People give me respect and sort of look up to me now like they never did before. When I was a kid it was like I wanted to be someone else all the time. You know, to be like one of the bigger boys who was good at sports and popular and all that. Now it's other people who look at me and say to themselves, 'Hey, look at him, I wish I could look like that.' I would never have come to feel so good about myself if it weren't for the bodybuilding."

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### RM 3–FM: Mini-Biographies (*Continued*)

#### Darlene

Darlene is a Grade 12 student who also works part time after school and on weekends. Despite her busy work schedule, she finds time to exercise for half an hour on most days, either in the school's fitness centre or at the local YMCA. Darlene feels it is absolutely vital for her to keep fit and sees this as an essential ingredient in the success of her future career: "For me, keeping fit is so important. It's tough, you know, making time to get to the gym every day. But in my last year at school, with the long hours, I have to keep as sharp as I can, and exercising regularly helps me to do that. I really don't think I would have gotten to where I am today without it."

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### RM 3–FM: Mini-Biographies *(Continued)*

Sheila

Sheila was a teacher but retrained a few years ago as a fitness instructor. She runs classes every evening and on weekends and also trains in the gym most days. She is highly committed to exercise and sees it as the centre point of her lifestyle: “For years, working as a teacher, I used to exercise as much as I possibly could but never felt I was doing enough. So that’s why I gave up teaching and got into this new career. I know what you’re thinking, but it’s definitely not that I am addicted to exercise or obsessive about it or anything like that. It’s just that, well, it’s hard to explain, but being an exerciser, being a fit person, is a big part of who I am, if you see what I mean. If I had to stop tomorrow, it wouldn’t exactly be the end of the world but it would mean that I’d have to do some serious thinking about my life and I’d find it difficult to readjust. It sounds silly, but it’d be a bit like losing my name or something. I wouldn’t know who I was any more.”

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### RM 3–FM: Mini-Biographies (Continued)

#### Lenin

Lenin is a construction worker. He loves physical activity of all sorts. He usually plays basketball or racquetball once a week, runs often (he takes part in his city’s annual 10 km fun run every year). “I’ve always been into sport and exercise,” he says. “It’s not as if I’m really all that good at it. I mean, I never had any illusions about playing professionally or anything like that. It’s just great to go out and kick a ball around or run in the park or whatever, have a laugh with your friends, and just forget about work and everything for a bit. I love it.” When asked if he thinks exercising is good for your health, he says: “Well, yeah, I suppose it must be. But that’s not what it’s all about for me, to be honest. I don’t worry too much about the future and all that, you know. I just like having a good time. I mean, if I started thinking like, ‘Oh, this’ll stop me from getting a heart attack,’ or whatever, I think it would end up being just like work. I’d hate to get all obsessed about it like some people. It wouldn’t be any fun then, would it?”

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## RM 3–FM: Mini-Biographies\* (Answer Key)

### Regulatory Behaviours Reflected in the Mini-Biographies

Clearly, the people featured in the mini-biographies all have very different feelings and beliefs about exercise. Apart from Beth, they are all engaging in exercise but the motivational forces driving their behaviour differ markedly. In other words, their exercise behaviour (or lack of it) is regulated in quite diverse ways.

**Beth** lacks intrinsic motivation to change. Beth is said to be *amotivated*, a completely non-self-determined form of regulation. This is a state of lacking any intention to engage in a behaviour. It results from not valuing the activity, not feeling competent to engage in it, and/or not feeling that it will produce any desired outcomes. Beth's school history probably left her feeling incompetent with regard to exercise. She does not believe that she would benefit from exercising and, in fact, she thinks that it might actually be harmful to her health. Consequently, it is not surprising that she does not value physical activity and chooses not to exercise at all.

**Paul** is extrinsically motivated. Paul has started to exercise, but it is very obvious that, like Beth, he does not value it as a worthwhile activity. His exercise behaviour can be described as *externally regulated* and is also not self-determined. He is exercising simply because he has been told by someone in authority that he has to, even though he thinks that it is not necessary. When regulated in this way, people may be motivated to comply with the external pressure to act but they do so unwillingly, even resentfully, and are unlikely to continue with the activity if the external pressures are relaxed.

**Hans** has extrinsic motivation and some intrinsic motivation. Hans is not exercising because of externally imposed pressures but because he is putting the pressure on himself. Thus, his behavioural regulation is somewhat internalized and can be said to be *introjected*. He acts because of his anxieties about heart disease and an anticipated sense of guilt that if he does become ill he will be letting down his young family. Thus, although Hans is internally driven, his behaviour is only somewhat self-determined.

**David** has strong intrinsic motivation. David's story demonstrates how *introjection* can also manifest itself as a need to engage in an activity in order to demonstrate one's ability or worth and maintain one's sense of self-esteem. David believes that bodybuilding has changed his life and given him the popularity with his peers that he always wanted, but only because it has made him look good. So, although he now has a strong sense of self-worth, it is highly dependent on his bodybuilding activities. If he were unable to continue with this activity for some reason, it seems likely that his self-esteem would soon begin to suffer.

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\* Source: Markland, David. "The Behavioural Regulation in Exercise Questionnaire—The Theory." *Exercise Motivation Measurement*. 2007. <[www.bangor.ac.uk/~pes004/exercise\\_motivation/breq/theory.htm](http://www.bangor.ac.uk/~pes004/exercise_motivation/breq/theory.htm)>. Adapted with permission.

### RM 3–FM: Mini-Biographies: Answer Key (Continued)

**Darlene** has strong intrinsic motivation. Darlene’s exercise behaviour is less controlled and shows much greater self-determination. Her behavioural regulation is *identified*. Identification involves a conscious acceptance of the behaviour as being important in order to achieve personally valued outcomes. The importance of the outcomes provides a strong incentive that overrides any difficulties or obstacles to the behaviour. Thus, Darlene manages to find time to exercise regularly even though she finds it difficult to fit it into her busy school and work life.

**Sheila** has strong intrinsic motivation. Sheila is obviously a very committed exerciser—so much so that she changed careers in order to be able to exercise more. Her regulation can be described as *integrated*. Integration involves the internalization of identified regulation so that engaging in the behaviour matches one’s sense of self and who one is. Integration is similar to intrinsic regulation in that the behaviour is engaged in willingly, with no sense of coercion, and is therefore fully self-determined. However, it differs from intrinsic regulation because the behaviour is still engaged in for separable outcomes rather than for the enjoyment inherent in the activity itself. Note the subtle difference between Sheila’s feelings about why she exercises and David’s feelings about his exercising. Although exercising is so important to Sheila’s sense of who she is, her self-esteem is not on the line in the way that it is for David.

**Lenin** has strong intrinsic motivation. Lenin’s motivation for exercise is purely *intrinsic* and fully self-determined. Although he recognizes the health benefits of exercise, he is not concerned about such extrinsic outcomes of exercising; he just loves doing it as a social and aesthetic experience. Notice also that his competence in physical activities is not a big issue for him. The immediate rewards of taking part in exercise are the only important factors, and if exercising were to become a chore or like work, as he puts it, there would no longer be any point in doing it.

## RM 4–FM: Motivation for Physical Activity and Exercise/ Working Out—Questionnaires\*



### Motivation for Physical Activity\*

People are active regularly for a variety of reasons. Using the rating scale provided below, please indicate how true each of the following reasons is for why you are, or would like to be, active regularly.

<b>Rating Scale</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>
	not at all true			somewhat true			very true

I try, or would like to try, to be physically active regularly	Rating
1. because I would feel bad about myself if I did not	
2. because others would be angry at me if I did not	
3. because I enjoy physical activities	
4. because I would feel like a failure if I did not	
5. because I feel as if it's the best way to help myself	
6. because people would think I'm a weak person if I did not	
7. because I feel as if I have no choice about being active; others make me do it	
8. because it is a challenge to accomplish my goal	
9. because I believe physical activity helps me feel better	
10. because it's fun	
11. because I worry that I would get into trouble with others if I did not	
12. because it feels important to me personally to accomplish this goal	
13. because I feel guilty if I am not regularly active	
14. because I want others to acknowledge that I am doing what I have been told I should do	
15. because it is interesting to see my own improvement	
16. because feeling healthier is an important value for me	

Example	
Extrinsically Motivated	Intrinsically Motivated
2	6
6	2
3	7
6	2
3	5
7	1
6	1
2	6
3	6
3	6
6	2
3	5
5	5
6	2
3	6
3	7

External Regulation: Questions 2, 7, 11, 14	
Introjected Regulation: Questions 1, 4, 6, 13	
Identified Regulation: Questions 5, 9, 12, 16	
Intrinsic Motivation: Questions 3, 8, 10, 15	
<b>Relative Autonomy Index</b>	

<b>6.0</b>	<b>1.8</b>
<b>5.0</b>	<b>3.5</b>
<b>3.0</b>	<b>5.8</b>
<b>2.8</b>	<b>6.3</b>
<b>-8.5</b>	<b>11.3</b>

**Autonomy index** indicates the relative impact of intrinsic and extrinsic factors in your motivation to be active.

- Negative numbers reflect that you are extrinsically motivated for change; that is, external factors are important in regulating your behaviour.
- Positive numbers reflect that intrinsic motivation is primarily involved in your behaviour.

*Continued*

\* Source: Deci, Edward L., and Richard M. Ryan. "Exercise Self-Regulation Questionnaires." *Self-Determination Theory: An Approach to Human Motivation and Personality—The Self-Regulation Questionnaires*. 2004. <[www.psych.rochester.edu/SDT/measures/selfreg\\_exer.html](http://www.psych.rochester.edu/SDT/measures/selfreg_exer.html)>. Adapted with permission.

## RM 4–FM: Motivation for Physical Activity and Exercise/ Working Out—Questionnaires\* (Continued)



### Motivation for Exercise/Working Out\*

People exercise/work out for a variety of reasons. Using the rating scale provided below, please indicate how true each of the following reasons is for why you work out or would like to work out.

<b>Rating Scale</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>
	not at all true			somewhat true			very true

I exercise/work out (or would like to work out)	Rating
1. because I simply enjoy working out	
2. because working out is important and beneficial for my health and lifestyle	
3. because I would feel bad about myself if I didn't do it	
4. because it is fun and interesting	
5. because others like me better when I am in shape	
6. because I'd be afraid of falling too far out of shape if I didn't	
7. because it helps my image	
8. because it is personally important to me to work out	
9. because I feel pressured to work out	
10. because I have a strong value for being active and healthy	
11. because I find pleasure in discovering and mastering new training techniques	
12. because I want others to see me as physically fit	

Example	
Extrinsically Motivated	Intrinsically Motivated
2	7
2	6
4	4
2	6
5	2
2	3
5	2
2	6
5	2
2	7
2	6
6	3

External Regulation: 5, 7, 12	
Introjected Regulation: 3, 6, 9	
Identified Regulation: 2, 8, 10	
Intrinsic Motivation: 1, 4, 11	
<b>Relative Autonomy Index</b>	

<b>5.3</b>	<b>2.3</b>
<b>3.7</b>	<b>3.0</b>
<b>2.0</b>	<b>6.3</b>
<b>2.0</b>	<b>6.3</b>
<b>-8.3</b>	<b>11.3</b>

**Autonomy index** indicates the relative impact of intrinsic and extrinsic factors in your motivation to be active.

- Negative numbers reflect that you are extrinsically motivated for change; that is, external factors are important in regulating your behaviour.
- Positive numbers reflect that intrinsic motivation is primarily involved in your behaviour.

\* Source: Deci, Edward L., and Richard M. Ryan. "Exercise Self-Regulation Questionnaires." *Self-Determination Theory: An Approach to Human Motivation and Personality—The Self-Regulation Questionnaires*. 2004.  
<[www.psych.rochester.edu/SDT/measures/selfreg\\_exer.html](http://www.psych.rochester.edu/SDT/measures/selfreg_exer.html)>. Adapted with permission.

## Lesson 4: Addressing Barriers to Physical Activity

### Introduction

Given the health benefits of regular physical activity, we might ask why two-thirds of Canadians are not active at recommended levels. According to the Public Health Agency of Canada, “Two-thirds of Canadians are inactive, a serious threat to their health and a burden on the public health care system” (*Canada’s Physical Activity Guide to Healthy Active Living, “What Is It?”*). This reality clearly points to the need to help Canadians become more physically active. There are barriers that keep Canadians from being, or becoming, physically active regularly. Understanding common barriers to physical activity and creating strategies to overcome them may help make physical activity part of daily life.

In this lesson students examine the common barriers to physical activity and determine which barriers are holding them back from being physically active. Students also determine ways to overcome those barriers.

### REFERENCES



For additional information, refer to the following websites:

Centers for Disease Control and Prevention. “Overcoming Barriers to Physical Activity.” *Physical Activity for Everyone*. 22 May 2007.

<[www.cdc.gov/nccdphp/dnpa/physical/life/overcome.htm](http://www.cdc.gov/nccdphp/dnpa/physical/life/overcome.htm)>.

Public Health Agency of Canada. *Canada’s Physical Activity Guide for Youth*. Ottawa, ON: Public Health Agency of Canada, 2002. Available online at <[www.phac-aspc.gc.ca/pau-uap/fitness/downloads.html](http://www.phac-aspc.gc.ca/pau-uap/fitness/downloads.html)>.

---. *Canada’s Physical Activity Guide to Healthy Active Living*. Ottawa, ON: Public Health Agency of Canada, 2004. Available online at <[www.phac-aspc.gc.ca/pau-uap/fitness/downloads.html](http://www.phac-aspc.gc.ca/pau-uap/fitness/downloads.html)>.

---. “What Is It?” *Canada’s Physical Activity Guide to Healthy Active Living*. 15 Dec. 2003. <[www.phac-aspc.gc.ca/pau-uap/paguide/intro.html](http://www.phac-aspc.gc.ca/pau-uap/paguide/intro.html)>.

For website updates, please visit Websites to Support the Grades 11 and 12 Curriculum at <[www.edu.gov.mb.ca/k12/cur/physlth/](http://www.edu.gov.mb.ca/k12/cur/physlth/)>.



### Specific Learning Outcomes

**11.FM.2** Examine factors that have an impact on the development and implementation of and adherence to a personal physical activity plan.

*Examples:* motivation, barriers, changing lifestyle, values and attitudes, social benefits, finances, medical conditions, incentives, readiness for change

**11.FM.3** Examine and evaluate factors that affect fitness and activity choices.

*Examples:* intrinsic and extrinsic motivation, personal interests, personal health, family history, environment, finances, culture, level of risk



## Key Understandings

- People encounter many personal and environmental barriers to physical activity.
  - It is necessary to develop self-understanding of own barriers to physical activity.
  - There are ways to overcome common barriers to physical activity.
- 



## Essential Questions

1. What are the differences between personal and environmental barriers?
  2. What strategies worked best in overcoming your own barriers to becoming more physically active?
- 



## Background Information

### Barriers to Physical Activity\*

People experience a variety of personal and environmental barriers to engaging in regular physical activity.

- **Personal barriers:** With technological advances and conveniences, people's lives have in many ways become increasingly easier, as well as less active. In addition, people have many personal reasons or explanations for being inactive. Some common explanations (barriers) that people cite for resistance to exercise are (Sallis and Hovell; Sallis, Hovell, and Hofstetter)
  - insufficient time to exercise
  - inconvenience of exercise
  - lack of self-motivation
  - non-enjoyment of exercise
  - boredom with exercise
  - lack of confidence in their ability to be physically active (low self-efficacy)
  - fear of being injured or having been injured recently
  - lack of self-management skills, such as the ability to set personal goals, monitor progress, or reward progress toward such goals
  - lack of encouragement, support, or companionship from family and friends
  - non-availability of parks, sidewalks, bicycle trails, or safe and pleasant walking paths close to home or the workplace

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\* Source: Centers for Disease Control and Prevention. "Overcoming Barriers to Physical Activity." *Physical Activity for Everyone*. 22 May 2007. <[www.cdc.gov/nccdphp/dnpa/physical/life/overcome.htm](http://www.cdc.gov/nccdphp/dnpa/physical/life/overcome.htm)>. Adapted with permission.

The top three barriers to engaging in physical activity across the adult lifespan are

- time
- energy
- motivation

Other barriers include

- cost
  - facilities
  - illness or injury
  - transportation
  - partner issues
  - skill
  - safety considerations
  - child care
  - uneasiness with change
  - unsuitable programs
- **Environmental barriers:** The environment in which we live has a great influence on our level of physical activity. Many factors in our environment affect us. Obvious factors include the accessibility of walking paths, cycling trails, and recreation facilities. Factors such as traffic, availability of public transportation, crime, and pollution may also have an effect. Other environmental factors include our social environment, such as support from family and friends, and community spirit.

It is possible to make changes in our environment through campaigns to support active transportation, legislation for safer communities, and the creation of new recreation facilities.

## REFERENCES



For additional information, refer to the following resources:

Centers for Disease Control and Prevention. "Overcoming Barriers to Physical Activity." *Physical Activity for Everyone*. 22 May 2007. <[www.cdc.gov/nccdphp/dnpa/physical/life/overcome.htm](http://www.cdc.gov/nccdphp/dnpa/physical/life/overcome.htm)>.

Sallis, J. F., and M. F. Hovell. "Determinants of Exercise Behavior." *Exercise and Sport Science Reviews* 18 (1990): 307–30.

Sallis, J. F., M. F. Hovell, and C. R. Hofstetter. "Predictors of Adoption and Maintenance of Vigorous Physical Activity in Men and Women." *Preventive Medicine* 21.2 (1992): 237–51.

For website updates, please visit Websites to Support the Grades 11 and 12 Curriculum at <[www.edu.gov.mb.ca/k12/cur/physlth/](http://www.edu.gov.mb.ca/k12/cur/physlth/)>.



## Suggestion for Instruction / Assessment

### Barriers to Being Active Quiz

To help students identify the types of physical activity barriers that are undermining their own ability to make regular physical activity a part of their lives, have them complete RM 5-FM.

Once students have completed the quiz, ask them to analyze their results and determine the key barriers to their physical activity participation. Also encourage students to identify personal barriers that are not part of the quiz. To give the class a visual representation of responses, have students list and discuss all the barriers they identified.



Refer to RM 5-FM: Barriers to Being Active Quiz (available in Word and Excel formats).

#### REFERENCE



For another sample questionnaire, refer to the following website:

Cederberg, Michelle. "Barriers to Physical Activity Q." *Live Out Loud!*  
<<http://liveoutloud.ca/pdf/BarriersQ.pdf>>.

For website updates, please visit Websites to Support the Grades 11 and 12 Curriculum at  
<[www.edu.gov.mb.ca/k12/cur/physhlth/](http://www.edu.gov.mb.ca/k12/cur/physhlth/)>.



## Suggestion for Instruction / Assessment

### Overcoming Barriers to Physical Activity

Have students brainstorm realistic ways of overcoming barriers to physical activity. This could be done by assigning certain barriers to small groups of students. As a class, discuss students' suggestions of the various ways to address the barriers.

As a follow-up, have students make a journal entry responding to the following question:

What strategies have worked best for you in overcoming your own barriers to become more physically active?

Use the following suggestions for overcoming physical activity barriers to assist with strengthening students' suggestions.



Suggestions for Overcoming Physical Activity Barriers*	
Barriers	Suggestions for Overcoming Barriers
<b>Lack of time</b>	<ul style="list-style-type: none"> <li>▪ Identify the available time slots or create time slots during which you are willing to give up a sedentary activity (e.g., watching television). Monitor your daily activities for one week. Identify at least three 30-minute time slots you could use for physical activity.</li> <li>▪ Add physical activity to your daily routine (e.g., walk or ride your bike to school or work or shopping, organize school activities around physical activity, walk the dog, exercise while you watch TV, park farther away from your destination).</li> <li>▪ Make time for physical activity (e.g., walk, jog, or swim during your lunch hour, take fitness breaks while you study, walk up and down stairs between classes).</li> <li>▪ Select activities requiring minimal time, such as walking, jogging, or stair climbing.</li> </ul>
<b>Social influence</b>	<ul style="list-style-type: none"> <li>▪ Explain your interest in physical activity to friends and family. Ask them to support your efforts.</li> <li>▪ Invite friends and family members to exercise with you. Plan social activities involving exercise.</li> <li>▪ Develop new friendships with physically active people. Join a group (e.g., hiking or cycling club).</li> </ul>
<b>Lack of energy</b>	<ul style="list-style-type: none"> <li>▪ Schedule physical activity for times in the day or week when you feel energetic.</li> <li>▪ Convince yourself that if you give it a chance, physical activity will increase your energy level; then, try it.</li> </ul>
<b>Lack of motivation</b>	<ul style="list-style-type: none"> <li>▪ Plan ahead and make the commitment. Make physical activity a regular part of your daily or weekly schedule and write it on your calendar.</li> <li>▪ Invite a friend to exercise with you on a regular basis and write it on both your calendars.</li> <li>▪ Join an exercise group or class.</li> </ul>
<b>Fear of injury</b>	<ul style="list-style-type: none"> <li>▪ Learn how to warm up and cool down to prevent injury.</li> <li>▪ Learn how to exercise appropriately, considering your age, fitness level, skill level, and health status.</li> <li>▪ Choose activities involving minimum risk.</li> </ul>
<b>Lack of skill</b>	<ul style="list-style-type: none"> <li>▪ Select activities requiring no new skills, such as walking, climbing stairs, or jogging.</li> <li>▪ Exercise with friends who are at the same skill level as you are.</li> <li>▪ Find a friend who is willing to teach you some new skills.</li> <li>▪ Take a class to develop new skills.</li> </ul>
<b>Lack of resources</b>	<ul style="list-style-type: none"> <li>▪ Select activities that require minimal facilities or equipment, such as walking, jogging, jumping rope, or calisthenics.</li> <li>▪ Identify inexpensive, convenient resources available in your community (e.g., community education programs, park and recreation programs, worksite programs).</li> </ul>
<b>Weather conditions</b>	<ul style="list-style-type: none"> <li>▪ Develop a set of regular activities that are always available regardless of weather (e.g., indoor cycling, aerobic dance, indoor swimming, calisthenics, stair climbing, rope skipping, mall walking, dancing, gymnasium games).</li> <li>▪ Look on outdoor activities that depend on weather conditions (e.g., cross-country skiing, snowshoeing, skating, outdoor swimming, outdoor tennis) as “bonuses”—extra activities possible when weather and circumstances permit.</li> </ul>
<b>Travel</b>	<ul style="list-style-type: none"> <li>▪ Put a jump rope in your suitcase and jump rope.</li> <li>▪ Walk the halls and climb the stairs in hotels.</li> <li>▪ Stay in places with swimming pools or exercise facilities.</li> <li>▪ Join the YMCA or YWCA (ask about reciprocal membership agreement).</li> <li>▪ During gas station stops, take exercise breaks.</li> <li>▪ Bring your favourite music that motivates you.</li> </ul>
<b>Family involvement</b>	<ul style="list-style-type: none"> <li>▪ Exercise with your brother or sister when babysitting (e.g., go for a walk together, play tag or other running games, get an aerobic dance DVD for kids and exercise together). You can spend time together and still get your exercise.</li> <li>▪ Find ways to be active around your home with others (e.g., shoot hoops on the driveway, play tennis at a nearby tennis court, go for a bicycle ride with a friend, play with siblings, do household chores such as mowing the lawn).</li> </ul>

\* Source: Centers for Disease Control and Prevention. “Overcoming Barriers to Physical Activity.” *Physical Activity for Everyone*. 22 May 2007. <[www.cdc.gov/nccdphp/dnpa/physical/life/overcome.htm](http://www.cdc.gov/nccdphp/dnpa/physical/life/overcome.htm)>. Adapted with permission.

## RM 5–FM: Barriers to Being Active Quiz\*

### *What Keeps You from Being More Active?*

Listed below are reasons that people give to describe why they do not get as much physical activity as they think they should. Please read each statement and indicate how likely you are to say each of the following statements. (Circle the applicable number for each statement.)

How likely are you to say?	Very Likely	Somewhat Likely	Somewhat Unlikely	Very Unlikely
1. My day is so busy now, I just don't think I can make the time to include physical activity in my regular schedule.	3	2	1	0
2. None of my family members or friends likes to do anything active, so I don't have a chance to exercise.	3	2	1	0
3. I'm just too tired after school or work to get any exercise.	3	2	1	0
4. I've been thinking about getting more exercise, but I just can't seem to get started.	3	2	1	0
5. Exercise can be risky.	3	2	1	0
6. I don't get enough exercise because I have never learned the skills for any sport.	3	2	1	0
7. I don't have access to jogging trails, swimming pools, bike paths, etc.	3	2	1	0
8. Physical activity takes too much time away from other commitments—time, work, family, etc.	3	2	1	0
9. I'm embarrassed about how I will look when I exercise with others.	3	2	1	0
10. I don't get enough sleep as it is. I just couldn't get up early or stay up late to get some exercise.	3	2	1	0
11. It's easier for me to find excuses not to exercise than to go out to do something.	3	2	1	0
12. I know of too many people who have hurt themselves by overdoing it with exercise.	3	2	1	0
13. I really can't see learning a new sport.	3	2	1	0
14. It's just too expensive. You have to take a class or join a club or buy the right equipment.	3	2	1	0
15. My free times during the day are too short to include exercise.	3	2	1	0
16. My usual social activities with family or friends do not include physical activity.	3	2	1	0
17. I'm too tired during the week and I need the weekend to catch up on my rest.	3	2	1	0

*Continued*

\* Source: Centers for Disease Control and Prevention. "Barriers to Physical Activity Quiz." *Physical Activity for Everyone: Overcoming Barriers to Physical Activity*. <[www.cdc.gov/nccdphp/dnpa/physical/life/barriers\\_quiz.pdf](http://www.cdc.gov/nccdphp/dnpa/physical/life/barriers_quiz.pdf)>. Adapted with permission.

## RM 5–FM: Barriers to Being Active Quiz *(Continued)*

How likely are you to say?	Very Likely	Somewhat Likely	Somewhat Unlikely	Very Unlikely
18. I want to get more exercise, but I just can't seem to make myself stick to anything.	3	2	1	0
19. I'm afraid I might injure myself.	3	2	1	0
20. I'm not good enough at any physical activity to make it fun.	3	2	1	0
21. If we had exercise facilities and showers at school or at work, then I would be more likely to exercise.	3	2	1	0

### Scoring

Follow these instructions to score yourself:

- In the spaces provided below, enter the number you circled for the applicable questions (on the quiz), recording the circled number for statement 1 on line 1, statement 2 on line 2, and so on.
- Add the three scores on each line. Your barriers to physical activity fall into one or more of seven categories: lack of time, social influences, lack of energy, lack of willpower, fear of injury, lack of skill, and lack of resources. A score of 5 or above in any category shows that this is an important barrier for you to overcome.

_____	+	_____	+	_____	=	_____
1		8		15		Lack of time
_____	+	_____	+	_____	=	_____
2		9		16		Social influence
_____	+	_____	+	_____	=	_____
3		10		17		Lack of energy
_____	+	_____	+	_____	=	_____
4		11		18		Lack of willpower
_____	+	_____	+	_____	=	_____
5		12		19		Fear of injury
_____	+	_____	+	_____	=	_____
6		13		20		Lack of skill
_____	+	_____	+	_____	=	_____
7		14		21		Lack of resources



## Lesson 5: Making Physical Activity a Habit

### Introduction

In this lesson students learn how a habit (the *maintenance* phase of the Stages of Change model addressed in Module B, Lesson 2) is created and take steps to creating their own exercise habit. In order for behaviours to become a habit, repetition is required. Adopting a new habit can take from a few weeks to many months. Students also investigate ways of addressing some of the factors that prevent people from making physical activity a habit.

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### Specific Learning Outcomes

**11.FM.2** Examine factors that have an impact on the development and implementation of and adherence to a personal physical activity plan.

*Examples:* motivation, barriers, changing lifestyle, values and attitudes, social benefits, finances, medical conditions, incentives, readiness for change

**11.FM.3** Examine and evaluate factors that affect fitness and activity choices.

*Examples:* intrinsic and extrinsic motivation, personal interests, personal health, family history, environment, finances, culture, level of risk

**11.PA.1** Demonstrate appropriate critical thinking, planning, and decision-making skills in the development and implementation of a personal physical activity plan that is safe and ethical and contributes to health-related fitness goals.

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### Key Understandings

- Healthy lifestyle habits can be created.
  - There are factors that promote and detract from making physical activity and exercise a lifestyle habit.
  - Goal setting and personality awareness have an important influence on habit creation.
- 



### Essential Questions

1. What are some ways to create a new habit?
  2. What are some factors that affect a person's adherence to a personal activity plan, including an activity or exercise routine?
  3. Identify a personal goal as part of your physical activity plan using the goal-setting steps.
-



## Background Information

### Getting Beyond Just Getting Started

This course, and the physical activity practicum (see Module A) in particular, is intended to

- help students take greater ownership of their own physical fitness
- promote the discovery of physical activities suited to students' own interests
- encourage students to engage in active lifestyles that persist into their futures

To realize these goals, students need to form good habits so that they can adhere to their physical activity plan, meet the requirements for this course, and be active and healthy beyond graduation for a lifetime.

### Forming a Habit

The formation of a habit (good or bad) typically depends on two things, time and repetition. We all tend to have some habits that we are not particularly fond of or perhaps not even aware of. Some of these habits may not be overt or may not have a major impact on our day-to-day living;

however, the lack of "healthy" habits can and will have long-term effects. The good news is that while taking the first step to forming a new habit may be difficult, subsequent steps can be relatively easy. Many of us take that first step as a result of some external motivator, such as a personal encounter with an undesirable outcome (e.g., a heart attack, clothes don't fit) or a health warning from a doctor. While these examples tend not to catch the attention of adolescents, it is essential to begin the formation of good exercise habits as early in life as possible because these habits then become part of who we are and what we do, thereby eliminating the excuse, "I don't have time."

All good things in life, including exercise habits, take time to develop. Once we decide to begin regular physical activity, it is important to take things slowly. We need to be cautious about not taking on more than we can handle, making sure that our activity plan "fits" us and that we will be able to carry on beyond the first week, month, and so on.

Motivation is an underlying theme in the Stages of Change model, from contemplation to maintenance. It is generally accepted that intrinsic motivation is necessary for maintenance and that extrinsic motivators are useful to commence change and to reinforce it later on through the stages of change.

#### NOTE TO TEACHER

To help students make physical activity a habit, especially those who are inactive, it is important to include the information in this lesson in class lectures or discussions, as well as in student-teacher conferences. Be considerate of different starting points or activity levels of students (e.g., inactive, active, very active).

"Those who think they have not time for bodily exercise will sooner or later have to find time for illness."

— Edward Stanley, Earl of Derby, 1873

## *Being Physically Active Is a Habit*

Our physical activity experiences should be founded on a desire to engage in activities we enjoy, while also providing the benefits of a formal exercise program. Our interests should guide our activity experiences. If we don't have any obvious interests, we need to find someone who can expose us to new activities in a safe environment so that we can try them and find out what we like to do.

Once we find an activity to our liking, we need to make it a regular occurrence in our lives in a realistic manner (i.e., not approaching it too aggressively and not going overboard by doing it all at once). If we have not been physically active regularly for a while, we need to start gradually and ease into a small number of activities of differing intensities. Over time, as some features of boredom creep in, we can explore new activities, keeping in mind that variety will enhance adherence to exercise.

Generally, people tend to give up on activity programs because they don't see the desired results as quickly as they had wished for. When we begin exercising regularly, gradually increasing the demands of our exercise program, we need to be patient and trust that things are happening. We need to understand that our bodies are changing, making adjustments to circulation, respiration, the heart, lungs, liver, blood vessels, hormones, glands, and the immune system, even the blood supply itself. Changes are happening, even if we cannot see or measure them.

It is essential to take on realistic performance goals in personal physical activity plans. Measuring or logging performance can be helpful. Even a change in the frequency of exercise per week is a success. For example, someone who has a plan for walking at every lunch hour (five times a week) can set a minimum successful level of two times in the first week. In this way, the individual will experience success, and then attempt to add more the next week. Unrealistic goals result in feelings of failure and decrease self-esteem, leading to avoidance of activity or relapse to inactivity.

While incorporating physical activity strategies into daily life (e.g., taking stairs instead of using elevators, parking farther out in the parking lot) should not be confused with exercise programs, these efforts may well be ways to ease into an exercise program or to begin building the basics of an exercise habit. Every little bit helps. Before long, these efforts are no longer seen as a chore. Taking the stairs instead of the elevator (or escalator) each day for as little as three weeks can make this activity a lifelong habit. (It is a general belief that it takes 20 to 30 days of repetition to form a new habit.) After a while, we will ask ourselves, "Why didn't I do that in the first place?"

It is said that variety is the spice of life. However, if we are just beginning a physical activity plan, we need to choose one activity that appeals to us, and get started. When we have incorporated this activity as part of our routine, we can try to do it more frequently. Once we are feeling comfortable with an activity, it is time to consider other activities that interest us. We might want to try different activities we had previously only thought about but now have the motivation to try, to explore what we really enjoy, and to find out what will fit into

our lifestyle and schedule. Those who enjoy the company of others may choose to join a team or find an exercise partner (e.g., a person, pet, pedometer, training log). In fact, doing a number of activities is a great way of incorporating variety into a physical activity program. We don't have to do the same exercise every day to get the health and fitness benefits.

With a gradual beginning and small incremental increases in duration or intensity, we soon see and feel positive results from physical activities. Once our chosen activities become a habit, we will not want to miss our workouts. Then we are on a solid pathway to health.

## REFERENCES



For additional information, refer to the following websites:

Baldwin, Donovan. "Health as Habit: Nutrition, Exercise, and Weight Loss." *Nutrition-Weight Loss-Alternative Medicine*. Dietneeds.com. <[www.dietneeds.com/Health-As-Habit-Nutrition-Exercise-And-Weight-Loss.php](http://www.dietneeds.com/Health-As-Habit-Nutrition-Exercise-And-Weight-Loss.php)>.

Quinn, Elizabeth. "Getting Started and Sticking with Exercise." *Sports Medicine*. About.com. 14 Jul. 2004. <<http://sportsmedicine.about.com/od/tipsandtricks/a/gettingstarted.htm>>.

For website updates, please visit Websites to Support the Grades 11 and 12 Curriculum at <[www.edu.gov.mb.ca/k12/cur/physhlth/](http://www.edu.gov.mb.ca/k12/cur/physhlth/)>.



## Suggestion for Instruction / Assessment

### New Physical Activity Habit

Have students track their progress in forming new physical activity habits, using the Six Steps to New Habits identified in RM 6-FM.



Refer to RM 6-FM: New Habit Chart (available in Word and Excel formats).



## Background Information

### Commitment and Exercise Adherence

It is generally understood that exercise is good for us, yet a high percentage of the people who begin exercise programs drop out within the first six months. Even people who are active or seriously training for a sport can have difficulty adhering to their training programs. The most commonly cited reasons for dropping out of an exercise program include "lack of time, inconvenience, expense, physical discomfort, embarrassment, poor instruction, inadequate support, and loss of interest" (Doyle). Clearly, these reasons are closely linked to the barriers to exercise (addressed in Module B, Lesson 4). Encourage



students to take ownership of their personal physical activity plan, as ownership instills commitment. This is their new life.

The factors that affect exercise adherence and motivation can be organized into two categories: situation factors and personal factors. These factors are examined in the discussion that follows.

## REFERENCES



For additional information, refer to the following websites:

Doyle, J. Andrew. "Exercise Adherence." *The Exercise and Physical Fitness Page*. 1999. <<http://www2.gsu.edu/~wwwfit/adherence.html>>.

Public Health Agency of Canada. "Activity Guidelines." *Canada's Physical Activity Guide to Healthy Active Living*. 20 Sept. 2002. <[www.phac-aspc.gc.ca/pau-uap/paguide/child\\_youth/youth/guidelines.html](http://www.phac-aspc.gc.ca/pau-uap/paguide/child_youth/youth/guidelines.html)>.

For website updates, please visit Websites to Support the Grades 11 and 12 Curriculum at <[www.edu.gov.mb.ca/k12/cur/physhlth/](http://www.edu.gov.mb.ca/k12/cur/physhlth/)>.

## Situation Factors Affecting Exercise Adherence\*

The factors that affect our commitment or adherence to physical activity or exercise are similar to those that act as barriers to commencing physical activity for the first time.

By knowing the situations or environments in which we enjoy exercise, we can put ourselves into those situations as often as possible. The following factors must be considered to maximize exercise commitment:

- time
- money
- energy
- other commitments
- social support
- exercising with others
- facilities
- climate
- physical discomfort

A discussion of these situation factors follows.

\* Source: Doyle, J. Andrew. "Exercise Adherence." *The Exercise and Physical Fitness Page*. <<http://www2.gsu.edu/~wwwfit/adherence.html>>. © Board of Regents of the University System of Georgia by Georgia State University (1999). Adapted with permission.

## *Time*

Finding time to exercise is of vital importance if we are to adhere to an exercise program. According to the “Activity Guidelines” set out in *Canada’s Physical Activity Guide to Healthy Active Living* (Public Health Agency of Canada), individuals should aim to exercise 60 minutes or more on most days of the week. This increase in time may be accumulated throughout the day and should include activities of moderate to vigorous intensity.

In scheduling workout time, allow for other factors before and after the workout (e.g., travelling, changing clothes, showering). Incorporate these considerations into the overall time set aside for exercise. If we are not relaxed or if we feel hurried when working out, we are less likely to enjoy a workout and so will be less likely to adhere to an exercise program in the future. The exercise program can’t be squeezed in – it must be a well-placed, intentional part of our schedule. Getting support from friends and family to “keep this personal time” can be valuable. Working with an exercise partner can also increase commitment to an exercise schedule.

It is a good idea to plan for exercise time to avoid any possible time conflicts. Getting into a weekly exercise routine with which we feel comfortable will aid in exercise adherence. Keep in mind that “blips” in the routine can happen due to a variety of reasons (e.g., illness, special family occasions, examination stress). These are not failures.

## *Money*

We all make decisions based on our current situation. This includes being able to do things in life based on our personal financial resources.

Many people feel that getting “fit” or becoming physically active requires joining a gym or a health club or enrolling in some type of exercise program. While these options may be possible for some, they are not possible for others due to their financial situation.

Lack of finances need not be a reason for inactivity, however. Many activities (e.g., walking, running) cost little or no money and can be done without having to purchase expensive equipment (e.g., consider borrowing equipment). Correct instruction for some activities can be obtained from a physical education teacher or from books, videos, or DVDs available at school or at a local library. Many affordable public sports facilities and community clubs have trained individuals who can assist people in designing an appropriate exercise program. In general, physical activity choices must align with one’s personal income and budget, just like other choices in life. However, being active does not have to require money. There are many ways to be active at no cost or at minimal cost to the individual.

## *Energy*

Lack of energy is a common excuse for not exercising. This excuse is ironic, given that we actually feel energized by working out. There will be occasions when we will not feel like

exercising due to tiredness, lack of energy, illness, and so on. During these times it is important to try to do at least parts of our exercise program, or run through a workout at a lower intensity level. Doing something is always better than doing nothing.

We typically have more energy at certain times of the day than at others. Make a note of these “up” times and schedule workouts at these times.

Nutrition or healthy eating also plays an important part in exercise. A meal plan should include sufficient complex carbohydrates to make the proper fuel available to the body during exercise.

Finally, sleep is a key to energy for exercise. Many young people do not sleep enough, making it easy for them to yield to the temptation not to exercise due to tiredness. Rest, recovery, and sleep are as vital to a regular physical activity plan as the activity itself.

### *Other Commitments*

Naturally, we all have responsibilities and commitments (e.g., homework, work, family) that may affect our adherence to a regular exercise plan. All these commitments require time and energy. Therefore, scheduling and prioritizing our commitments is essential, and this includes exercising. Incorporating exercise into other commitments may help us to meet our responsibilities to ourselves, as well as to others (e.g., walk, run, or cycle to and from school or work, include play time in babysitting).

If we are serious about adhering to an exercise program it may be necessary to forgo other activities to make time for exercise. We have to identify where our priorities lie and be prepared to make sacrifices (e.g., instead of spending money on conveniences and consumer-oriented purchases such as a new TV, car, or stereo, choose to spend the money on health). We need to ask ourselves, “What is our health worth?”

### *Social Support*

Ongoing social support is important all along the Stages of Change continuum. Gaining and maintaining the support of family and friends is critical if we are going to remain faithful to our exercise program. We need to demonstrate to family and friends, and help them understand, how important our physical activity is to us. This will make it easier for all involved to support our efforts. Once our social supports are in place, others will try to avoid scheduling events that may interfere with our exercise time.

### *Exercising with Others*

For some individuals, exercising with a group or a partner can greatly improve exercise adherence. By exercising with others, we are more likely to keep than to neglect our commitment to an exercise plan. Knowing that we will let others down, in addition to ourselves, by missing an exercise session, can sometimes be good motivation to continue exercising.

The same is true if we are part of a team or a group exercise class or program. If we miss a practice or class we generally have to explain the reason for our absence to others. The fear of this embarrassment is often enough to maintain high exercise adherence, which is the desired outcome. Managing this is important, as fear of missing an obligation itself is not a good motivator alone to continue with exercise. Once we miss one session, we may establish a sense of failure, and then it may be hard to get back to the group.

### *Facilities*

Affordability and location are key considerations in choosing the right facilities or space in which to exercise. When deciding on the proper place for exercise (indoors or outdoors), consider an easily accessible location close to home, school, and/or the workplace. Giving strong consideration to these factors in choosing facilities increases the likelihood of adherence to exercise.

Feeling comfortable with our surroundings during exercise is vital. We can increase our sense of ease and safety by understanding how to use the facilities, where everything is located, and where to get assistance if required. We benefit if we find the staff of the facilities friendly, approachable, and sensitive to our needs. Those who prefer to exercise when the facilities are less crowded could try to find out when the best time is and see whether it fits into their weekly schedule. When exercising outdoors, safety and access to a phone may be a consideration.

### *Climate*

Climate is especially relevant to outdoor exercises, such as running and cycling, and outdoor team sports. Having an alternate exercise plan in the event of bad weather will help keep us on track.

The weather, be it too hot or too cold, too dry or too wet, can make some facilities unusable. Exercising in inclement weather may also compromise health. Individuals with allergies to pollen may not be able to exercise outdoors during some seasons. Those with asthma may be unable to exercise comfortably in cold, dry conditions. Exercising in cold, wet weather may cause the onset of common colds and respiratory infections.

Manitoba's climate provides opportunities for a tremendous variety of physical activities and sports in every season. Being able to maintain a regular exercise routine, regardless of the weather or season, can ensure high exercise adherence. Planning for a change in seasons is a critical component of a successful personal activity plan. Someone who begins a physical activity plan in fall or winter should also plan activities for the spring and summer, and vice versa. Putting all our effort into one type of activity is risky.

## *Physical Discomfort*

Physical discomfort from exercise can be a deterring factor to our pattern of activity. Not everyone enjoys intense physical activity, or finds it easy. The belief that the “fat-burning zone” is the only right place to be for exercise intensity is a misconception. We are able to realize significant health and fitness benefits from activities of very low intensity. If we are capable of exercising at a higher intensity, however, then we should progress. We will burn more calories with vigorous activity.

Although we can expect to experience discomfort with vigorous exercise, we gain significant benefits from exercising at this level. It is important to be able to distinguish between pain and discomfort, as any pain experienced may indicate that something is wrong and may warrant a visit to a physician. Nonetheless, a little discomfort is normal, and it is up to each of us to do what we can to minimize it. Once exercise is part of a normal routine, the level of discomfort experienced from vigorous exercise will diminish. Keep in mind that exercise should still be fun.

The following are a few tips for minimizing discomfort with exercise:

- It is normal to experience “delayed onset muscle soreness” after starting a new exercise program, or even when changing exercises. This soreness (or stiffness) develops after 24 hours and will diminish over the next few days. The benefit is that the second time we do an exercise we won’t be nearly as sore. So, staying active is a key to minimizing discomfort.
- Always include warm-up and cool-down sessions in exercise. When beginning a new exercise program, start off slowly and gradually make increases in frequency, intensity, and time. The body needs time to adapt to new stresses.
- Expect to sweat and breathe harder when increasing work intensity. Learn to distinguish between normal breathing during exercise and shortness of breath or hyperventilation.

## Personal Factors Affecting Exercise Adherence and Motivation\*

By understanding more about ourselves, we can more successfully handle the inevitable difficult situations when they arise. Therefore, in addition to paying attention to the situation factors affecting our exercise program, we need to devote attention to personal factors and capabilities such as

- awareness of personality
- goal setting

A discussion of the personal factors affecting exercise adherence and motivation follows.

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\* Source: Doyle, J. Andrew. “Exercise Adherence.” *The Exercise and Physical Fitness Page*. <<http://www2.gsu.edu/~wwwfit/adherence.html>>. © Board of Regents of the University System of Georgia by Georgia State University (1999). Adapted with permission.

## *Awareness of Personality*

Personality is an interrelated combination of a person's body, thoughts, and behaviours. How individuals explain, or to what they attribute, their successes and failures may say something about their personalities.

To increase awareness of how personality affects exercise adherence and motivation, it is helpful to consider the following three questions:

- Do you tend to see your exercise habit, or lack thereof, as permanent or as changeable?
- Do you attribute your habit, or lack thereof, to things primarily within or outside your control?
- Do you attribute your habit, or lack thereof, to internal characteristics or external circumstances?

Explaining a lack of adherence or motivation to exercise as permanent and beyond our control diminishes our expectations, perhaps to the point of feeling helpless. Attributing failures to internal characteristics may result in feelings of guilt or shame; attributing failures to external circumstances may provide a way to avoid such feelings.

Alternatively, explaining a lack of adherence or motivation as changeable and within our control provides a sense of empowerment, increasing the expectation of success. Attributing successes to internal characteristics may lead to feelings of pride, self-worth, or a sense of accomplishment; attributing successes to external circumstances may bring a sense of luck or humility.

Analyzing expectations can reveal something about personalities. An individual with expectations of success is often referred to as having a high degree of self-confidence or self-efficacy; an individual with expectations of failure is often referred to as having a low degree of self-confidence or self-efficacy.

It is important to establish our expectations regarding the exercise program we are considering starting or have just started. At least four things can help improve our self-confidence with regard to an exercise program:

- prior successes and achievements
- role models and success stories
- verbal encouragement and persuasion
- awareness and control of emotional responses to exercise

## *Goal Setting*

Setting goals is an effective way to enhance motivation for physical activity and to improve the likelihood of developing the habit of exercise. To be most effective, our physical activity goals should be SMART: specific, measurable, attainable, realistic, and time framed.

Common reasons to start exercising include losing weight or body fat or getting into better condition. To improve the chances of success, goals need to be more specific (e.g., If you want to lose weight or body fat, how much do you want to lose and by when? Are there clothes you'd like to fit into by a certain date?). In any case, specific goals are measurable. Having specific goals will enable us, at a certain time in the future, to determine clearly and easily whether or not we have met our goals.

In addition to being specific and measurable, goals should be challenging, as well as attainable and realistic. If our goals require dramatic changes to well-established habits, we will be much less likely to succeed. Setting extreme goals may say something about an individual's personality. We increase our chances of success by attempting to make gradual changes. Those who have been relatively inactive for a while may wish to introduce exercise on three or four days a week. They could focus first on getting exercise on those days, and then gradually increase the duration and/or the intensity of exercise. Those who don't have the time or the inclination for an exercise program could set specific goals about incorporating greater physical activity into their daily routine.

Whether or not individuals reach a specific and realistic goal within an allotted period of time may, to some degree, be affected by circumstances beyond their control. To increase the chances of ultimate success, goals should state both the desired outcomes and the tasks. Tasks are the behaviours that an individual commits to doing to achieve goals. For example, a person's goal might involve losing a certain amount of weight in 12 weeks. The task goals might then include specific behaviours such as lifting weights or jogging for 30 minutes three or four times a week, taking the stairs instead of elevators, and maintaining an appropriate balanced diet.

Once we've set specific and realistic goals that include both outcomes and tasks, we might consider writing them down in an exercise contract. By writing them down, we promise to perform our tasks in order to achieve specific and realistic goals by a certain date. Alternatively, we might consider memorizing our goals and reminding ourselves of them daily. We can also promise ourselves that if we meet such goals we will give ourselves a specific reward.

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## Suggestion for Instruction / Assessment

### Reflecting on Personal Exercise Habits

Ask students to reflect on the successes they have experienced in their physical activity habits, or on how they overcame challenges.

Have students respond to the following questions:

- What are the key factors that have allowed you to stay with an exercise program or a new physical activity plan?
- Do you know of others who have successfully added the habit of exercise to their lives? How do they maintain the activity?
- Are there others who can give you support and encouragement? Who could aid you in maintaining activity? How could these people help?
- Are you aware of your emotions related to physical activity or exercise? Do you feel worried or confidently under control, anxious or relaxed, excited or bored? Your awareness of and your ability to regulate such emotions can improve your self-confidence or self-efficacy and increase the likelihood that you will stick with your exercise program.

Have students individually

- assess their personal state of emotional response during exercise along a continuum ranging from boredom at one extreme to anxiety at the other extreme
- identify and appropriately place their emotions (e.g., relaxed, under control, worried, nervous) in between the two extremes of the emotional response continuum
- suggest ways of addressing the emotional states they experience during exercise

*Examples:*

- If I begin to feel bored, perhaps I could introduce new settings, new challenges, or different exercises.
- If I feel too anxious, I could try some techniques (e.g., progressive relaxation, deep breathing) that might help me regulate the level of emotional response and maintain appropriate focus. (Ultimately, one can learn to use such techniques as automatic, learned responses to feelings of stress or anxiety.)

#### NOTE TO TEACHER

If individuals begin to find their exercise program boring, or if they begin to worry too much about their exercise program, they decrease the likelihood of developing the habit of exercise.





## Background Information

### Time to Get Moving

In this module, students have learned about themselves and the ways in which they can take charge of their lifestyle. They have learned about their own motivation regarding physical activity, examined their perceived barriers and the ways to get past them, and explored techniques to “stick with” an exercise plan. It is now time for students to make a commitment to a personal physical activity plan.

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## Suggestion for Instruction / Assessment

### A Personal Physical Activity Plan/Contract

To prepare students for establishing their own physical activity plan, have them review the SMART (specific, measurable, attainable, realistic, and time framed) goals.

#### SMART GOALS

- Specific:** What kind of exercise will you do? When will you do it?
- Measurable:** How many minutes? What is your target heart rate?
- Attainable:** Are your body and mind ready for and capable of these challenges?
- Realistic:** Have you created a schedule that works for you and that you can stick to?
- Time framed:** What will you do each week? each month? How long are you giving yourself to reach your goal?

Students should now be able to establish their personal physical activity goals and start or continue on the road to an active healthy lifestyle. Have each student complete RM 7-FM.



Refer to RM 7-FM: Physical Activity Contract.

Ask students to include their personal goals as part of their physical activity plan, for periodic review and amendment. Amending the contract is tantamount to success, as this means that students are constantly assessing their performance goals and outcomes. It is better to revise the contract than to use it as a means to identify failure.

The goal is to have students achieve and maintain a physically active lifestyle. So, in the next few weeks they will need to find the methods to succeed in their new physical activity plan, as opposed to assuming it will work. It might take two to five activity sessions to get physically active.

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## REFERENCES



For more information on goal setting, refer to the following documents provided by the Manitoba Physical Education Teachers Association:

- Goal Setting PowerPoint
- Goal Setting Worksheet
- Goal Setting: Personal Plan

These documents can be found on the following website:

Manitoba Physical Education Teachers Association (MPETA). *MPETA Resources to Support the Grades 11 and 12 Curriculum*. <[www.mpeta.ca/resources.html](http://www.mpeta.ca/resources.html)>.

For website updates, please visit Websites to Support the Grades 11 and 12 Curriculum at <<http://www.edu.gov.mb.ca/k12/cur/physhlth/>>.

## RM 6–FM: New Habit Chart

Three keys to forming new habits are consistency, rewards, and motivation. The recipe for a habit mixes together all three ingredients. A habit has to be something you want, done regularly for a decent period of time.

Think of something you can start today, something you’d like to turn into a habit. You could consider starting a walking program. Weight training is a popular activity for many. Forming a habit is all about building momentum, so start with something you are pretty sure you can succeed with. Then see how long you can keep it up. Make it fun and challenge yourself!

### Six Steps to New Habits

1. Print this page. Hang it where you’ll see it every day (e.g., on the fridge, by your bed, over your desk).
2. Choose the habit you want to add/drop. If you’re looking to drop a bad habit, try to include a positive substitute.
3. Using two coloured markers, track your success by filling in the blocks in the chart. Red = Did it. Blue = Missed it.
4. Most habits take three to four weeks to really form. That’s why each row has 21 blocks. You can stop at the end of the first row and move on to another habit, or keep your streak alive and fill up the whole page (30 weeks)!
5. Don’t get discouraged if you don’t have 100% success. Keep trying and enjoy your progress.
6. Remember to reward yourself! Some good reward milestones are marked on the chart for you.

Paste a picture that represents your new habit or its benefits here!

**Habit I want to add/drop:** \_\_\_\_\_

**Why I want to do this:** \_\_\_\_\_

**What will happen if I don’t:** \_\_\_\_\_

																					Notes	
																				21		
							30															
						50																
									75													
														100								
		150																				
										200												

\* Source: Used with permission from SparkTeens.com. Visit SparkTeens.com for a free nutrition and fitness program.

## RM 7–FM: Physical Activity Contract

**I believe that routine physical activity and exercise may benefit me physically, mentally, socially, and emotionally.**

I, \_\_\_\_\_, DO HEREBY PLEDGE TO THE FOLLOWING GOALS:

Specific and Realistic Goal #1 \_\_\_\_\_ By When? \_\_\_\_\_

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Tasks to Accomplish Goal #1

---

Specific and Realistic Goal #2 \_\_\_\_\_ By When? \_\_\_\_\_

---

Tasks to Accomplish Goal #2

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Specific and Realistic Goal #3 \_\_\_\_\_ By When? \_\_\_\_\_

---

Tasks to Accomplish Goal #3

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PLEGGED BY \_\_\_\_\_ THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_  
(student) (day) (month) (year)

\* Source: Doyle, J. Andrew. "Exercise Adherence." *The Exercise and Physical Fitness Page*. <<http://www2.gsu.edu/~wwwfit/adherence.html>>. © Board of Regents of the University System of Georgia by Georgia State University (1999). Adapted with permission.

## Lesson 6: Planning for Physical Fitness

### Introduction

In this lesson students review the basics of physical fitness, including

- definitions of physical fitness
- health- and skill-related fitness components
- principles of fitness development
- the FITT principle
- resistance training

At the completion of this lesson students develop and implement an exercise routine as part of their personal physical activity practicum (see Module A).

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### Specific Learning Outcomes

- 11.FM.4** Demonstrate an understanding of the concepts and principles related to the development and implementation of a personal physical activity plan.  
*Examples:* cardiorespiratory endurance/aerobic fitness, musculoskeletal fitness, training principles, FITT (frequency, intensity, time, type) principle
- 11.FM.5** Design, implement, evaluate, and revise an exercise routine that contributes to the health-related fitness components.  
*Examples:* resistance training, walking, running programs
- 



### Key Understandings

- Physical fitness is a complex concept related to the effects of physical activity on the human body.
  - Physical fitness comprises health- and skill-related components.
  - The development of physical fitness is governed by the FITT principle.
  - Planning is important for successful physical fitness development.
-



## Essential Questions

1. What is the definition of *physical fitness*?
  2. How did the FITT principle help you to develop your exercise routine?
  3. Explain how your exercise routine contributed to the five health-related components of physical fitness.
  4. If you were helping someone begin a resistance training program, what guidelines and safety considerations would you provide?
- 



## Background Information

### Understanding Physical Fitness

*Physical fitness*, in general terms, is a person's ability to meet the physical stresses and demands of a variety of physical activities efficiently and effectively. Physical fitness provides a person with the capacity to perform work safely in activities of daily living, including activities required for work at home and in the workplace, for leisure-time pursuits, and for sports.

The physical stresses and demands of daily living range, for example, from sitting, eating, standing, showering, and walking to the extreme physical demands of shovelling after a major snowstorm, marathon running, participating in a triathlon, and firefighting. Each of these activities requires varying degrees of cardiorespiratory endurance (CRE), muscular strength, muscular endurance, and flexibility to perform it well. Fortunately, the physical demands of showering or walking are not great, making it quite easy for most of us to engage in these physical activities. For a small percentage of the population these activities pose difficulty. Many people are faced with demanding tasks, such as lifting/carrying heavy objects, building, and snow shovelling, which can over-stress the body if it does not have an adequate level of physical fitness. Adequate preparation for these periodic tasks is essential to help minimize the risks of heart attack, stroke, and back injury.

On the other end of the physical activity continuum are the occupations and activities that fall outside the realm of possibility for most of us. These activities require physical fitness levels and skills that are beyond our contemplation or aspiration. They are performed by people who have been genetically gifted and have worked and trained for years to perform at the extreme levels required for these physical activities.

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## Suggestion for Instruction / Assessment

### Fitness Rating of Common Activities

It is important for students to understand that a minimum level of physical fitness is required for all activities of daily living. One or more physical fitness components are required (or emphasized) in performing any type of activity well and safely.

As an activating strategy, have students rate the degree of fitness required (in relation to each of four health-related fitness components) for each of the activities listed in RM 8-FM. Students use a rating scale from 1 to 10, with 1 being little or no fitness requirement and 10 being the greatest fitness requirement.



Refer to RM 8-FM: Fitness Rating of Common Activities (available in Word and Excel formats).

Have students discuss the results of their fitness ratings in small groups, using the following questions to guide their discussion:

- For which activities was there the greatest agreement in fitness rating?
- For which activities was there the least agreement in fitness rating?
- Which activity would provide the greatest amount of fitness development? Explain.
- Which activity would provide the least amount of fitness development? Explain.
- Which occupation would require the greatest level of fitness? Why?



## Background Information

### Definitions of Physical Fitness

While many sources provide definitions of physical fitness (see sample definitions to the right), there is no universally agreed upon definition of physical fitness and of its components. Instructors are encouraged to use definitions from their own sources.

Physical fitness involves the integrated and efficient performance of all the major systems of the body, including the heart and lungs, the skeleton, the muscles, and the brain. The brain is an essential element, as it learns to control the muscles that move the bones, as well as controlling the heart and lungs to provide

### DEFINITIONS

#### physical fitness

"A set of attributes that people have or achieve that relate to their ability to perform physical activity" (Howley and Franks).

"A set of attributes, primarily respiratory and cardiovascular, relating to the ability to perform tasks requiring expenditure of energy" (*Stedman's Concise Medical Dictionary for the Health Professions*).

"The ability to perform moderate to vigorous levels of physical activity without undue fatigue and the capability of maintaining such ability throughout life" (American College of Sports Medicine).

energy for the working muscles. Fitness also influences our psychological well-being, including mental alertness and emotional stability, because what we do with our bodies also affects our minds.

Physical fitness is an individual condition that varies from person to person. It is influenced by factors such as age, gender, heredity, personal health habits, amount and level of exercise, and eating practices. Making physical fitness a priority is important for a long and healthy life.

## REFERENCE



For additional information, refer to the following resource:

Manitoba Education, Citizenship and Youth. *Guidelines for Fitness Assessment in Manitoba Schools: A Resource for Physical Education/Health Education*. Winnipeg, MB: Manitoba Education, Citizenship and Youth, 2004. 9. Available online at [www.edu.gov.mb.ca/k12/cur/physhlth/curriculum.html](http://www.edu.gov.mb.ca/k12/cur/physhlth/curriculum.html).

## Knowing the Basics of Physical Fitness

Physical fitness is more easily understood by examining its components, or parts. As students have learned in earlier grades, there are two categories of physical fitness components: health-related fitness components and skill-related fitness components:

- **Health-related fitness components** consist of
  - cardiorespiratory endurance
  - muscular strength
  - muscular endurance
  - flexibility
  - body composition
- **Skill-related fitness components** include
  - agility
  - balance
  - coordination
  - speed
  - power
  - reaction time

This lesson focuses on the health-related fitness components.



## Health-Related Fitness Components

Health-related fitness components not only help the body to perform more efficiently, but also help prevent disease and improve overall health and well-being. Manitoba's combined physical education/health education curriculum emphasizes the health-related components of fitness—that is, the physical and physiological components of fitness that have a direct impact on health status.

### DEFINITION

#### health-related fitness

"The state of physical and physiological characteristics that define the risk levels for the premature development of diseases or morbid conditions presenting a relationship with a sedentary mode of life" (Bouchard and Shephard).

The five health-related physical fitness components are cardiorespiratory endurance, muscular strength, muscular endurance, flexibility, and body composition:

- **Cardiorespiratory endurance (CRE)** is the ability of the cardiovascular system (heart, blood, blood vessels) and respiratory system (lungs, air passages) to deliver oxygen and other nutrients to the working muscles and to remove wastes. Tests that involve running (e.g., 20 m shuttle run test), cycling, and swimming can be used to measure this fitness component. *Aerobic power* (maximal oxygen consumption) and *aerobic capacity* are terms used to describe CRE fitness.

Activities vary in intensity level:

- **Light activities** are physical activities that involve large muscle groups. While engaging in light activities, people begin to notice their breathing, but they can still talk fairly easily.
- **Moderate activities** are physical activities that cause breathing and heart rate to increase. People engaging in moderate activities can hear themselves breathe, but they can still talk.
- **Vigorous activities** are physical activities that cause breathing and heart rate to increase to a higher level, making it difficult to talk.

### NOTE TO TEACHER

While examples of activities can be categorized as typically light, moderate, or vigorous activities, an individual's response to physical activity, exercise, or workload is dependent upon his or her current level of fitness. In other words, two individuals who may appear to be quite similar (e.g., in age, height, body type) may, in fact, respond very differently physiologically to the same workload.

Note that an individual may be working at the moderate to vigorous intensity level while engaging in **muscular strength** activities and **muscular endurance** activities if performed in a circuit format.



For more information on exercise intensity, refer to RM 9-FM: Level of Exertion/Intensity.

For more information on cardiorespiratory endurance values for unfit and fit individuals, refer to RM 10-FM: Comparative Chart of Cardiorespiratory Endurance (CRE) for Unfit and Fit Individuals.

- **Muscular strength** is the ability of a muscle, or a group of muscles, to exert force for a brief period of time. Strength of different muscles can be measured by having a person perform weightlifting exercises and determining the maximum amount of weight the person can lift. A person's strength can be expressed as *absolute strength* (the actual weight lifted) or as *relative strength* (the weight lifted, divided by the person's body weight).
- **Muscular endurance** is the ability of a muscle, or a group of muscles, to sustain repeated contractions or to continue applying force against a fixed object. Push-ups and curl-ups are often used to test muscular endurance. The person's endurance is expressed as the number of repetitions completed without stopping for a set period of time (often one minute).
- **Flexibility** is the ability to move joints through their full range of motion. The sit-and-reach test is a good measure of flexibility of the lower back and the backs of the upper legs (hamstrings). A person's flexibility is usually expressed in how far a joint can be moved or the degrees through which a joint can be moved.
- **Body composition** refers to the makeup of the body in terms of lean mass (muscle, bone, vital tissue, and organs) and fat mass. Good body composition has strong bones, adequate skeletal muscle size, a strong heart, and a low amount of fat mass. Regular physical activity and exercise will help decrease body fat and increase or maintain muscle mass, increase bone mass, and improve heart function. Although body composition entails muscle, bone, and fat, it is often expressed only as percentage of body fat.

#### NOTE TO TEACHER

Treat the topic of body composition with sensitivity. Be sensitive to issues related to self-esteem, body size, and weight. A key message is that a healthy body comes in all shapes and sizes.

For a discussion of body composition, refer to pages 37 to 42 of *Guidelines for Fitness Assessment in Manitoba Schools* (Manitoba Education, Citizenship and Youth).

Many types of tools can be used to assess body composition, including skinfold callipers, bioelectrical impedance analyzers (found in many weigh scales), body mass index (BMI), underwater weighing, and dual energy X-ray absorptiometry (the latest in tools).

#### REFERENCE



For more information and ideas on how to assess the health-related fitness components, refer to the following resource:

Manitoba Education, Citizenship and Youth. *Guidelines for Fitness Assessment in Manitoba Schools: A Resource for Physical Education/Health Education*. Winnipeg, MB: Manitoba Education, Citizenship and Youth, 2004. Available online at [www.edu.gov.mb.ca/k12/cur/physhlth/curriculum.html](http://www.edu.gov.mb.ca/k12/cur/physhlth/curriculum.html).

## Principles of Fitness Development

The keys to selecting the right kinds of exercises for developing and maintaining each of the basic components of fitness are found in the principles of specificity, overload, reversibility, progression, diminishing returns, and individual differences.

- **Specificity:** The type of training in which individuals engage should be directed specifically at improving their abilities in life. Therefore, choose the right kind of activities to improve each physical fitness component, and the right combination of physical fitness components to help in activities of daily living. Strength training results in increases in strength for the muscles being exercised but does little to improve cardiorespiratory endurance.

Also, train specifically for the specific activity of interest. For example, optimal running performance is best achieved when the muscles involved in running are trained for the movements required. It does not necessarily follow that a good swimmer is a good runner. Specificity also requires that one consider the speed of motion, the number of limbs moving, the direction in which they are moving, and the range over which the movement occurs.

- **Overload:** If a person works often (frequency) enough, hard (intensity) enough, and long (duration) enough to load the body above its resting level, physical fitness will improve. If this is done regularly over a period of time, the body will gradually adapt to the increase in demands. The term *overload* does not refer to the idea that one needs to overexert or exert at high intensities to obtain gains in fitness; it simply means that one needs to load the body more than it is usually accustomed to.
- **Reversibility:** Physical fitness or the effects of a physical activity program or an exercise program cannot be stored. If a person stops training for a period of time (three to five days, in some cases) a process of detraining will begin. The gains in fitness that were made begin to reverse themselves. If no exercise is done for a long enough period, fitness levels can revert to the original starting point. At least three balanced workouts a week (three hours minimum) are necessary to maintain a good level of fitness.
- **Progression:** Increasing the frequency, intensity, and/or duration of an activity over periods of time is necessary for continued improvement in physical fitness. Improvements in physical fitness are realized fairly rapidly at the onset of an exercise or training program. The rate of improvement will gradually slow down and level off (adaptation) if an overload is present (meaning that the load is increasing and that there is progress). At high levels of physical fitness it may even be necessary to change the type(s) of exercise(s) being performed.
- **Diminishing returns:** The fitter a person becomes, the more difficult it is to continue to become fitter at the same rate. Individuals who begin jogging can, over a relatively short time, improve the speed and duration of their runs. However, experienced distance runners may have to spend an entire training season to decrease their run time by just a few seconds.

- **Individual differences:** Every person has a unique physical and psychological makeup that requires a unique training program. Factors that may play a role are current fitness level, gender, age, heredity, susceptibility to injury, rest and recovery needs, and diet. Two people working out with the same program could experience completely different results.

Some activities can be used to fulfill more than one of a person's basic exercise requirements. For example, in addition to increasing cardiorespiratory endurance, running builds muscular endurance in the legs, and swimming develops the arm, shoulder, and chest muscles. If the proper physical activities are selected, it is possible to fit parts of a muscular endurance workout into a cardiorespiratory endurance workout and save time.

## REFERENCE



For additional information, refer to the following resource:

Manitoba Education, Citizenship and Youth. *Guidelines for Fitness Assessment in Manitoba Schools: A Resource for Physical Education/Health Education*. Winnipeg, MB: Manitoba Education, Citizenship and Youth, 2004. 10-13. Available online at [www.edu.gov.mb.ca/k12/cur/physhlth/curriculum.html](http://www.edu.gov.mb.ca/k12/cur/physhlth/curriculum.html).

## The FITT Principle

A well-designed personal physical activity plan will outline how often (frequency), how long (time), and how hard (intensity) a person exercises, and what kinds of exercises (type) are selected. The exercise frequency, intensity, time, and type (FITT principle) are key components of any fitness plan or routine.

An individual's goals, present fitness level, age, health, skills, interest, and availability of time are among the factors to consider in developing a personal physical activity plan. In particular, every plan should have a schedule that progresses over time. Progression can take the form of changes in any of the FITT components, but not all at once. For example, an athlete training for high-level competition would follow a different program than would a person whose goals are to develop good health from a sedentary start. Regardless of the specific goals, both programs would be based upon the elements of the FITT principle.

Initially, a personal physical activity plan does not need to include all the health-related fitness components. The choice of which components to focus on initially should be based upon the likelihood of adopting the new behaviour and a consideration of whether the goals are SMART (specific, measurable, attainable, realistic, and time framed – see Module B, Lesson 5). Over the course of weeks or months, other components would be added. A common progression is to adopt a CRE program (three times a week, 20 minutes per session, moderate intensity) without specific muscular strength or muscular endurance elements. After each CRE session the cool-down would simply entail a few stretches for flexibility. After a few weeks of successful completion of the program, a new element could be added.



For additional information, refer to RM 11-FM: FITT Principle Guidelines.

## Applying the FITT Principle

According to the FITT principle, an exercise routine should include exercises and activities that will improve the health-related fitness components:

- cardiorespiratory endurance
- muscular strength
- muscular endurance
- flexibility

### NOTE TO TEACHER

Improving in these four health-related fitness areas will increase lean body mass (stronger bones and muscle) and decrease fat mass, and therefore significantly affect body composition. Improvements will also reduce risk of disease and improve work capacity.

Each workout or exercise session should begin with a warm-up and end with a cool-down. Generally, rest and recovery are as important to plan as the physical activity and exercise, and should be equally spaced between workouts. The more intense the exercise is, the longer the time required to recover. Likewise, the more novel the exercise is, the longer the time required to recover. Trying to adopt all aspects of health-related fitness at once may not be realistic. Begin with small realistic goals in one or two areas of health-related fitness and plan to introduce more as time progresses and new behaviours become habits.

The following guidelines are provided to identify the amount of activity or exercise necessary for the average healthy person to attain and/or maintain a minimum level of overall fitness. Included are examples of activities/exercises, as well as safety considerations for each health-related fitness component.

- **Warm-up:** Warm-up activities are crucial parts of any exercise routine or sports training to prepare the body and mind for movement. The importance of a structured warm-up routine should not be underestimated in relation to preventing injury, having optimal performance, and maximizing enjoyment. An effective warm-up increases both the respiratory rate and the heart rate. This helps increase the body's core temperature, while also increasing the body's muscle temperature through an increase in the delivery of oxygen and nutrients to the working muscles. Increasing muscle temperature helps make the muscles loose, supple, and pliable. Another reason why warm-up activities are important is that they provide the participant with an opportunity to prepare mentally for the upcoming exercise session.

A warm-up should consist of light physical activity for 5 to 10 minutes of exercise, such as walking, slow jogging, knee lifts, arm circles, or trunk rotations. Low-intensity movements that simulate movements to be used in the activity can also be included in the warm-up. Static stretching, per se, is not considered part of a warm-up routine. A warm-up can consist of a lower intensity form of the exercise about to commence.

- **Cardiorespiratory endurance (CRE):** At least three 20- to 30-minute bouts of aerobic (activity requiring oxygen) exercise each week are recommended. Popular aerobic conditioning activities include brisk walking, jogging, swimming, cycling, rope-jumping, rowing, cross-country skiing, and some continuous action games such as basketball and soccer. The type of activity suitable for a person to develop cardiorespiratory fitness is dependent upon the person's initial fitness. A jog may be intense for one individual and serve as a warm-up for another.

## Safety Considerations

To ensure safety, the following need to be considered:

- Know how to calculate target heart-rate zone.
- Know how to monitor intensity (e.g., talk test, rate of perceived exertion, heart-rate monitors).
- When increasing the intensity (speed, incline, and/or resistance) or duration of exercise, keep in mind the **10 percent rule** (e.g., if a person is running continuously for 10 minutes per session in week 1, then in week 2 the maximum increase recommended would be to run continuously for 11 minutes per session).
- Include a variety of activities to avoid overuse injuries or to prevent boredom.
- Include a cardiorespiratory cool-down. To prevent post-exercise peril (e.g., dizziness, light-headedness, fainting), gradually reduce the heart rate, breathing rate, and body temperature before moving on to resistance training or flexibility training. This could be accomplished by simply walking slowly for 5 to 10 minutes.
- **Resistance training:** Resistance training is used primarily to develop muscular strength and muscular endurance, but can develop cardiorespiratory endurance if it is incorporated within a circuit-type workout.
  - **Muscular strength:** Two or three 20-minute sessions each week that include exercises for all the major muscle groups are required. Lifting weights is one of the most effective ways to increase strength. For sedentary people, as little as two workouts per week can be beneficial.
  - and/or
  - **Muscular endurance:** Two to three 30-minute sessions each week that include exercises such as calisthenics, push-ups, curl-ups, pull-ups, and light weight training for all the major muscle groups are required.

### 10 Percent Rule

Increase selected activity **no more** than 10 percent per week.

For a sedentary person, muscular strength and muscular endurance sessions can be combined and limited to two sessions per week. Then, as the behaviour is adopted (becomes a habit), additional sessions per week can be added.

Most of the skill-related components of fitness can also be developed with resistance training. Most people associate weightlifting with resistance training. Although lifting weights is one of the most effective forms of resistance training, it is not the only one. Other forms include the use of medicine balls, body balls, elastic bands, and calisthenics.

## *General Resistance Training Guidelines*

When engaging in resistance training, exercises must be performed to the point of **fatigue** or **failure** (i.e., cannot complete one more repetition), regardless of whether one is training for strength or for endurance. If it feels as if four more repetitions could have been performed after the set is completed, then there was not sufficient overload.

Additional guidelines for resistance training include the following:

- **Sessions:** A minimum of 2 or 3 sessions per week are required to see change (2 for beginners, more than 2 for intermediate and advanced).
- **Muscle or muscle group:** Perform 1 to 3 exercises per muscle or muscle group (1 for beginners, 1 or 2 for intermediate, 1 to 3 for advanced). Change each exercise for each muscle group every one to two months to prevent injuries and boredom.
- **Sets:** Perform 1 to 3 sets per exercise (1 for beginners, 1 or 2 for intermediate, 1 to 3 for advanced).
- **Repetitions:** Do 6 to 20 repetitions (16 to 20 = endurance, 10 to 16 = strength/endurance, 6 to 10 = strength). Cycle through all three repetition ranges — first month for endurance, second month for strength/endurance, third month for strength, and so on. Allow 30 to 90 seconds for isometric/static activities.

## *Safety Considerations*

To ensure safety, the following need to be considered:

- Seek guidance from the physical education instructor or weight room supervisor.
- Include a general warm-up prior to resistance training even if not engaging in any CRE workout.
- Make sure that a qualified instructor shows how to perform the exercises correctly. Good form reduces the risk of injury and leads to faster gains in muscle size and strength.
- Before using free weights, bars, and plates, beginners should consider using body weight exercises and cable machine exercises until they have learned proper technique and have established that they can stabilize their core effectively.
- Wear appropriate clothes and protective equipment. For example, gloves reduce the risk of blisters. Solid running shoes provide a stable base from which to exercise.
- Check all equipment before using it. Do not use a piece of equipment if it seems faulty. Inform the physical education instructor or weight room supervisor at once.
- Always secure weight plates with safety collars.

- Don't hold the breath while lifting weights. In general, breathe out on the exertion or when tightening the muscle, and breathe in when lowering the weight or returning to the start position.
  - Never completely straighten a joint.
  - Work big muscle groups before small ones.
  - Perform multi-joint exercises before single-joint exercises.
  - Train the core area last.
  - Never work the same muscle or muscle group two days in a row.
  - Stand on a non-slip surface to reduce the risk of slips and falls.
  - When in a situation where a "spotter" may be required, check with the physical education instructor or weight room supervisor regarding safety and proper technique.
  - Stop immediately if an injury occurs or if pain is felt, and consult a physician for diagnosis and treatment. Understanding the difference between pain and muscle fatigue/failure is important.
  - Always control the speed of the lifting and lowering. It is recommended that one repetition should take approximately 4 to 7 seconds to complete. Avoid jerky motion.
- **Flexibility:** At the end of every workout, perform 5 to 10 minutes of static stretching exercises. If a workout session includes a CRE session and a resistance training session, flexibility is best left to the end of the entire exercise routine.

### *Safety Considerations*

To ensure safety, the following need to be considered:

- A stretch should feel like a gentle pull and should not be painful.
- Avoid bouncing.
- Work towards holding a stretch for 30 seconds.
- Remember to breathe normally.
- Be sure to stretch tight postural muscles (e.g., chest) as well as the muscle focused on in the workout.



## Designing an Exercise Routine

In developing their exercise routine, students need to consider the general guidelines outlined earlier in this lesson in relation to the discussion of the FITT principle.

The definitions provided in the following table are intended to support individuals in determining where they are on the Stages of Change continuum and in selecting appropriate exercises for an exercise routine. Refer to this table when assisting students in the appropriate selection, sequencing, and planning of cardiorespiratory and resistance training exercises.

Defining Participant Experience			
Participant	Stage of Change	Resistance Training Recommendations	Muscular Endurance and Strength Training
<b>Beginner</b> Little or no previous experience	<ul style="list-style-type: none"> <li>▪ Pre-contemplation</li> <li>▪ Contemplation</li> <li>▪ Preparation/Decision</li> </ul>	1 exercise per body part 1 set per body part	Endurance training for first six weeks
<b>Intermediate</b> Limited experience but active within last three months	<ul style="list-style-type: none"> <li>▪ Action</li> </ul>	1 or 2 exercises per body part 1 or 2 sets per body part (As one becomes more experienced with resistance training, one will need to increase the sets and exercises to create overload and to challenge the body.)	Endurance and strength training
<b>Advanced</b> Prior experience and active for last six months	<ul style="list-style-type: none"> <li>▪ Maintenance</li> </ul>	1 to 3 exercises per body part 1 to 3 sets per body part (As one becomes more experienced with resistance training, one will need to increase the sets and exercises to create overload and to challenge the body.)	Endurance and strength training



### Suggestion for Instruction / Assessment

#### Designing an Exercise Routine

As part of a personal physical activity practicum (see Module A), all students will create their own exercise routine and record their progress. To create an exercise routine, students should select activities that will improve their personal fitness level.

- **Beginners**

Beginners may start with a cardiorespiratory plan as the first step in developing their exercise routine. The following suggestions should be used in conjunction with the FITT principle:

- For some students, simply walking three times a week may be a start in their exercise routine. Their plan would then involve increasing the walking time (number of minutes of walking), increasing the speed of walking, or increasing the frequency of walking (e.g., from three to five times per week). These changes could take a month or so before any other fitness component was added.

- A pedometer program can be used for some students. All that is required is a pedometer and a monthly calendar. Students record the number of steps they take for the first week and then determine a goal for the total number of steps the next week using the 10 percent rule. Students record their daily step counts and use their weekly totals to observe change.

Step-Count Guidelines for ADULTS	
Steps per Day	Description
< 5000 steps/day	
5000 - 7,499 steps/day	typical or low active
> 7500 - 9,999 steps/day	somewhat active
> 10,000 steps/day	active
> 12,5000 steps/day	highly active
For Active CHILDREN	
12,000 – 16,000 steps/day	

- Beginners may consider incorporating resistance training once they have achieved a base of cardiorespiratory (aerobic) fitness, established the habit of being physically active, improved body awareness, and gained confidence.

- **Intermediate or Advanced**

- For students who already participate in cardiorespiratory activities (e.g., intermediate or advanced) it is suggested that they incorporate some resistance training in their exercise routine.
- Students who are advanced in their resistance training may simply continue with an existing plan, but will add new and different exercises. Be sure that these students make a plan for their cardiorespiratory fitness.

Regardless of their experience (beginner, intermediate, or advanced), students must

- include **exercises from the major muscle groups** (i.e., chest, back, shoulders, biceps, triceps, core, quadriceps, hamstrings) in their exercise routine
- identify the **safety procedures** they will use in executing their exercise routine

Refer to the discussion of Applying the FITT Principle earlier in this lesson.

There are a number of ways to design a resistance training routine with respect to the number of days to train and the muscle groups to include on a particular day. RM 12-FM provides examples of two-day, three-day, and four-day split routines to be considered when developing a resistance training routine. Also provided is an example of a total body resistance routine in two-day, three-day, and four-day formats.



Refer to RM 12-FM: Split Routines for Resistance Training.

### *Resistance Training Planner*

A Resistance Training Planner is available to assist with planning an exercise routine. This tool contains over 250 exercises of the major muscle groups and provides information on how to perform these exercises correctly and safely. The planner also contains links to other websites for obtaining additional information.

#### NOTE TO TEACHER

If a student does not have access to this electronic planner, it could be printed off and used in paper format. Be sure to sort the activities alphabetically and by level of difficulty (beginner, intermediate, advanced).

The Resistance Training Planner (Excel spreadsheet) is available online at [www.edu.gov.mb.ca/k12/cur/physhlth/curriculum.html](http://www.edu.gov.mb.ca/k12/cur/physhlth/curriculum.html).



To record or log resistance training sessions, refer to RM 13-FM: Resistance Training Log.

## RM 8–FM: Fitness Rating of Common Activities

Rate the degree of fitness required (in relation to each of the four health-related fitness components) for each of the activities listed below. Use a rating scale from 1 to 10, with 1 being little or no fitness requirement and 10 being the greatest fitness requirement. (Highest possible overall score = 40.)

Activity	Fitness Rating for Health-Related Fitness Components				Overall Fitness Rating
	Cardiorespiratory Endurance	Muscular Strength	Muscular Endurance	Flexibility	
<b>Sports</b>					
Cross-Country Skiing					
Volleyball					
Bowling					
Step Aerobics					
Ice Hockey					
Other?					
<b>Daily Activities</b>					
Mowing the Lawn					
Vacuuming the House					
Shovelling Snow					
Other?					
<b>Occupations</b>					
Mail Carrier					
Flight Attendant					
Roofer / Shingler					
Waiter / Waitress					
Other?					

## RM 9–FM: Level of Exertion/Intensity

Level of Exertion/Intensity				
Amount of Effort				Exertion Description
Rate of Perceived Exertion (RPE) Scale (Modified Borg Scale)	Intensity Descriptor	Heart-Rate Range* (Age Based)  Maximum Heart Rate (MHR)	Exertion Descriptor	
1	LIGHT	50% – 65% of MHR	Resting	You are breathing normally. It is very easy to talk.
2			Somewhat Light	Your rate of breathing increases slightly, but it is still easy to talk.
3			Light	You notice your breathing. You can still talk fairly easily.
4	MODERATE	65% – 80% of MHR	Medium	You are breathing more heavily, but you do not hear yourself breathe.
5			Somewhat Hard	You can hear yourself breathe, but can still talk.
6			Medium Hard	It is getting difficult to talk.
7	VIGOROUS	80% – 100% of MHR	Hard	You are breathing heavily. It is difficult to talk.
8			Very Hard	Your breathing is laboured. It is very difficult to talk.
9			Gruelling	It is almost impossible to talk.
10			Maximum	You are breathing very heavily. You cannot talk. You may feel pain.

\* The heart-rate range may vary, depending on the source of reference, age, physical abilities, individual fitness levels, and so on.

## RM 10–FM: Comparative Chart of Cardiorespiratory Endurance (CRE) for Unfit and Fit Individuals

(Based on Performance on 20 m Beep Test )

Level of Fitness	Level Completed on 20m Beep Test	VO2 Max* mL/kg/min.	Moderate Intensity (60% of VO2 Max)	Vigorous Intensity (80% of VO2 Max)
Unfit—Low CRE	4	26	15.6	20.8
			walking fast	slow jog
			15 min./mile	
Very Fit—High CRE	14	60.64	36.384	48.512
			running at 6 mph	running at 8 mph
			10 min./mile	7.5 min./mile

\* VO2 Max—the maximum amount of oxygen, in millilitres, one can use in one minute per kilogram of body weight.

Pace min./mile	Treadmill Speed mile/hr. (mph)	ACSM* Walk/Run Equations metres/min.		VO2 Max mL/kg/min.
30	2	53.6	0.1	8.86
20	3	80.4	0.1	11.54
15	4	107.2	0.1	14.22
12	5	134	0.2	30.3
10	6	160.8	0.2	35.66
8.571428571	7	187.6	0.2	41.02
7.5	8	214.4	0.2	46.38
6.666666667	9	241.2	0.2	51.74
6	10	268	0.2	57.1
5.454545455	11	294.8	0.2	62.46
5	12	321.6	0.2	67.82

\*ACSM—American College of Sports Medicine.

Completed Level on 20 m Beep Test	Corresponding VO2 Max mL/kg/min.
4	26.04
5	29.5
6	32.95
7	36.42
8	39.88
9	43.3
10	46.8
11	50.26
12	53.7
13	57.2
14	60.64
15	64.1

## RM 11–FM: FITT Principle Guidelines

Fitness and/or Health Benefit	Variables			
	F Frequency	I Intensity	T Time	T Type
<b>Cardiorespiratory Endurance (CRE) (Aerobic)</b>	<ul style="list-style-type: none"> <li>▪ 3 to 5 times per week</li> </ul>	<ul style="list-style-type: none"> <li>▪ moderate to vigorous intensity (60% to 85% of maximum heart rate)</li> </ul>	<ul style="list-style-type: none"> <li>▪ minimum of 20 minutes</li> </ul>	<ul style="list-style-type: none"> <li>▪ running</li> <li>▪ cycling</li> <li>▪ cross-country skiing (continuous motion of large muscle group[s])</li> </ul>
<b>Muscular Strength</b>	<ul style="list-style-type: none"> <li>▪ 2 or 3 times per week, with rest days in between bouts</li> </ul>	<ul style="list-style-type: none"> <li>▪ high resistance (sets to maximum capability)</li> </ul>	<ul style="list-style-type: none"> <li>▪ minimum of 20 minutes per session</li> <li>▪ 1 to 3 sets of 6 to 10 repetitions</li> </ul>	<ul style="list-style-type: none"> <li>▪ free weights</li> <li>▪ universal gym</li> <li>▪ tubing</li> <li>▪ body weight</li> </ul>
<b>Muscular Endurance</b>	<ul style="list-style-type: none"> <li>▪ 2 or 3 times per week, with rest days in between bouts</li> </ul>	<ul style="list-style-type: none"> <li>▪ low to moderate resistance</li> </ul>	<ul style="list-style-type: none"> <li>▪ minimum of 20 minutes per session</li> <li>▪ 3 sets of 16 to 20 repetitions</li> </ul>	<ul style="list-style-type: none"> <li>▪ free weights</li> <li>▪ universal gym</li> <li>▪ tubing</li> <li>▪ body weight</li> </ul>
<b>Flexibility</b>	<ul style="list-style-type: none"> <li>▪ daily</li> </ul>	<ul style="list-style-type: none"> <li>▪ slow and controlled movement</li> </ul>	<ul style="list-style-type: none"> <li>▪ 10 to 12 minutes</li> </ul>	<ul style="list-style-type: none"> <li>▪ static</li> </ul>
<b>Body Composition</b>	<ul style="list-style-type: none"> <li>▪ 5 to 7 times per week</li> </ul>	<ul style="list-style-type: none"> <li>▪ combination of intensities</li> </ul>	<ul style="list-style-type: none"> <li>▪ dependent on intensity</li> </ul>	<ul style="list-style-type: none"> <li>▪ aerobic</li> <li>▪ anaerobic</li> <li>▪ resistance</li> </ul>
<b>Anaerobic</b>	<ul style="list-style-type: none"> <li>▪ alternate days 2 or 3 times per week</li> </ul>	<ul style="list-style-type: none"> <li>▪ 90% of maximum heart rate</li> </ul>	<ul style="list-style-type: none"> <li>▪ 2 to 3 minutes per bout</li> </ul>	<ul style="list-style-type: none"> <li>▪ sprinting</li> <li>▪ jumping</li> </ul>
<b>Active Daily Living / Health</b>	<ul style="list-style-type: none"> <li>▪ daily</li> </ul>	<ul style="list-style-type: none"> <li>▪ low to moderate intensity</li> </ul>	<ul style="list-style-type: none"> <li>▪ 30 to 60 minutes</li> </ul>	<ul style="list-style-type: none"> <li>▪ gardening</li> <li>▪ walking</li> <li>▪ bowling</li> </ul>

**References:**

Manitoba Fitness Council. *Active Healthy People: Fitness Theory Manual*. Winnipeg, MB: Manitoba Fitness Council, n.d.  
 ---. *Resistance Training Manual*. Winnipeg, MB: Manitoba Fitness Council, n.d.

## RM 12–FM: Split Routines for Resistance Training

The following page provides examples of routines to be considered when developing a resistance training routine:

- Two-Day Split Routine
- Three-Day Split Routine
- Four-Day Split Routine

Also provided is an example of a Total Body Resistance Routine in two-day, three-day, and four-day formats. Be sure to include at least one to two days of rest to allow for recovery.

To determine the appropriate number of sets and repetitions for resistance training, refer to the following table.

Defining Participant Experience			
Participant	Stage of Change	Resistance Training Recommendations	Muscular Endurance and Strength Training
<b>Beginner</b> Little or no previous experience	<ul style="list-style-type: none"> <li>▪ Pre-contemplation</li> <li>▪ Contemplation</li> <li>▪ Preparation/ Decision</li> </ul>	1 exercise per body part 1 set per body part	Endurance training for first six weeks
<b>Intermediate</b> Limited experience but active within last three months	<ul style="list-style-type: none"> <li>▪ Action</li> </ul>	1 or 2 exercises per body part 1 or 2 sets per body part (As one becomes more experienced with resistance training, one will need to increase the sets and exercises to create overload and to challenge the body.)	Endurance and strength training
<b>Advanced</b> Prior experience and active for last six months	<ul style="list-style-type: none"> <li>▪ Maintenance</li> </ul>	1 to 3 exercises per body part 1 to 3 sets per body part (As one becomes more experienced with resistance training, one will need to increase the sets and exercises to create overload and to challenge the body.)	Endurance and strength training

*Continued*



## RM 12–FM: Split Routines for Resistance Training *(Continued)*

### Two-Day Split Routine

Ideal for Beginner, Intermediate, and/or Advanced	Day 1	Legs	Back	Biceps	
	Day 2	Chest	Triceps	Shoulder	Core
	Day 3	Rest or go back to Day 1 and repeat.			

### Three-Day Split Routine

For Intermediate or Advanced	Day 1	Chest	Triceps	Shoulders
	Day 2	Back	Biceps	Core
	Day 3	Quads	Hamstrings	Calves
	Day 4	Rest or go back to Day 1 and repeat.		

### Four-Day Split Routine

For Intermediate or Advanced	Day 1	Chest	Triceps	Core
	Day 2	Quads	Hamstrings	
	Day 3	Back	Biceps	
	Day 4	Shoulders	Core	
	Day 5	Rest or go back to Day 1 and repeat.		

### Total Body Resistance Routine

Ideal for Beginner, Intermediate, or Advanced	Day 1 Day 3 Day 5 Day 7 Day 1 (Rest) Day 2 Day 4 Day 6 Day 7 (Rest) Day 1 Repeat	<b>Order of Exercises</b> Chest Back Triceps Biceps Shoulders Legs Core
	Day 1 Day 3 Day 5 Repeat	<b>Order of Exercises</b> Chest Back Triceps Biceps Shoulders Legs Core
	Day 1 Day 5 Repeat	<b>Order of Exercises</b> Chest Back Triceps Biceps Shoulders Legs Core

## RM 13–FM: Resistance Training Log

Name \_\_\_\_\_

Program Type \_\_\_\_\_ Program Day(s) \_\_\_\_\_



The time spent in workouts should be recorded in RM 7–PA: Physical Activity Log (Excel version) and used for the completion of the physical activity practicum (see Module A, Lesson 3).

<b>Exercise</b>	<b>Day 1</b>											
	<b>Set 1 Beginner, Intermediate, Advanced</b>				<b>Set 2 Intermediate, Advanced</b>				<b>Set 3 Advanced</b>			
	Wt.		Reps		Wt.		Reps		Wt.		Reps	
	Wt.		Reps		Wt.		Reps		Wt.		Reps	
	Wt.		Reps		Wt.		Reps		Wt.		Reps	
	Wt.		Reps		Wt.		Reps		Wt.		Reps	
	Wt.		Reps		Wt.		Reps		Wt.		Reps	
	Wt.		Reps		Wt.		Reps		Wt.		Reps	
	Wt.		Reps		Wt.		Reps		Wt.		Reps	
	Wt.		Reps		Wt.		Reps		Wt.		Reps	
	Wt.		Reps		Wt.		Reps		Wt.		Reps	
	Wt.		Reps		Wt.		Reps		Wt.		Reps	
	Wt.		Reps		Wt.		Reps		Wt.		Reps	
	Wt.		Reps		Wt.		Reps		Wt.		Reps	
	Wt.		Reps		Wt.		Reps		Wt.		Reps	
	Wt.		Reps		Wt.		Reps		Wt.		Reps	
	Wt.		Reps		Wt.		Reps		Wt.		Reps	
	Wt.		Reps		Wt.		Reps		Wt.		Reps	
	Wt.		Reps		Wt.		Reps		Wt.		Reps	
	Wt.		Reps		Wt.		Reps		Wt.		Reps	
	Wt.		Reps		Wt.		Reps		Wt.		Reps	
	Wt.		Reps		Wt.		Reps		Wt.		Reps	
	Wt.		Reps		Wt.		Reps		Wt.		Reps	
	Wt.		Reps		Wt.		Reps		Wt.		Reps	
	Wt.		Reps		Wt.		Reps		Wt.		Reps	
	Wt.		Reps		Wt.		Reps		Wt.		Reps	
	Wt.		Reps		Wt.		Reps		Wt.		Reps	
	Wt.		Reps		Wt.		Reps		Wt.		Reps	
	Wt.		Reps		Wt.		Reps		Wt.		Reps	

*Continued*

**RM 13–FM: Resistance Training Log (Continued)**

Exercise	Day 2											
	Set 1 Beginner, Intermediate, Advanced				Set 2 Intermediate, Advanced				Set 3 Advanced			
	Wt.		Reps		Wt.		Reps		Wt.		Reps	
	Wt.		Reps		Wt.		Reps		Wt.		Reps	
	Wt.		Reps		Wt.		Reps		Wt.		Reps	
	Wt.		Reps		Wt.		Reps		Wt.		Reps	
	Wt.		Reps		Wt.		Reps		Wt.		Reps	
	Wt.		Reps		Wt.		Reps		Wt.		Reps	
	Wt.		Reps		Wt.		Reps		Wt.		Reps	
	Wt.		Reps		Wt.		Reps		Wt.		Reps	
	Wt.		Reps		Wt.		Reps		Wt.		Reps	
	Wt.		Reps		Wt.		Reps		Wt.		Reps	
	Wt.		Reps		Wt.		Reps		Wt.		Reps	
	Wt.		Reps		Wt.		Reps		Wt.		Reps	
	Wt.		Reps		Wt.		Reps		Wt.		Reps	
	Wt.		Reps		Wt.		Reps		Wt.		Reps	
	Wt.		Reps		Wt.		Reps		Wt.		Reps	
	Wt.		Reps		Wt.		Reps		Wt.		Reps	
	Wt.		Reps		Wt.		Reps		Wt.		Reps	
	Wt.		Reps		Wt.		Reps		Wt.		Reps	
	Wt.		Reps		Wt.		Reps		Wt.		Reps	
	Wt.		Reps		Wt.		Reps		Wt.		Reps	
	Wt.		Reps		Wt.		Reps		Wt.		Reps	
	Wt.		Reps		Wt.		Reps		Wt.		Reps	
	Wt.		Reps		Wt.		Reps		Wt.		Reps	
	Wt.		Reps		Wt.		Reps		Wt.		Reps	





# MODULE C: MENTAL-EMOTIONAL HEALTH

Specific Learning Outcomes

Introduction

Lesson 1: Mental Health, Health Habits, and Exercise

Lesson 2: Stress and Body Image

Lesson 3: Anxiety and Depression

# MODULE C: MENTAL-EMOTIONAL HEALTH

## Specific Learning Outcomes

- 11.MH.1** Identify and apply positive health strategies to deal with issues such as stress, anxiety, depression, and eating disorders.
- 11.MH.2** Examine media influence(s) on self-image and behaviour.
- 11.MH.3** Investigate the impact and importance of active healthy lifestyle practices on mental-emotional health issues.
- 11.MH.4** Examine the signs and symptoms of mental-emotional health issues related to stress, anxiety, depression, and eating disorders.
- 11.MH.5** Identify community service agencies that support individuals concerned about mental-emotional health issues.
- 11.MH.6** Apply problem-solving and decision-making strategies in case scenarios related to selected mental-emotional health issues.

# MODULE C: MENTAL-EMOTIONAL HEALTH

## Introduction

The benefits of physical exercise on the body, which are addressed extensively in this document, are without doubt of great importance to the overall physical health and fitness of every person. This module discusses the links between mental-emotional health and physical activity in greater detail. Physical activity is one of the most important and powerful lifestyle practices. Research in recent years has clearly established that the brain needs physical activity to function properly, to keep mood positive, and to combat aging.

We only need to review *A Report on Mental Illnesses in Canada* (Health Canada, Chapter 1) to recognize how significant mental health issues are to the citizens of our country. If all the people suffering from a mental health disorder could realize some measure of relief through physical activity we could easily imagine physical activity and exercise as being a “magic pill” that could be prescribed for many of life’s ills.

Module C: Mental-Emotional Health contains three lessons:

- Lesson 1: Mental Health, Health Habits, and Exercise
- Lesson 2: Stress and Body Image
- Lesson 3: Anxiety and Depression

Resource Masters to support the lessons are provided at the end of each lesson.

### REFERENCE



For additional information, refer to the following report:

Health Canada. *A Report on Mental Illnesses in Canada*. Ottawa, ON: Health Canada, 2002. Available on the Public Health Agency of Canada website at [www.phac-aspc.gc.ca/publicat/miic-mmacc/index.html](http://www.phac-aspc.gc.ca/publicat/miic-mmacc/index.html).

For website updates, please visit Websites to Support the Grades 11 and 12 Curriculum at [www.edu.gov.mb.ca/k12/cur/physhlth/](http://www.edu.gov.mb.ca/k12/cur/physhlth/).





## Lesson 1: Mental Health, Health Habits, and Exercise

### Introduction

Mental-emotional health and physical health affect each other. People with physical health problems often experience anxiety or depression that affects their recovery and overall well-being. According to Health Canada (“Mental Health – Mental Illness”), mental health factors can increase the risk of developing physical problems such as

- diabetes
- heart disease
- weight gain or weight loss
- gastrointestinal problems
- reductions in immune system efficiency
- blood biochemical imbalances

This lesson defines mental health and discusses how exercise and other healthy lifestyle practices can positively affect mental health. Students learn about ways to help themselves or to seek help when dealing with their feelings and emotions from day to day.

#### REFERENCE



For additional information, refer to the following article:

Health Canada. “Mental Health—Mental Illness.” *It’s Your Health*. Ottawa, ON: Health Canada, 2006. Available online at  
<[http://hc-sc.gc.ca/iyh-vsv/diseases-maladies/mental\\_e.html](http://hc-sc.gc.ca/iyh-vsv/diseases-maladies/mental_e.html)>.

For website updates, please visit Websites to Support the Grades 11 and 12 Curriculum at  
<[www.edu.gov.mb.ca/k12/cur/physhlth/](http://www.edu.gov.mb.ca/k12/cur/physhlth/)>.



### Specific Learning Outcome

**11.MH.1** Identify and apply positive health strategies to deal with issues such as stress, anxiety, depression, and eating disorders.



## Key Understandings

- Mental-emotional health is a critical component of overall well-being.
  - The stigma regarding mental-emotional health issues needs to be removed so that people with mental health concerns engage in help-seeking behaviour.
  - Healthy lifestyle practices support positive mental-emotional health.
- 



## Essential Questions

1. How is mental-emotional health different from mental illness?
  2. How do active lifestyle practices affect mental-emotional health issues (e.g., anxiety, depression, stress, eating disorders) and vice versa?
- 



## Background Information

As indicated by Health Canada (“Mental Health – Mental Illness”), most people will likely experience feelings of isolation, loneliness, sadness, stress, or disconnection from things during their lifetime. These feelings are often short-term, normal reactions to difficult situations, such as the death of a loved one, the loss of a job, a romantic breakup, or a sudden change of circumstances. Learning to cope or deal with these “ups and downs” or the good and bad times is part of life.

### What Is Mental or Emotional Health?

Mental wellness, or good mental health, “is feeling, thinking, and interacting in ways that help you enjoy life and deal effectively with difficult situations” (Manitoba Healthy Schools).

Good mental health, more recently referred to as mental wellness, is not just the absence of mental health problems. Although different cultures have differing expectations for health, many of the following characteristics are likely to be present in individuals with good mental health in many cultures:

- sense of well-being and satisfaction
- ability to enjoy life, to laugh, and to have fun
- ability to deal with life’s stresses and to bounce back from adversity

### DEFINITION

#### mental-emotional health

The state or balance of a person’s thoughts, feelings, and actions. Mental-emotional health relates to how people look at themselves, their lives, and the other people in their lives, how they evaluate their challenges and problems, and how they explore choices. This includes handling stress, relating to other people, and making decisions.

- participation in life to the fullest extent possible, through meaningful activities and positive relationships
- capacity to change, grow, and experience a range of feelings, as life’s circumstances change
- sense of balance in own life between solitude and sociability, work and play, sleep and wakefulness, rest and exercise, and so on
- self-care that attends to the needs of the whole person – mind, body, spirit, creativity, intellectual development, health, and so on
- ability to care for others
- self-confidence and good self-esteem

### Why Is Mental-Emotional Health Important?

Our minds are not separate entities from the rest of us. When we are distressed, our physical health is also affected negatively, and our spirits decline. Many physical conditions are actually rooted in a state of mind (psychosomatic illness), or in a history of stress that has never been balanced. Hence it is important to take care of the body, mind, and spirit.

“Mens sana in corpore sano (a healthy mind in a healthy body)”  
—Juvenal (Roman poet)

### What Is Mental Illness?

Mental illness, by definition, is quite different from everyday feelings and reactions to difficult situations. People who suffer from a mental illness may experience a serious disturbance in thinking, mood, or behaviour, which may have an impact on their ability to function effectively over a long period of time. Mental illness may affect people’s ability to cope with the simplest aspects of everyday life. Many people need help in regaining balance in their lives.

### Healthy Lifestyle Practices

Examining healthy lifestyle practices or coping mechanisms to deal with everyday living is an important part of developing mental-emotional health. The engagement in healthy lifestyle practices contributes to both the quality and duration of life. The health habits or healthy lifestyle practices explored in the following Suggestions for Instruction/ Assessment can significantly affect a person’s life.

#### DEFINITION

##### **healthy lifestyle practices**

Any behaviour that has an effect on a person’s health and well-being. (The level or amount of the behaviour engaged in will determine the degree of the positive effect.)

## REFERENCES



For information on mental and emotional health, refer to the following websites:

Health Canada. "Mental Health—Mental Illness." *It's Your Health*. Ottawa, ON: Health Canada, 2006. Available online at [http://hc-sc.gc.ca/iyh-vsv/diseases-maladies/mental\\_e.html](http://hc-sc.gc.ca/iyh-vsv/diseases-maladies/mental_e.html).

Helpguide. "Mental and Emotional Health." [www.helpguide.org/mental/mental\\_emotional\\_health.htm](http://www.helpguide.org/mental/mental_emotional_health.htm).

Manitoba Healthy Schools. "Mental Health: What Is Mental Wellness?" *Mental Health*. [www.gov.mb.ca/healthyschools/issues/mental.html](http://www.gov.mb.ca/healthyschools/issues/mental.html).

For website updates, please visit Websites to Support the Grades 11 and 12 Curriculum at [www.edu.gov.mb.ca/k12/cur/physhlth/](http://www.edu.gov.mb.ca/k12/cur/physhlth/).



## Suggestion for Instruction / Assessment

### 10 Basic Health Habits

Using the active learning strategy Think-Pair-Share (see Appendix E), have students think of 10 basic health habits individually. Students then work in pairs to share their ideas and to check for similarities and differences. Two pairs then join to form a small group of four to develop consensus on 10 basic health habits as a group.

To help guide the group discussion, encourage students to include health habits related to

- physical activity (see Public Health Agency of Canada, *Canada's Physical Activity Guide to Healthy Active Living*)
- healthy eating (see Health Canada, *Eating Well with Canada's Food Guide*)
- sleep
- substance use, including tobacco and alcohol
- body weight
- personal and dental hygiene
- stress
- building healthy relationships
- general safety

Students could also develop an advertising campaign promoting one or more health habit(s) using different media.

## REFERENCES



For additional information on basic health habits, refer to the following article:

Zamora, Dulce. "13 Health Habits to Improve Your Life." *WebMD—Features Related to Health and Balance*. 2004.

<[www.webmd.com/balance/features/13-healthy-habits-to-improve-your-life](http://www.webmd.com/balance/features/13-healthy-habits-to-improve-your-life)>.

The following guides are available online:

Health Canada. *Eating Well with Canada's Food Guide*. 2007.

<[www.hc-sc.gc.ca/fn-an/food-guide-aliment/index\\_e.html](http://www.hc-sc.gc.ca/fn-an/food-guide-aliment/index_e.html)>.

---. *Eating Well with Canada's Food Guide: First Nations, Inuit and Métis*. 2007.

<[www.hc-sc.gc.ca/fn-an/food-guide-aliment/index\\_e.html](http://www.hc-sc.gc.ca/fn-an/food-guide-aliment/index_e.html)>.

Public Health Agency of Canada. *Canada's Physical Activity Guide for Youth*. 2002.

<[www.phac-aspc.gc.ca/pau-uap/fitness/downloads.html](http://www.phac-aspc.gc.ca/pau-uap/fitness/downloads.html)>.

---. *Canada's Physical Activity Guide to Healthy Active Living*. 2004.

<[www.phac-aspc.gc.ca/pau-uap/fitness/downloads.html](http://www.phac-aspc.gc.ca/pau-uap/fitness/downloads.html)>.

For website updates, please visit Websites to Support the Grades 11 and 12 Curriculum at

<[www.edu.gov.mb.ca/k12/cur/physhlth/](http://www.edu.gov.mb.ca/k12/cur/physhlth/)>.



## Suggestion for Instruction/Assessment

### Influences on Mental-Emotional Health

Provide each student with a copy of RM 1–MH (with the Mental Health Benefits left blank). Using the Think-Pair-Share strategy again, ask each student to identify and record mental health benefits of healthy lifestyle practices on RM 1–MH. After students have completed the task individually, they work with a partner to expand their list of benefits. Finally, students form small groups to share all the mental health benefits they have identified. Have each group present their top 10 mental health benefits.



Refer to RM 1–MH: Influences on Mental-Emotional Health.

## REFERENCE



For additional information, refer to the following article:

Nieman, David C. "The Health Continuum." *The Exercise-Health Connection*. Champaign, IL: Human Kinetics, 1998. 5.



## Background Information

### Effect of Exercise on Mental Health

As a result of exercise, the body releases different chemicals that affect the brain. One group of chemicals is called *endorphins*. During exercise, the release of the beta-endorphin by the pituitary gland increases and produces an analgesic effect on the body as well as a feeling of elation or euphoria.

In his article “Exercise is a State of Mind,” Miller states that “for several decades we’ve known about one effect of exercise on the brain, the ‘endorphin high’ that makes us feel good during and right after exercise” (48). He goes on to say that more recent scientists have discovered some longer-lasting effects of exercise on the brain, such as

- decreased anxiety
- reduced depression
- improved ability to cope with stress
- raised self-esteem
- improved mood
- improved sleep
- increased cognition (mental functions such as the ability to think, reason, and remember)

With exercise, several biological changes occur that make nerve cells more active or increase the ability of neurons to communicate with one another. The way this works is that the exercise fuels the body with blood, which carries energy and oxygen to the brain, which in turn tells the body to produce more proteins called neurotrophic factors or growth factors. These substances stimulate nerve cells to grow and connect with one another (neuroplasticity) or to develop new nerve cells (neurogenesis).

The hippocampus, a seahorse-shaped region in the temporal lobe of the brain, is involved in regulating mood and storing memories. Studies have shown that “exercise caused an increase in the production of neuropeptide Y (NPY) in the hippocampus . . . [and] induced an increase in brain-derived neurotrophic factor (BDNF) in the same region. These two proteins – NPY and BDNF – are important prerequisites for nerve growth and survival” (Miller 49). These proteins can be thought of as the “fertilizers” for the brain. BDNF is a natural substance that enhances cognition by boosting the ability of neurons to communicate with one another.

The release of other chemicals such as serotonin, dopamine, norepinephrine, melatonin, and insulin are also affected by exercise, which in turn can affect mental and emotional health. Because activities such as going for a walk or a run, shooting baskets, skateboarding, participating in a sport, or doing yard work can contribute to better functioning of the mind and the body, exercising is a healthy lifestyle practice for everyone to do every day.

## REFERENCE



For additional information, refer to the following article:

Miller, Michael Craig. "Exercise is a State of Mind." *Newsweek* 149.13 (26 Mar. 2007): 48–50, 52, 55.



## Suggestion for Instruction / Assessment

### Healthy Lifestyle Practices for Mental-Emotional Health

Have students describe, by completing the chart in RM 2–MH, how healthy lifestyle practices (health habits) affect selected mental-emotional health issues.



Refer to RM 2–MH: Healthy Lifestyle Practices for Mental-Emotional Health.

After students have completed the chart, lead a class discussion on questions such as the following:

- How do the identified lifestyle practices affect mental-emotional health?
- How does mental-emotional health affect lifestyle practices?
- Which lifestyle practice has the greatest impact on mental-emotional health, and why?



## Background Information

### Is It Important to Seek Help for Mental-Emotional Problems?

People encounter stressful situations that could range from minor to major on a day-to-day basis. Depending on the circumstances, individuals may need to seek help if their reaction to stressors (e.g., loss, conflict, illness) becomes long term or interferes with other aspects of life.

Most people who experience mental health problems can overcome them or learn to live with them, especially if they seek help from a qualified source soon enough. Although people usually do not hesitate to seek medical advice for a physical problem, some believe it is shameful or a sign of weakness to seek help for an emotional health problem. There is

often a stigma of weakness associated with seeking help when encountering a mental or emotional health problem.

Students need to be reminded that it is OK to seek help and should learn how to access help for mental-emotional problems when needed.

## REFERENCES



For information on getting help for a mental health problem, refer to the following website:  
Manitoba Healthy Schools. "Mental Health: Where Can I Go For Help?" *Mental Health*.  
<[www.gov.mb.ca/healthyschools/issues/mental.html](http://www.gov.mb.ca/healthyschools/issues/mental.html)>.

For website updates, please visit Websites to Support the Grades 11 and 12 Curriculum at  
<[www.edu.gov.mb.ca/k12/cur/physhlth/](http://www.edu.gov.mb.ca/k12/cur/physhlth/)>.



For information related to working with students on the thinking, feeling, behavioural cycle, refer to the following text:

Vernon, Ann. *Thinking, Feeling, Behaving: An Emotional Education Curriculum for Adolescents, Grades 7–12*. Rev. ed. Champagne, IL: Research Press, 2006.

## What Increases the Risk of Mental-Emotional Health Problems?

Mental health problems can be the result of many different kinds of experiences in a person's life, from early childhood to later life. These life experiences may relate to a person's environment, hereditary history, psychological factors, and/or sociological factors. People may or may not have control over these factors.



## Suggestion for Instruction / Assessment

### Life Experiences Leading to Mental Health Issues

In a class brainstorming session, have students identify life experiences that they think could lead to mental health issues. Encourage students to think of situations or factors over which they have control and situations over which they have no control.

#### NOTE TO TEACHER

Please indicate to students that issues identified in this learning activity are not required to be personal.

Once the class has identified numerous life experiences, have students classify which

- situations they do not have control over (e.g., biochemical issues, family history)
- situations they can have some control over (e.g., by getting support, making good choices, or learning more about their situation)

Some situations or factors may fit into both categories.



Check student responses against the list provided in RM 3–MH and add to the list any areas identified by students in the class discussion (for future reference).

- Review the list of things over which students have some control. Discuss ways they can control a given situation.
- Reflect on the list of things over which students usually do not have control. Talk about ways they can get support and improve their mental health outcomes even if they have experienced situations they could control.



Refer to RM 3–MH: Life Experiences Leading to Mental Health Issues for additional suggestions and/or information to support this learning strategy.



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## Background Information

### Helping Oneself

Each of us must learn to deal with our own feelings and emotions from day to day. All life experiences, whether positive or negative, are character building. The key is to develop skills for coping and managing our feelings and emotions and to learn from all experiences.

Resilience is the capability of an individual or group of individuals (such as a family, a group of friends, or a community) to cope with significant adversity or stress in ways that are not only effective, but also tend to result in an increased ability to respond constructively to future adversity (Resiliency Canada). Research tells us that despite growing up in high-risk environments, the majority of young people not only become successful by societal standards, but also become self-confident, capable, and caring persons. This is most often due to people’s ability to bounce back from challenging times (resiliency), to use self-help or self-care measures (healthy behaviour choices) to help them through, and to talk to someone who can offer support, as needed.

Many minor mental health problems can be relieved by self-help or self-care measures. If we are feeling “blue,” “out of sorts,” or “stressed out,” healthy lifestyle practices such as the following can help us to feel better:

- Get enough rest and sleep.
- Eat a well-balanced diet.
- Avoid caffeine, alcohol, tobacco, or other drugs, and avoid mixing alcohol and drugs.
- Participate in physical activities.
- Do something that is enjoyable or relaxing (e.g., go to a funny movie, take a walk for enjoyment, listen to music, read a good book, talk to a friend, engage in an activity that is safe and appealing).

- Attend to spiritual needs (e.g., by meditating, visualizing, praying, appreciating a beautiful sunset).
- Make a list of the things that are troubling or causing tension, and then put away the list for the rest of the day.
- Prioritize personal challenges and deal with the ones that are either most stressful or easiest to check off the list.
- Spend ample time with people whose company is enjoyable, generally those who have a positive and respectful attitude.
- Talk to a trustworthy friend or family member about own feelings and concerns, and discuss possible reasons for those feelings. Ask them just to listen if advice is not desired.

If students continue to feel down, depressed, or anxious to the extent that these feelings are interfering with school work or personal life (friends and family), they will need to talk to people who can help. School guidance counsellors can provide a safe place for students to share their feelings and develop problem-solving strategies for challenging situations. Guidance counsellors also have connections to resources outside the school that can provide help.

## REFERENCES



For further suggestions on ways to develop and maintain positive mental and emotional health, refer to the following websites:

Health Canada. "Mental Health—Mental Illness." *It's Your Health*. 2006.  
<[http://hc-sc.gc.ca/iyh-vsv/diseases-maladies/mental\\_e.html](http://hc-sc.gc.ca/iyh-vsv/diseases-maladies/mental_e.html)>.

Helpguide.org. "Mental and Emotional Health." *Mental Health*.  
<[www.helpguide.org/mental/mental\\_emotional\\_health.htm](http://www.helpguide.org/mental/mental_emotional_health.htm)>.

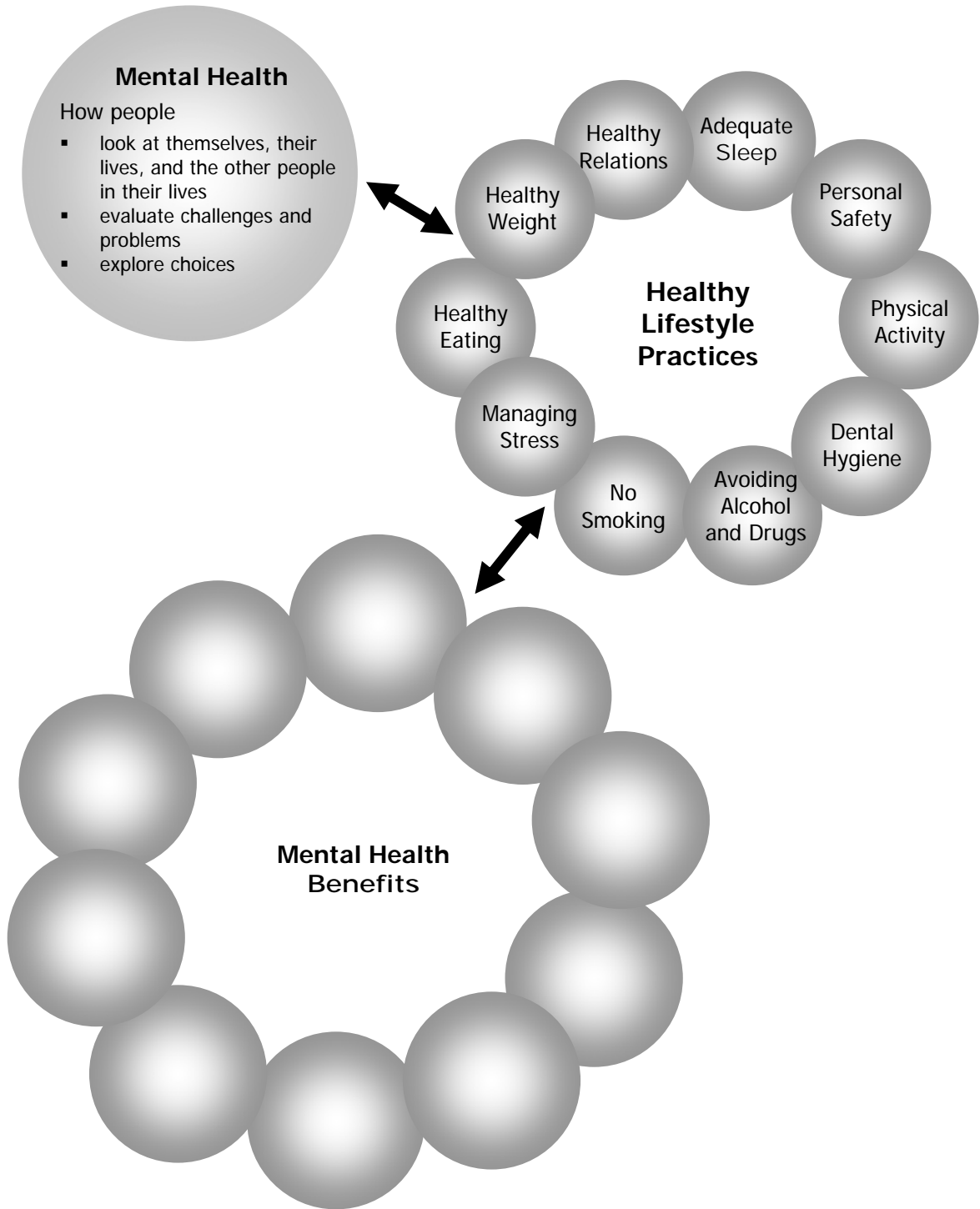
Manitoba Healthy Schools. "Mental Health: What Is Mental Wellness?" *Mental Health*.  
<[www.gov.mb.ca/healthyschools/issues/mental.html](http://www.gov.mb.ca/healthyschools/issues/mental.html)>.

This site lists 10 tips for good mental health provided by the National Canadian Mental Health Association.

Resiliency Canada. "Understanding Resiliency."  
<[www.resiliencycanada.ca/index.php?option=com\\_content&task=view&id=17&Itemid=37](http://www.resiliencycanada.ca/index.php?option=com_content&task=view&id=17&Itemid=37)>.

For website updates, please visit Websites to Support the Grades 11 and 12 Curriculum at  
<[www.edu.gov.mb.ca/k12/cur/physhlth/](http://www.edu.gov.mb.ca/k12/cur/physhlth/)>.

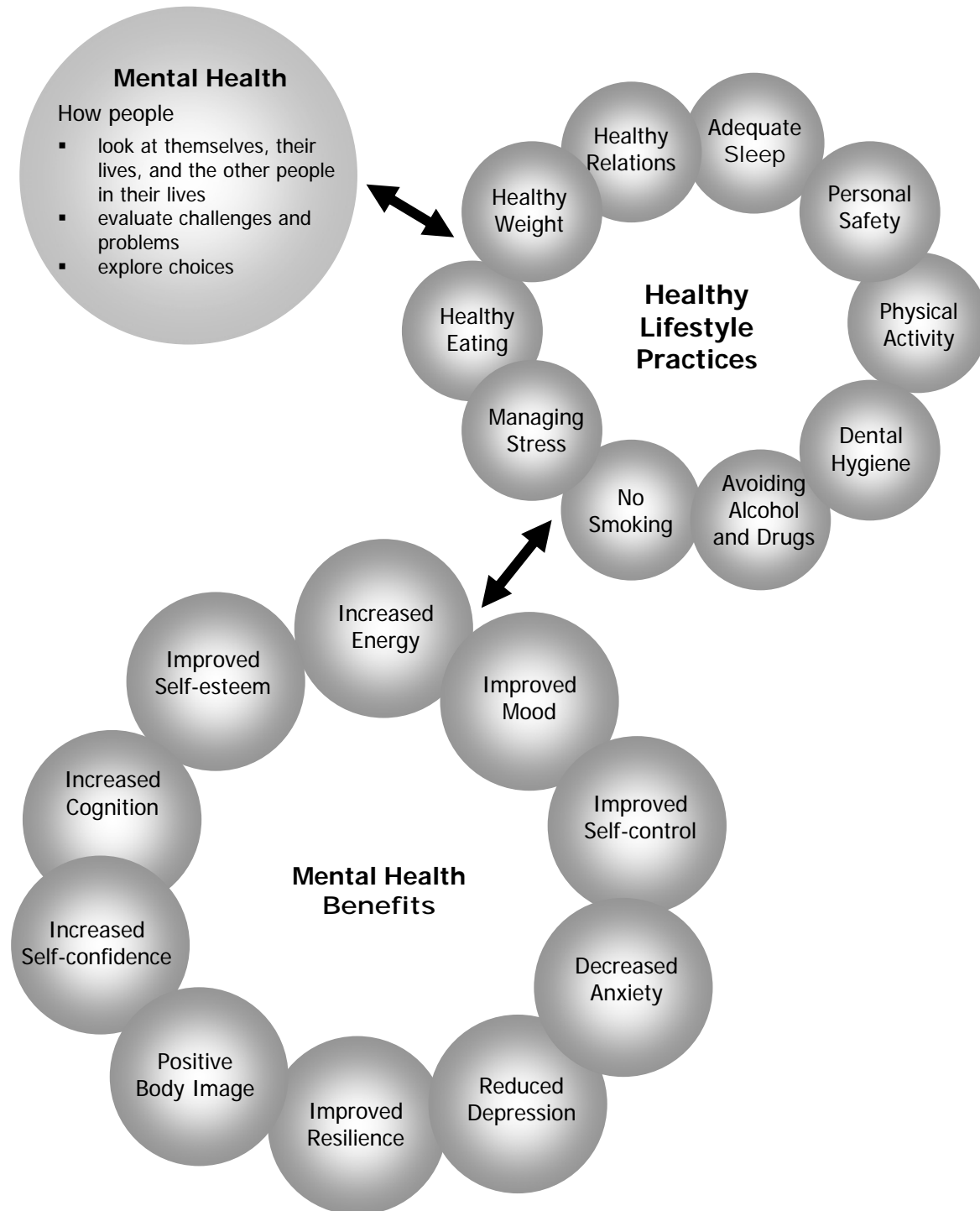
## RM 1–MH: Influences on Mental-Emotional Health\*



*Continued*

\* Source: Adapted, with permission, from D. C. Nieman, 1998, *The Exercise-Health Connection*, (Champaign, IL: Human Kinetics), 5.

**RM 1–MH: Influences on Mental-Emotional Health\* (Continued)  
(Answer Key)**



\* Source: Adapted, with permission, from D. C. Nieman, 1998, *The Exercise-Health Connection*, (Champaign, IL: Human Kinetics), 5.

## RM 2–MH: Healthy Lifestyle Practices for Mental-Emotional Health

Complete the chart below by providing a description of how the healthy lifestyle practices (health habits) from the first column affect one of the selected mental-emotional health issues found along the top row (determined by the student).

- Place a plus sign (+) in the corner of the box for a description that represents a **positive** or **beneficial** effect.
- Place a minus sign (-) in the corner of the box for a description that represents a **negative** or **detrimental** effect.
- Place a zero (0) in the corner of the box for a description that could have **both a positive and a negative** effect.

Healthy Lifestyle Practices	Mental-Emotional Health Issues				
	Stress	Anxiety	Depression	Disordered Eating	Other ( )
Physical Activity					
Healthy Eating					
Quality Sleep					
Substance Use					
Stress Management					
Smoking					
Weight Management					
Personal Safety					
Dental Hygiene					
Healthy Relationships					

## RM 3–MH: Life Experiences Leading to Mental Health Issues

The following lists identify factors or situations that students usually do not have control over and situations that students usually have some control over. Check student responses against the lists provided below.

### Situations Students Usually Do Not Have Control Over

Life experiences that may contribute to mental health issues that teenagers usually do not have control over could include the following:

- Inheriting genetic causes. (People with a history of mental health problems in their family may be more likely to develop problems themselves.)
- Experiencing biochemical causes. (An imbalance of neurotransmitters, such as serotonin, is known to affect the processing of thoughts and emotions.)
- Undergoing hormonal changes (that are a natural part of puberty and life transition)
- Having a low income or being homeless
- Living with a family member who has a mental illness or an addiction
- Experiencing violence, abuse, or other trauma
- Living in an environment that is chaotic, unsafe, or dangerous (e.g., living in a violent home, or living in a house with shedding asbestos, peeling lead paint, or toxic drinking water, living in a community where drug use or gang violence is widespread)
- Experiencing chronic illnesses (whether born with or developed)
- Growing up in a homeland of unrest (e.g., witnessing or experiencing war, violence, or fear)
- Experiencing racism or other forms of prejudice (e.g., because of sexual orientation, age, religion, culture, class, body type)
- Dealing with the death of a family member or a close friend
- Experiencing a change in parental relationships (e.g., separation, divorce)
- Encountering a change in living environments (e.g., moving from one home to another due to a change in parental relationship, foster home, job transition of a parent or guardian)

*Continued*

## RM 3–MH: Life Experiences Leading to Mental Health Issues *(Continued)*

### Situations Students Usually Have Some Control Over

Life experiences that may contribute to mental health issues that teenagers usually have some control over could include the following:

- Using or abusing substances. (Alcohol and some drugs are known to have depressive effects or to increase anxiety. Some drugs such as crystal meth can cause symptoms that resemble those of schizophrenia. The negative social and personal consequences of substance abuse can also be a contributing factor to depression.)
- Using violence to solve problems (resulting in problems at home and/or at school and involvement in the justice system)
- Under-eating or overeating. (Restricting food intake below what the body needs or eating beyond comfort to cope with problems or difficult feelings can cause additional mental and physical health problems.)
- Being in an unhealthy relationship. (The long-term toll of staying in an unhealthy relationship or peer group is greater than the short-term turmoil and stress involved in leaving it.)
- Overdoing it by taking on too many things at one time to the point that it causes additional stress (e.g., working too much while going to school, being involved in too many activities)
- Not sleeping enough for what the body needs. (On its own, sleep deprivation will not cause a mental health problem, but when combined with other factors, including stress, insufficient sleep puts people at risk of poor health and a decreased coping capacity.)





## Lesson 2: Stress and Body Image

### Introduction

This lesson helps students to gain an understanding of common mental health issues related to stress and poor body image. Students have the opportunity to increase their self-awareness of stressful situations and to understand that the ways in which people react to stress may vary. Using exercise for dealing with stress is addressed as well.

#### NOTE TO TEACHER

The following content related to stress and body image should be treated with sensitivity. Potentially sensitive content is to be treated in ways that are appropriate for the local school, school division, and community context.

Students also examine common questions about body image and the factors that affect body image. This lesson explains the relationship between eating and body image. It also allows students to examine media influences on people's body image and behaviour.



### Specific Learning Outcomes

- 11.MH.1** Identify and apply positive health strategies to deal with issues such as stress, anxiety, depression, and eating disorders.
- 11.MH.2** Examine media influence(s) on self-image and behaviour.
- 11.MH.3** Investigate the impact and importance of active healthy lifestyle practices on mental-emotional health issues.



### Key Understandings

- Mental-emotional health is a critical component of overall well-being.
- Healthy lifestyle practices, including physical activity participation, support positive mental-emotional health and reduce stress.
- Healthy bodies come in all shapes and sizes.
- People who have a positive body image tend to demonstrate more healthy eating behaviours than those who have a negative body image.



## Essential Questions

1. How does exercise help reduce stress?
2. What are the connections between body image and mental health? Explain.



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## Background Information

### Dealing with Stressful Situations

Stress can be defined as the body's normal physiological response to situations or stimuli perceived as "dangerous" to the body (Stressfocus.com). The ways in which people react to stress can vary greatly.

Healthy lifestyle choices have a positive impact on our ability to cope with stress and to manage day-to-day activities. Everyone can learn skills to cope with stress that contribute to optimal mental health. Making healthy behaviour choices and seeking support when needed helps us lead a balanced life.



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## Suggestion for Instruction / Assessment

### Stressful Situations

Discuss with students the definition of *stress*. Emphasize that stress can cause powerful feelings, as well as biological changes in the body. Allow students to brainstorm some feelings and biological changes that stress can cause. Write their responses on a board or chart. Student suggestions will likely include ideas related to the "fight or flight" theory of stress response. This theory has already been introduced to students in earlier grades.

Using the active learning strategy Carousel Brainstorming (see Appendix E), arrange students into six groups. Position each group in an area of the classroom and tape a sheet of poster board to the wall by each group. Each poster should feature one of the following headings:

- Situations That Make Me Angry
- Situations That Make Me Frustrated
- Situations That Make Me Worry
- Situations That Make Me Happy
- Situations That Take a Lot of Time
- Situations That Take Money

#### NOTE TO TEACHER

Remind students that responses must be appropriate (e.g., do not make sexual references), safe, ethical, and not hurtful to others.

Tell each group they have one to two minutes to write down their responses to the situation identified on the poster in front of them. Teachers may choose to play music (something lively) while students are engaged in the learning activity.

When the designated time is up, have students move to the poster to their right. Allow two more minutes for students to respond to the situation identified on the poster that is now in front of them.

Continue rotating until each group has had a chance to write their responses to the situations on all six posters. Then have a spokesperson from each group read the responses on the poster in front of them. Discuss similarities, insights, or perceptions related to the ideas listed. Talk about which responses are *positive* stressors and which are *negative* stressors.

Have students return to their seats. As a class, brainstorm appropriate and healthy strategies to cope with the stressful situations they wrote about. Students take notes on those strategies.

## REFERENCES



For more information on stress, refer to the following websites:

Columbia St. Mary's MedicalMoment.org. "Gender Differences in Behavioral Responses to Stress: 'Fight or Flight' vs. 'Tend and Befriend.'" 2003.

<[www.medicalmoment.org/content/healthupdates/dec03/187868.asp](http://www.medicalmoment.org/content/healthupdates/dec03/187868.asp)>.

Stressfocus.com. "Discover the Basics of Stress." 14 July 2007.

<[www.stressfocus.com/stress\\_focus\\_article/stress-and-its-causes.htm](http://www.stressfocus.com/stress_focus_article/stress-and-its-causes.htm)>.

For website updates, please visit Websites to Support the Grades 11 and 12 Curriculum at

<[www.edu.gov.mb.ca/k12/cur/physhlth/](http://www.edu.gov.mb.ca/k12/cur/physhlth/)>.



## Background Information

### Stress Can Be Positive or Negative

A certain level of stress is not a bad thing and can in certain situations contribute to optimum performance. If a person is under too little stress, it will be difficult to become self-motivated to perform well. Too little stress can express itself in feelings of boredom and not being challenged. An optimum level of stress can bring benefits of alertness and activation.

Excessive levels of stress, in sport for example, can hamper performance and enjoyment. These excessive levels of stress occur when

- what is asked of us is beyond our perceived abilities
- too much is asked of us in too short a space of time
- unnecessary obstacles are put in the way of achieving our goals

In sport performance, negative stress

- gets in the way of good judgement and fine motor control
- causes competition to be seen as a threat, not a challenge
- damages the positive frame of mind needed for high-quality competition by
  - promoting negative thinking
  - damaging self-confidence
  - narrowing attention
  - disrupting flow
- consumes mental energy (e.g., in worry) that could be devoted to focusing on effective technique

Very often stress can be caused by negative thinking. We are more likely to do well if we take a positive perspective, seeing a new situation as an opportunity to exhibit skills at a higher level, than if we approach or interpret a new or difficult situation by saying, "I'm in trouble."

## Exercise and Stress

Many people use exercise as their primary stress-management strategy. Regular exercise can remove by-products of the stress response or help release emotions. Bouts of physical activity allow muscles to release their stored energy and to return to resting state, which reduces tension. The endorphin hormone is released as a result of exercising, which is known to affect mood and promote a sense of elation or joy.

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## Suggestion for Instruction / Assessment

### Physiological Responses of Exercise

Have students use various websites or other resources to investigate the physiological responses of exercise, which in turn could reduce stress, and report their findings to the class using index cards. Students put a physiological response (short title) on one side of an index card and the explanation of the response on the other. Use these class cards in games such as scavenger hunts, people search, and so on.

#### NOTE TO TEACHER

Teachers are advised to

- review websites before recommending them to students
- check school/division policy regarding appropriate Internet use

#### REFERENCE



The following is an example of a useful website for this learning activity:

Randolfi, Ernesto A. "Exercise as a Stress Management Modality." *Optimal Health Concepts*. <[www.OptimalHealthConcepts.com/ExerciseStress.html](http://www.OptimalHealthConcepts.com/ExerciseStress.html)>.

For website updates, please visit Websites to Support the Grades 11 and 12 Curriculum at <[www.edu.gov.mb.ca/k12/cur/physhlth/](http://www.edu.gov.mb.ca/k12/cur/physhlth/)>.



## Suggestion for Instruction / Assessment

### Wellness Inventory

Ask students to complete a wellness survey (such as RM 4–MH) to increase their self-awareness of stressful situations or behaviours they may encounter on a given day. Ask them to complete the same survey at different times during the course and compare results, or have them reflect on whether or not their responses would be the same or different from day to day.

Using a Think-Pair-Share strategy (see Appendix E), have students think about what question may concern them and, in pairs, discuss ways to improve in that area.



Refer to RM 4–MH: Wellness Inventory.

#### REFERENCE



For ideas on coping with stress, refer to appropriate websites, such as the following: mindyourmind.ca. <[www.mindyourmind.ca](http://www.mindyourmind.ca)>.

For website updates, please visit Websites to Support the Grades 11 and 12 Curriculum at <[www.edu.gov.mb.ca/k12/cur/physhlth/](http://www.edu.gov.mb.ca/k12/cur/physhlth/)>.



## Background Information

### Body Image

Body image is linked to self-esteem and self-concept and is shaped by past experiences, whether these are positive (such as athletic performance) or negative (such as abuse, disability, or bullying). Body image can be a concern for boys and girls no matter what their actual bodies look like. Body image is linked to how we cope with both past and present experiences and is much more complex than our weight, height, or muscle mass. It is important not to assume that a large-bodied teenager will have a negative body image and a slim-bodied teenager will have a positive body image.

Students are often interested in discussing body image, and may steer discussions to their body size, body parts, ideal body types, and so on. To avoid a power struggle, avoid getting caught up in debates over the “right body type,” “ideal body weight,” or issues related to obesity prevention. When discussing body image with adolescents it is important to keep the focus off individual or optimal body size or weight, knowing that body image is actually related to how we feel about our bodies and our life experiences.

### What Is Body Image?

Our body image begins to form at an early age and can be influenced by our parents, caregivers, peers, and life experiences. We often think of body image in terms of physical appearance, attractiveness, and beauty. Our body image relates to how we feel about our bodies and what we think our bodies look like to others. In some cases, our perspectives may not be objective.

Remember that every body is different. We all have different genetics, which influence our facial features, body shape, height, and weight. Even if everyone ate the same things and did the same amount of exercise, we still would not all look the same.

The ideal body weight is the weight that allows us to feel strong and energetic and lets us lead a healthy life. Someone with a healthy body has the energy, for example, to spend time with friends, participate in sports, and concentrate on school or work. Encourage students to avoid comparing their bodies with those of their friends or the people shown in advertisements and on television. Students don’t need to rely on charts, formulas, or tables to dictate what the right body weight is for them. Instead, they need to eat balanced meals full of nutritious foods and participate in moderate to vigorous exercise regularly.

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## Suggestion for Instruction / Assessment

### Common Body Image Questions

As a strategy to activate student thinking, place a set number of questions about body image in a bag (see RM 5–MH). Have the corresponding number of groups pick a question for group discussion. Ask students in each group to identify a chairperson, a recorder, and a reporter in preparation for reporting their responses to the selected questions to the class.



Refer to RM 5–MH: Common Questions about Body Image for examples of common questions that students may have about body image, as well as suggested responses to the questions.



## Background Information

### How Big Is the Body Image Problem?

Poor body image increases the risk for extreme body/weight control behaviours. Researchers have found that increased preoccupation with appearance and body dissatisfaction put people at greater risk for engaging in dangerous practices to control weight and size (e.g., extreme dieting and exercise compulsion). These behaviours can lead to more harmful behaviours that can put an individual at risk for developing disordered eating or an eating disorder.

#### CANADIAN STATISTICS ON EATING DISORDERS

- A recent study showed that 27% of Ontario girls 12 to 18 years old are engaged in disordered food and weight behaviour (Jones, et al).
- Eating disorders are now the third most common chronic illness in adolescent girls (Adolescent Medicine Committee).
- Health Canada found that almost one in every two girls and almost one in every five boys in Grade 10 either was on a diet or wanted to lose weight (King, Boyce, and King, Chapter 7).

### How Do Positive and Negative Body Image Differ?

We have a positive body image when we have a realistic perception of our bodies and enjoy them just as they are. Positive body image involves understanding that healthy, attractive bodies come in many shapes and sizes, and that physical appearance says very little about our character or value as a person. Having a healthy body image means that we keep our assessment of our bodies separate from our sense of self-esteem, and it ensures that we don't spend an unreasonable amount of time worrying about food, weight, and calories. The adoption of an active healthy lifestyle has a positive impact on our attitudes towards our bodies.

Negative body image can cause more serious disorders such as body dysmorphic disorder and muscle dysmorphia:

- **Body dysmorphic disorder (BDD)** is an over-preoccupation with an “imagined” physical defect in appearance (that is, an individual thinks there is a problem with an aspect of his or her body that others don’t see). The most common focus of preoccupation is the nose, skin, or hair, but other body parts can also be the focus. This disorder can cause stress for the individuals who have this problem, as well as for family and friends around them. In addition to spending a lot of time obsessing about a feature of their body or body parts, individuals with BDD experience anxiety and/or depression, and they may avoid social situations. People have been known to try plastic surgery to “fix” the problem but end up worse off because the underlying reason for the preoccupation is not treated.
- **Muscle dysmorphia** (sometimes referred to as **bigorexia**) is the over-preoccupation with the perception or feeling that one’s muscles are too small or too weak. In an attempt to avoid this self-perception, individuals with this disorder often spend unrealistic amounts of time working out in the gym, and yet they don’t feel “good enough.” Muscle dysmorphia occurs most often in men but has been known to occur in women as well.

With the right supports, both disorders are treatable.

### What Are Some Factors That Affect Body Image?\*

Body image, whether negative or positive, is shaped by a variety of factors:

- Body image is influenced by standards set by society and the culture that surrounds us. As well, comments from family, friends, and others about our bodies, their bodies, and other people’s bodies, both positive and negative, affect body image.
- Self-esteem has an impact on how we view our bodies and is related to how we evaluate our own physical abilities, job skills, interpersonal abilities, family role, and body image.
- Low self-esteem may develop if “ideal” body standards are not met and may result in size misperceptions, faulty beliefs about body shape, and negative feelings about one’s own body.

#### POSITIVE AND NEGATIVE BODY IMAGE \*

- People with positive body image exhibit
  - self-confidence, energy, vitality, and positive self-appraisal
  - feelings of attractiveness and beauty
  - trust and respect for their bodies
  - freedom of expression with their bodies, not dependent on weight
- People with negative body image describe
  - dissatisfaction with their physical appearance
  - a belief that their appearance is being scrutinized and evaluated by others
  - excessive emphasis on physical appearance in how they evaluate themselves
  - distressing preoccupation with their bodies
  - feelings of shame and/or embarrassment

\* Source: Sheena’s Place. “Body Image.” *Education and Outreach*. <[www.sheenasplace.org/index.php?page=body\\_image](http://www.sheenasplace.org/index.php?page=body_image)>. Adapted with permission.



- Negative body image may develop or be influenced by a history of abuse (physical or sexual), teasing by friends or family, life changes such as moving to a new school or city, and any physical changes that may be a result of puberty, medical problems, surgery, or sports injuries. Exposure to images of idealized versus normal bodies may also have a negative impact on body image.
- Experiencing problems with body image and body dissatisfaction place individuals at risk for the development of an eating disorder.
- Individuals with anorexia or bulimia nervosa often perceive themselves as being larger than they actually are, resulting in negative body image and an increase in dieting behaviour.
- An increase in dieting behaviour is associated with depression, decreased self-confidence, increased feelings of anxiety, feelings of unattractiveness, and persistent concern about weight. In other words, negative body image can be a significant mental health issue.
- People with negative body image may
  - engage in excessive body checking (weighing, measuring, and trying on clothing)
  - camouflage their size and shape with loose and bulky clothing
  - avoid social situations that trigger physical self-consciousness
  - avoid exposing their bodies (not wearing bathing suits or shorts)

### How Do Eating and Body Image Go Together?

There is a relationship between eating behaviours and body image. In general, eating disorders are examples of internal conflicts about food and/or body size and shape. They are more complicated, however, than just having a big appetite and unhealthy eating patterns.

The range of feelings and behaviours associated with eating and body image can be represented along a continuum (Gannett Health Services).

- Healthy eating behaviours, at one end of the continuum, are associated with feeling confident about body shape and size.
- Disordered eating behaviours, at the other end of the scale, are associated with a preoccupation with appearance and an attempt to change body size through a focus on diets.

Eating disorders include anorexia nervosa, bulimia nervosa, and binge eating disorder:

- **Anorexia nervosa** is characterized by fear of weight gain and severe restriction of food intake, which can result in significant weight loss.
- **Bulimia nervosa** involves an attempt to avoid weight gain or to manage weight through frequent compensation by purging.

- **Binge eating disorder** defines a pattern of binge eating (feeling out of control while eating) without purging.

Note, however, that “eating disorders often do not fall neatly into these categories and may take a variety of forms, from mild to severe. Treatment for eating disorders is important at any level of severity to reduce the risk of short-term and long-term health problems” (Gannett Health Services).

In the next learning activity students have an opportunity to examine the relationship between eating behaviours and body image.

## REFERENCES



For definitions of positive and negative body image, and the factors that affect them, and for information on the relationship between eating behaviours and body image, refer to the following websites:

Body Sense: Canadian Centre for Ethics in Sport. “Developing Positive Body Image.” *Athletes*. 2005. [www.bodysense.ca/athletes/m\\_body\\_image\\_e.html](http://www.bodysense.ca/athletes/m_body_image_e.html)>.

---. “What Is Body Dysmorphia?” *Athletes*. 2005. [www.bodysense.ca/athletes/m\\_body\\_dysporphia\\_e.html](http://www.bodysense.ca/athletes/m_body_dysporphia_e.html)>.

Brown University. “Nutrition: Body Image.” *Health Education*. [www.brown.edu/Student\\_Services/Health\\_Services/Health\\_Education/nutrition/body\\_image.htm](http://www.brown.edu/Student_Services/Health_Services/Health_Education/nutrition/body_image.htm)>.

Butler Hospital. “What Is Body Dysmorphic Disorder?” *The Body Image Program*. [www.butler.org/body.cfm?id=123](http://www.butler.org/body.cfm?id=123)>.

College of Education and Human Ecology, The Ohio State University. “Muscle Dysmorphia.” *Body Image and Health Task Force (BIHTF)*. [http://hec.osu.edu/bitf/muscle\\_dysmorphia.htm](http://hec.osu.edu/bitf/muscle_dysmorphia.htm)>.

Gannett Health Services, Cornell University. “The Eating and Body Image Continuum.” *Nutrition and Eating Problems*. 2004. [www.gannett.cornell.edu/top10Topics/nutrition-eating/continuum.html](http://www.gannett.cornell.edu/top10Topics/nutrition-eating/continuum.html)>.

National Eating Disorders Association (NEDA). *Eating Disorders Information*. 2002. [www.nationaleatingdisorders.org/p.asp?WebPage\\_ID=294](http://www.nationaleatingdisorders.org/p.asp?WebPage_ID=294)>.

Sheena’s Place. “Body Image.” *Education and Outreach*. [www.sheenasplace.org/index.php?page=body\\_image](http://www.sheenasplace.org/index.php?page=body_image)>.

For website updates, please visit Websites to Support the Grades 11 and 12 Curriculum at [www.edu.gov.mb.ca/k12/cur/physlth/](http://www.edu.gov.mb.ca/k12/cur/physlth/)>.



For additional Canadian statistics on eating disorders, refer to the following reports:

Adolescent Medicine Committee, Canadian Paediatric Society. “Eating Disorders in Adolescents: Principles of Diagnosis and Treatment.” *Paediatrics and Child Health* 3.3 (1998): 189–92.

Jones, Jennifer M., et al. “Disordered Eating Attitudes and Behaviours in Teenaged Girls: A School-Based Study.” *Canadian Medical Association Journal* 165.5 (2001): 547–52.

King, Alan J. C., William F. Boyce, and Matthew A. King, *Trends in the Health of Canadian Youth: Health Behaviours of School-Age Children*. Ottawa, ON: Health Canada, 1999. Available on the Public Health Agency of Canada website at [www.phac-aspc.gc.ca/dca-dea/7-18yrs-ans/index\\_e.html](http://www.phac-aspc.gc.ca/dca-dea/7-18yrs-ans/index_e.html)>.



## Suggestion for Instruction / Assessment

### How Can Body Image Affect Personal Health?

Ask students to think about and respond to the following question: How can body image affect personal health? Write down their answers for class discussion.

Have students look at a continuum showing the range of behaviours and attitudes related to eating and body image. People who have a positive body image tend to demonstrate more healthy eating behaviours than those who have a negative body image. People may, however, find themselves at different points on the continuum from one time to another.

#### REFERENCES



Examples of the eating and body image continuum are available on several websites:

Barke, Sheri. "Eating Issues and Body Image Continuum." *Student Nutrition (and Body Image) Action Committee (SNAC)*. 2002.

<[www.snac.ucla.edu/pages/Resources/Handouts/HOEatingIssues.pdf](http://www.snac.ucla.edu/pages/Resources/Handouts/HOEatingIssues.pdf)>.

Gannett Health Services, Cornell University. "The Eating Issues and Body Image Continuum." *Nutrition and Eating Problems*. 2004.

<[www.gannett.cornell.edu/downloads/CHEP/Continuum.pdf](http://www.gannett.cornell.edu/downloads/CHEP/Continuum.pdf)>.

For website updates, please visit Websites to Support the Grades 11 and 12 Curriculum at

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## Suggestion for Instruction / Assessment

### Boosting a Body Image?

A variety of strategies can help individuals boost or improve their feelings about how their bodies look. Using the active learning strategy Rotating Reel (see Appendix E), have students respond to the following sample questions:

1. What are three ways to boost body image?
2. How can you change your body type?
3. If you know people who are always comparing themselves to others in terms of appearance, what could you do or say to help?
4. How could participating in physical activity contribute to positive body image?

#### NOTE TO TEACHER

If someone has a disordered eating problem, it is important to note that body image therapy and counselling may facilitate changes in eating and help people overcome disordered eating symptoms or recover from eating disorders.

## REFERENCES



The following article on boosting body image may be helpful:

Brown University. "Nutrition: Body Image." *Health Education*.  
<[www.brown.edu/Student\\_Services/Health\\_Services/Health\\_Education/nutrition/bodyimage.htm](http://www.brown.edu/Student_Services/Health_Services/Health_Education/nutrition/bodyimage.htm)>.

Refer to the following websites for more information:

Dove Campaign for Real Beauty. *The Dove Self-Esteem Fund*. 2007.  
<[www.campaignforrealbeauty.ca/dsef](http://www.campaignforrealbeauty.ca/dsef)>.

This link goes to The Dove Self-Esteem Fund website, which provides free resources on media awareness, body image, and self-esteem. It also provides the Real Beauty School Program, specifically for teachers, and a series of films with accompanying classroom activity sheets.

Media Awareness Network. <[www.media-awareness.ca](http://www.media-awareness.ca)>.

The Media Awareness Network is a Canadian non-profit organization. This website has a comprehensive collection of media education and Internet literacy resources. Media Awareness Network partners with the Canadian Teachers' Federation to present the annual National Media Literacy Week.

National Eating Disorders Association (NEDA). *Eating Disorders Information*. 2002.  
<[www.nationaleatingdisorders.org/p.asp?WebPage\\_ID=294](http://www.nationaleatingdisorders.org/p.asp?WebPage_ID=294)>.

For website updates, please visit Websites to Support the Grades 11 and 12 Curriculum at  
<[www.edu.gov.mb.ca/k12/cur/physhlth/](http://www.edu.gov.mb.ca/k12/cur/physhlth/)>.



## Suggestion for Instruction / Assessment

### Option A: Media Messages

This learning activity is intended to increase students' awareness of the impact the media have on the public and of how students can play a role in protecting themselves and others from media influences by creating a body-friendly culture in their school. Students can empower themselves by choosing not to buy into the messages the media try to sell to them.

Teachers may want to use some of the findings from a survey on the effects of exposure to the mass media and weight concerns to generate class discussion or a debate.

### EXPOSURE TO MASS MEDIA AND WEIGHT CONCERNS

A study on the exposure to the mass media and weight concerns among girls between Grades 5 and 12 found the following (Field, et al. 5):

- Of the girls surveyed, 69% reported that magazine pictures influence their idea of the perfect body shape, and 47% reported wanting to lose weight because of magazine pictures.
- Girls who were frequent readers of fashion magazines were two to three times more likely than infrequent readers
  - to diet to lose weight because of a magazine article
  - to exercise to lose weight because of a magazine article
  - to feel that magazines influence what they believe is the ideal body shape

## REFERENCE



For more information on the survey, refer to the following article:

Field, Alison E., et al. "Exposure to the Mass Media and Weight Concerns among Young Girls." *Pediatrics* 103.3 (March 1999): e36. Available on the American Academy of Pediatrics website at <<http://pediatrics.aappublications.org/cgi/reprint/103/3/e36>>.

For website updates, please visit Websites to Support the Grades 11 and 12 Curriculum at <[www.edu.gov.mb.ca/k12/cur/physlth/](http://www.edu.gov.mb.ca/k12/cur/physlth/)>.

## Option B: Dove Self-Esteem Fund (Film Review)

This learning activity is intended to help students become critical thinkers about the media and about how much the media work to influence people of all ages. Students can view one to three short video clips (*Onslaught*, *Evolution*, and *Amy*) on the following website:

### NOTE TO TEACHER

These films should be reviewed and chosen by the educator. Following each film viewing, educators can guide students through a series of questions for discussion. The educator sheets with questions specific to each film are available at: Dove Campaign for Real Beauty. "Ideas to Take Action for Educators." *The Dove Self-Esteem Fund*. <<http://www.campaignforrealbeauty.ca/dsef07/t4.aspx?id=8408>>.

Dove Campaign for Real Beauty. "Dove Self-Esteem Film Gallery." *The Dove Self-Esteem Fund*. 2007. <[www.campaignforrealbeauty.ca/dsef07/t5.aspx?id=7985](http://www.campaignforrealbeauty.ca/dsef07/t5.aspx?id=7985)>.

## RM 4–MH: Wellness Inventory\*

### Instructions

Below is list of health and wellness indicators that describe how people feel and behave. The regular use of this inventory will increase your self-awareness. Additionally, it will provide a record for you to track such indicators in yourself.

Name \_\_\_\_\_ Class \_\_\_\_\_ Date \_\_\_\_\_

Rate how much these indicators described you today.		Very	Fairly	Hardly	None
1.	How oriented or clear-headed did you feel today?				
2.	How rested did you feel when you woke up this morning?				
3.	How energetic, ready to go did you feel today?				
4.	How strong did you feel today?				
5.	How well were you able to meet challenges in your life today?				
6.	How happy did you feel today?				
7.	How well were you able to maintain your sense of humour today?				
8.	How prone were you to “lose it,” or experience rage attacks or explosive outbursts, today?				
9.	How interesting were you to be with today?				
10.	How stressful was your day?				
11.	How well were you able to manage stresses in your life today?				
12.	How well were you able to fulfill your responsibilities today?				
13.	How well did you get along with teachers today?				
14.	How much did you enjoy your family life today?				
15.	How well did you get along with your friend(s) today?				
16.	How confident did you feel today?				
17.	How good did you feel about your body today?				
18.	How well were you able to stay on task today?				
19.	Did you have bothersome health symptoms today?				
20.	Did you feel susceptible to illness today?				

\*Source: Brain Injury Resource Center <<http://www.headinjury.com>>. Adapted with permission.

*Continued*

**RM 4–MH: Wellness Inventory (Continued)**

<b>Assess your wellness further by responding to the following questions.</b>		
21.	What was most stressful to you today?	
22.	What did you do about it?	
23.	Did your action make it better, make it worse, or make no difference?	
24.	What was the most restful to you today?	
25.	How much time did you take for yourself today?	
26.	How did it make your day better or worse?	
27.	What did you have to celebrate today?	
28.	For what did you have to be thankful today?	
29.	Did you have any trouble with your appetite today?	
30.	Did you start your day with a nutritious breakfast?	
31.	How many meals did you eat today?	
32.	Was that normal for you? (Refer to #31.)	
33.	Were the meals well balanced?	
34.	How often did you snack today?	
35.	Were they healthy snacks?	
36.	How much water did you drink today?	
37.	How many servings of caffeine drinks (e.g., coffee, tea, soda) did you have today?	
38.	Did you take any medication or drugs today?	

*Continued*

## RM 4–MH: Wellness Inventory *(Continued)*

39. How many (total) minutes of each type of activity did you have today?

Type of Activity	Minutes
Light	
Moderate	
Vigorous	
Strength/Resistance Training	
Other:	

40. How did your physical activity change today compared with yesterday?

<input type="checkbox"/> Increased Activity	<input type="checkbox"/> Cut Down Activity	<input type="checkbox"/> No Change in Activity
<input type="checkbox"/> Stayed in Bed	<input type="checkbox"/> Stayed Home and Inside	<input type="checkbox"/> Other:

41. I went to sleep at \_\_\_\_\_ a.m./p.m.      I woke up at \_\_\_\_\_ a.m./p.m. (Last time woke up)



## RM 5–MH: Common Questions about Body Image

Common questions students raise in the classroom on the topic of body image include the following:

- How do I know what is a healthy weight for me?
- What diet really works?
- What causes eating disorders?
- How can I help my friend who might have an eating disorder?

The following information may be useful to educators if they are faced with similar questions in their classrooms. This information is based on a “do no harm” approach, which is considered best practice for eating disorder prevention.

### How do I know what is a healthy weight for me?

There are different charts and formulas that are said to determine healthy weight. In reality, healthy weight is determined best by a person’s lifestyle rather than by a number on a scale or a chart. We all have a natural body shape and weight that is determined by our genetics and is different for everyone. We are meant to have different amounts of muscle, bone, and fat, which make up our body’s composition and influence our weight. The healthiest body weight is what the body sets for itself when a person’s lifestyle includes balanced, healthy food choices and regular physical activity.

Regardless of our weight or shape, every body needs nutritious food and daily physical movement to be strong and healthy. If this is a lifestyle that you practise, then rest assured your body is at the right weight for you.

### What diet really works?

The issue of dieting is a confusing one because the media, in the attempt to sell ideas and products, bombard the public with dieting information. The first thing to know is that diets can be dangerous, particularly for young people, because the growth of bones, organs, and the brain are dependent on the nutrition put into the body. Diets that restrict food intake below what the body needs can actually affect internal growth and the efficiency of one’s metabolism (the rate at which the body burns energy). This doesn’t mean the body needs a lot of fast food or treats to be healthy. What it does mean is the best diet (or eating plan) for young bodies includes balance, variety, and moderation, and should not include skipping meals, restricting food, or omitting any food groups.

*Continued*

## RM 5–MH: Common Questions about Body Image *(Continued)*

If you are concerned that your body weight is not healthy for you, talk to your doctor and your parents about how you feel. Many teens are perfectly healthy but are uncomfortable with the natural body changes that occur during puberty. Your doctor can refer you to a dietician if he or she thinks this is really necessary. If you want to change anything about your diet and explore the healthiest eating plan for you, take a look at your pattern of eating. Are you eating nutritious meals and snacks that include all the food groups? If not, you might want to address your lifestyle or eating behaviours. If your eating pattern includes skipping meals, getting overly hungry, and choosing foods in a hurry that are low in nutrients (high in saturated fat and/or sugar), you would want to make healthier choices about your diet, *not go on a diet*.

If you are convinced that you need to diet, ask yourself instead, “Am I physically active on a daily basis?” If not, you might consider how you can incorporate a regular schedule of exercise into your lifestyle.

### What causes eating disorders?

There is no single reason why a young person develops an eating disorder, just as there is no one person who is protected from developing an eating disorder. We hear mostly of young women developing eating disorders, but in reality, girls, boys, men, and women of all ethnicities and backgrounds can have eating problems and body image issues. Researchers have shown that dieting behaviour puts an individual at greater risk for developing an eating disorder because, combined with other factors, it can set up a pattern where an individual is not listening to the body’s internal cues for hunger and satiety.

Usually a person’s relationship with food and his or her body gets out of control (restricting food, over-exercising, and/or binge eating) because he or she has underlying feelings (such as anxiety, anger, sadness, guilt, loss, or fear) that need to be explored. Sometimes life stresses or traumatic events can also cause uncomfortable feelings that a young person does not know how to deal with. Regardless of the underlying reasons, disordered eating and eating disorders are serious problems that should not be ignored or minimized.

It is important that you tell a trusted adult (your parent or guardian, school counsellor, doctor) if you think you might have an eating problem. If the person you tell does not take you seriously, tell someone else. There are health professionals who specialize in disordered eating and body image issues. They can help individuals work through the underlying reasons for why this problem has developed so that the individuals are not at risk for long-term physical, mental, and emotional health consequences.

*Continued*

## RM 5–MH: Common Questions about Body Image *(Continued)*

How can I help my friend who might have an eating disorder?

If you think your friend has eating problems or concerns about body image, talk to your friend.

- Show your friend that you are concerned and care about her or him.
- Let your friend know that sometimes people under-eat or overeat or try to control their body size because they are unhappy or stressed about something and you want to know more about how he or she is feeling.
- Remind your friend that because you care and ultimately want her or him to be healthy and happy, you want to be supportive but are worried about what your friend is doing to herself or himself.
- Encourage your friend to tell a trusted adult about the problems, or tell one yourself if you don't see your friend getting the necessary help. It might seem as though you are not being a good friend if you tell, but the truth is that getting help with body image concerns or eating problems when they first begin is the best way to help your friend avoid dangerous health problems in the future. Even if this temporarily puts a strain on your relationship, you are still doing the right thing.
- Be a good role model. This means not making negative comments about food or about your own body or others' bodies. Remind yourself and your friend that there is no such thing as being perfect or "having it all together." Compliment each other for the character traits that are unrelated to appearance.



## Lesson 3: Anxiety and Depression

### Introduction

This lesson focuses on two of the more common mental health issues, anxiety and depression, and how an active healthy lifestyle can be a positive influence on them. Although a number of healthy lifestyle practices are discussed in this lesson, the primary emphasis is on the benefits derived from physical activity.

Anxiety and depression affect all people in one way or another. They are considered disorders only when these feelings are almost always there and when they significantly interfere with daily life. In *A Report on Mental Illnesses in Canada*, Health Canada reports the following:

- “Anxiety disorders affect 12% of the population, causing mild to severe impairment.
- For a variety of reasons, many individuals may not seek treatment for their anxiety; they may consider the symptoms mild or normal, or the symptoms themselves may interfere with help-seeking” (Chapter 4, Highlights).

It is important to remove the stigma of weakness associated with seeking help if one is feeling overwhelmed, anxious, or depressed. People who are experiencing anxious behaviour or any other mental health problem that is significantly interfering with daily living should feel that is not only OK, but also wise to seek medical advice, just as they would for physical injuries.

### REFERENCES



For additional information, refer to the following resources:

Anxiety Disorder Association of British Columbia (AnxietyBC). <[www.anxietybc.com/](http://www.anxietybc.com/)> .

Health Canada. “Chapter 4: Anxiety Disorders.” *A Report on Mental Illnesses in Canada*. Ottawa, ON: Health Canada, 2002. Available on the Public Health Agency of Canada website at <[www.phac-aspc.gc.ca/publicat/miic-mmac/index.html](http://www.phac-aspc.gc.ca/publicat/miic-mmac/index.html)> .

For website updates, please visit Websites to Support the Grades 11 and 12 Curriculum at <[www.edu.gov.mb.ca/k12/cur/physhlth/](http://www.edu.gov.mb.ca/k12/cur/physhlth/)> .



## Specific Learning Outcomes

- 11.MH.1** Identify and apply positive health strategies to deal with issues such as stress, anxiety, depression, and eating disorders.
- 11.MH.4** Examine the signs and symptoms of mental-emotional health issues related to stress, anxiety, depression, and eating disorders.
- 11.MH.5** Identify community service agencies that support individuals concerned about mental-emotional health issues.
- 11.MH.6** Apply problem-solving and decision-making strategies in case scenarios related to selected mental-emotional health issues.
- 



## Key Understandings

- Anxiety may make people feel anxious most of the time without an obvious reason.
  - Anxiety has a wide range of signs and symptoms.
  - Major depression is a medical condition characterized by long-lasting feelings of intense sadness and hopelessness, with a biological and chemical basis.
  - Active healthy lifestyle practices are helpful in dealing with anxiety and depression and support positive mental-emotional health.
  - Community service agencies are available to support individuals concerned about mental-emotional health issues.
- 



## Essential Questions

1. What are important signs and symptoms of anxiety and depression?
  2. How does an active healthy lifestyle support positive mental-emotional health?
  3. What health agencies support issues of mental-emotional health in your community?
-



## Background Information

### Anxiety Disorders

Anxiety, or feeling anxious, describes a mood familiar to most of us, one that we may experience every day. Anxiety comes from a concern over lack of control over circumstances. In some cases being anxious and worrying over a problem may generate a solution. Normally, however, it will just result in negative thinking. When anxiety seems to come out of nowhere, is excessive, persists for many weeks without relief, or interferes with everyday life, it may not be an ordinary mood anymore. It may be an illness.

### *Signs and Symptoms*

People with an anxiety disorder may have a number of common physical symptoms, including the following (Canadian Psychiatric Association; Anxiety Disorders Association of Manitoba; AnxietyBC):

- shortness of breath
- shakiness
- muscle aches and tension
- tight chest
- racing heart
- choking sensations
- numbness or tingling
- feelings of unreality
- irritability
- insomnia
- restlessness
- sweating and nausea
- abdominal distress

Emotionally, people with an anxiety disorder may feel short-tempered and apprehensive, fearing that bad things are about to happen.

According to the Anxiety Disorders Association of Manitoba (ADAM), anxiety disorders are among the most common mental health problems. They can cause “significant personal and societal costs in terms of lost wages, decreased productivity, reduced quality of life and frequent use of health care services” (ADAM, *Major Anxiety Disorders*).

The different types of anxiety disorders include generalized anxiety disorder, panic disorder, specific phobias, social anxiety disorder, obsessive compulsive disorder, and post-traumatic stress disorder, which medical professionals would diagnose before providing treatment.

## Causes

As stated by ADAM, “research indicates that there is no single explanation for the cause of anxiety disorders but that several . . . factors may contribute to their origins” (*Major Anxiety Disorders*). The causes of anxiety may include the following (Manitoba Healthy Schools, “Anxiety”):

- inherited tendency
- shy temperament
- unpredictable lifestyle
- stressful experiences
- anxious parents

## REFERENCES



For information on anxiety disorders, refer to the following websites:

Anxiety Disorder Association of British Columbia (AnxietyBC). “Overview of Anxiety Disorders.” <[www.anxietybc.com/resources/introduction.php](http://www.anxietybc.com/resources/introduction.php)>.

Anxiety Disorders Association of Manitoba (ADAM). *Major Anxiety Disorders*. <[www.adam.mb.ca/about.asp](http://www.adam.mb.ca/about.asp)>.

Canadian Psychiatric Association. “Anxiety, Depression and Manic Depression.” *Public Education Materials*. <<http://publications.cpa-apc.org/browse/documents/17>>.

Manitoba Healthy Schools. “Anxiety.” *Mental Health*. <[www.gov.mb.ca/healthyschools/issues/anxiety.html](http://www.gov.mb.ca/healthyschools/issues/anxiety.html)>.

For website updates, please visit Websites to Support the Grades 11 and 12 Curriculum at <[www.edu.gov.mb.ca/k12/cur/physhlth/](http://www.edu.gov.mb.ca/k12/cur/physhlth/)>.

## Depression

Depression is a mental disorder that affects a person’s thoughts, moods, feelings, behaviour, and physical health. People once thought that depression was “all in the head” and that if one really tried, one could “snap out of it” or just “get over it.” Some people still respond to depression in this way. Health professionals now know that depression is not a weakness, and it is not something people can treat on their own. Depression is a medical disorder with a biological and chemical basis, and it may affect people of all ages or nationalities. Some mental health problems, such as bipolar depression or major depression, tend to run in families due to genetics or family interaction styles.

Sometimes depression is triggered by a stressful life event. At other times depression seems to occur spontaneously with no specific identifiable cause. Depression is much more than grieving or experiencing a bout of sadness.

Depression may occur only once in a person’s life, or it could occur sporadically throughout life, with periods when the person would not feel depressed. It may also be a chronic condition, which may require ongoing treatment over a lifetime. With proper treatment, most people with serious depression improve within weeks, and can return to normal daily activities.



## Signs and Symptoms

The two main symptoms associated with depression are lack of interest in normal daily living, even in the activities that are enjoyable, and feeling miserable or “down in the dumps.” A depressed person shows feelings of sadness and helplessness, or may cry often.

A health professional would also look for other signs and symptoms lasting at least two weeks, such as changes in sleep patterns, concentration, weight or eating patterns, demeanour (more irritable), self-esteem, and desire to live. Physical complaints, such as gastrointestinal problems (indigestion, constipation, or diarrhoea), headache, and backache may also be signs.

Different age groups may react differently to depression. Sometimes it is confusing to determine what the actual problem is because the behaviour is a cover-up for the real problem. For example, children may pretend to be sick, worry about being bullied, not do well in school, or act out to cover up their feelings of sadness. Older people may focus more on complaining about the physical symptoms of depression than on what situations or emotions are causing them to feel that way.

The primary types of depression include major depression, dysthymia, adjustment disorders, bipolar disorder, and seasonal affective disorder (Mayo Clinic). These types of depression have similarities and differences. It is important that people who suffer from depression obtain proper diagnosis from a medical professional rather than attempting self-diagnosis.

### REFERENCES



For additional information on the signs and symptoms of depression and definitions of the primary types of depression, refer to the following websites:

Canadian Mental Health Association. *Mental Health and High School*.  
<[www.cmha.ca/highschool/](http://www.cmha.ca/highschool/)>.

Finding Optimism: Health in Response to Mental Health. “Things to Say to Someone with Depression.” *Healthy Mind*. <[www.findingoptimism.com/healthy-mind/ways-to-build-up-someone-with-depression/](http://www.findingoptimism.com/healthy-mind/ways-to-build-up-someone-with-depression/)>.

Health Canada. “Chapter 2: Mood Disorders.” *A Report on Mental Illnesses in Canada*. Ottawa, ON: Health Canada, 2002. Available on the Public Health Agency of Canada website at <[www.phac-aspc.gc.ca/publicat/miic-mmhc/index.html](http://www.phac-aspc.gc.ca/publicat/miic-mmhc/index.html)>.

Mayo Clinic. *Depression*.  
<[www.mayoclinic.com/health/depression/DS00175/DSECTION=2](http://www.mayoclinic.com/health/depression/DS00175/DSECTION=2)>.

For website updates, please visit Websites to Support the Grades 11 and 12 Curriculum at <[www.edu.gov.mb.ca/k12/cur/physlth/](http://www.edu.gov.mb.ca/k12/cur/physlth/)>.



## Suggestion for Instruction / Assessment

### Signs and Symptoms of Mental Health Issues

Ask students to think about the signs and symptoms of selected disorders, using the information from this lesson. Have students record on a T-Chart what each disorder “looks like” and “feels like” as it relates to the signs and symptoms.

Disorder:	
Looks Like	Feels Like



## Suggestion for Instruction / Assessment

### Self-Assessment of Mental Health

Check websites for sample mental health assessments. Examples of self-tests include the following:

- Anxiety Test
- Coping Skills Test
- Eating Disorders and Emotional Eating Test
- Optimism/Pessimism Test
- Resilience Test
- Self-Esteem Test
- Social Anxiety Test

Have students choose a self-test they would like to try. Provide students with an opportunity to discuss results, if desired.

#### NOTE TO TEACHER

Educators are advised to preview and evaluate websites and online resources before recommending them for student use. Ensure that the selected websites and tests are appropriate for student use.

#### REFERENCE



A variety of mental health assessment tests are available on the following website:

Discovery Health. “Mental Health Assessments.” *Mental Health*. 2007.  
<<http://health.discovery.com/centers/mental/assessments.html>>.

For website updates, please visit Websites to Support the Grades 11 and 12 Curriculum at  
<[www.edu.gov.mb.ca/k12/cur/physhlth/](http://www.edu.gov.mb.ca/k12/cur/physhlth/)>.



## Suggestion for Instruction / Assessment

### Signs and Symptoms of Mental Health Issues

This learning activity will enable students to become more acquainted with various mental health issues and some of their signs and symptoms. An assumption is that teachers have already addressed these topics in class and are using this learning activity primarily for review or for application of learning.



Refer to RM 6–MH: Mental Health Scenarios.

## REFERENCES



The following annotated bibliography is intended to be used as a reference for selecting student and teacher learning resources. Decisions related to choice of learning resources are determined at the local school/division level.

Manitoba Education, Citizenship and Youth. *Physical Education/Health Education Learning Resources: Kindergarten to Senior 2: Compilation of Annotated Bibliographies (2002-2004)*. Winnipeg, MB: Manitoba Education, Citizenship and Youth, 2004. Available online at <[www.edu.gov.mb.ca/k12/learnres/bibliographies.html](http://www.edu.gov.mb.ca/k12/learnres/bibliographies.html)>.



Additional information about anxiety and depression may be obtained from the following websites:

Canadian Mental Health Association. *Mental Health and High School*. <[www.cmha.ca/highschool/](http://www.cmha.ca/highschool/)>.

---. "Resources." *Work-Life Balance: It's a Matter of Time*. <[www.manitoba.cmha.ca/bins/content\\_page.asp?cid=4-42&lang=1](http://www.manitoba.cmha.ca/bins/content_page.asp?cid=4-42&lang=1)>.

Health Canada. "Mental Health." *Healthy Living*. <[www.hc-sc.gc.ca/hl-vs/mental/index\\_e.html](http://www.hc-sc.gc.ca/hl-vs/mental/index_e.html)>.

Manitoba Healthy Schools. *Mental Health*. <[www.gov.mb.ca/healthyschools/issues/mental.html](http://www.gov.mb.ca/healthyschools/issues/mental.html)>.

Manitoba Health. *Mental Health and Addictions*. <[www.gov.mb.ca/health/mh/](http://www.gov.mb.ca/health/mh/)>.

Mental Health Canada. *Diseases and Disorders*. <[www.mentalhealthcanada.com/ConditionsandDisorders.asp?lang=e](http://www.mentalhealthcanada.com/ConditionsandDisorders.asp?lang=e)>.

Mental Health Education Resource Centre (MHERC) Manitoba. *Mental Health Disorders and Issues*. <[www.mherc.mb.ca/mentalIllness.html](http://www.mherc.mb.ca/mentalIllness.html)>.

Mental Health First Aid. <[www.mentalhealthfirstaid.ca/](http://www.mentalhealthfirstaid.ca/)>.

National Institute of Mental Health. "The Numbers Count: Mental Disorders in America." *Health and Outreach*. <[www.nimh.nih.gov/health/publications/the-numbers-count-mental-disorders-in-america.shtml](http://www.nimh.nih.gov/health/publications/the-numbers-count-mental-disorders-in-america.shtml)>.

Safe Healthy Schools. "Mental Health and Schools." *Communities and Schools Promoting Health*. <[www.safehealthyschools.org/mental\\_health/mental\\_health.htm](http://www.safehealthyschools.org/mental_health/mental_health.htm)>.

For website updates, please visit Websites to Support the Grades 11 and 12 Curriculum at <[www.edu.gov.mb.ca/k12/cur/physhlth/](http://www.edu.gov.mb.ca/k12/cur/physhlth/)>.



## Background Information

### Prevention Strategies

Learning how to control our feelings through healthy lifestyle practices can help us reduce or prevent anxiety. Stress-management strategies may include deep breathing, relaxation, guided imagery or visualization, yoga, meditation, and calming self-talk.

Physical exercise can be a key element in reducing anxiety (Repich). Some research evidence suggests the following:

Exercise raises the levels of certain mood-enhancing neurotransmitters in the brain. Exercise may also boost feel-good endorphins, release muscle tension, help you sleep better, and reduce levels of the stress hormone cortisol. It also increases body temperature, which may have calming effects. All of these changes in your mind and body can improve such symptoms as sadness, anxiety, irritability, stress, fatigue, anger, self-doubt and hopelessness. (Mayo Clinic)

Exercise isn't a cure for depression or anxiety, but its psychological and physical benefits can improve the symptoms.

#### REFERENCES



For additional information on the benefits of exercise for mental-emotional health, refer to the following websites:

Khan, Adam. "Exercise." *YouMe Works*. <[www.youmeworks.com/exercise.html](http://www.youmeworks.com/exercise.html)>.

Mayo Clinic. "Depression and Anxiety: Exercise Eases Symptoms." *Depression*. <[www.mayoclinic.com/health/depression-and-exercise/MH00043](http://www.mayoclinic.com/health/depression-and-exercise/MH00043)>.

Repich, Deanne. "Exercise Your Anxiety Away!" *Health Articles*. 2007. <[www.healthandfitnessadvices.com/articles/health/exercise-your-anxiety-away.html](http://www.healthandfitnessadvices.com/articles/health/exercise-your-anxiety-away.html)>.

For website updates, please visit Websites to Support the Grades 11 and 12 Curriculum at <[www.edu.gov.mb.ca/k12/cur/physhlth/](http://www.edu.gov.mb.ca/k12/cur/physhlth/)>.



## Suggestion for Instruction / Assessment

### Exercise as the Best Preventive Medicine

Building on the information from Lesson 1 of Module C, have students research the benefits of exercise and physical activity for mental-emotional health and present their findings in different ways (e.g., a poster, a rap song, an advertisement, an acrostic). An example follows.

## E X A M P L E

In the following example, an acrostic (BE ACTIVE) is used to promote the benefits of exercise and physical activity:

- B – Breath** Taking deep **breaths** is an effective relaxation technique and helps reduce stress-related symptoms.
- E – Exercise** **Exercise** increases levels of serotonin, dopamine, and norepinephrine, which are neurotransmitters that help elevate or improve mood.
- A – Attitude** Taking a positive **attitude** is a strategy for reducing stress and dealing with anxiety.
- C – Confidence** A person can develop **confidence** through exercise or training, because the body becomes stronger and the physical activity becomes easier.
- T – Time** Planning a **time** to be active every day is important to good mental and emotional health. Regular physical activity can help improve sleep, decrease anxiety, and enhance ability to cope with stress.
- I – Inactive** Being **inactive** puts a person at risk for developing various chronic diseases and mental health issues.
- V – Vigorous** **Vigorous** exercise contributes to developing cardiovascular/respiratory endurance. The health benefits associated with cardiovascular fitness include easier weight management, improved sleeping habits, decreased anxiety, reduced depression, improved ability to cope with stress, improved mood, and enhanced self-esteem.
- E – Endorphin** It is believed that, in response to exercise, the body releases different chemicals, such as **endorphins**, which affect the brain. Endorphins have a pain-relieving effect on the body and produce a feeling of euphoria.

## R E F E R E N C E



The following is an example of a song that promotes active healthy living. The song lyrics, as well as an audio clip and video clip of the song, are available on the Manitoba Education, Citizenship and Youth website.

Burnett, Aaron. *Get off the Couch*. Audio and video clip. 2003.  
<[www.edu.gov.mb.ca/k12/cur/physhlth/curriculum.html](http://www.edu.gov.mb.ca/k12/cur/physhlth/curriculum.html)>.

For website updates, please visit Websites to Support the Grades 11 and 12 Curriculum at  
<[www.edu.gov.mb.ca/k12/cur/physhlth/](http://www.edu.gov.mb.ca/k12/cur/physhlth/)>.



## Background Information

### Seeking Professional Help

The diagnosis of depression should be left to a health professional. There are basic questions to ask that may help steer a person in the direction of seeking professional mental health care.

#### REFERENCE



For a list of questions, refer to the following website:

Aetna IntelliHealth. "Are You Depressed?" *Diseases and Conditions*.

<[www.intelihealth.com/IH/ih/IH/WSIHW000/8596/35222/362836.html?d=dmContent](http://www.intelihealth.com/IH/ih/IH/WSIHW000/8596/35222/362836.html?d=dmContent)>.

For website updates, please visit Websites to Support the Grades 11 and 12 Curriculum at

<[www.edu.gov.mb.ca/k12/cur/physhlth/](http://www.edu.gov.mb.ca/k12/cur/physhlth/)>.



## Suggestion for Instruction / Assessment

### Community Supports and Services

Have students use a variety of resources (e.g., Internet, directories, regional health authority, counsellors) to research supports and services for mental-emotional health issues available in the local community or in the province. Ask students to include the name of the agency or organization, identify contact information, and describe the supports and services provided.

Agency	Contact Information	Supports and Services Provided

#### REFERENCE



For ideas on supports and services available in Manitoba, refer to the following website:

Manitoba Healthy Schools. "Where Can I Go for Help?" *Mental Health*.

<[www.gov.mb.ca/healthyschools/issues/mental.html](http://www.gov.mb.ca/healthyschools/issues/mental.html)>.

For website updates, please visit Websites to Support the Grades 11 and 12 Curriculum at

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## RM 6–MH: Mental Health Scenarios\*

This learning activity will enable students to become more acquainted with various mental health issues and some of their signs and symptoms. An assumption is that teachers have already addressed these topics in class and are using this learning activity primarily for review or application of learning.

### Materials Needed

- slips of paper with a different mental health scenario on each (see the following page)
- notes taken in class
- a health book

### Directions

Place the class into groups of three or four students. Have one person from each group pick a slip of paper that outlines a specific mental health scenario. Advise students that the groups will have approximately 10 minutes to figure out which mental health issue their selected scenario describes and to respond to three questions, providing explanations for their answers:

1. From what mental health issue do you think the person described in the scenario is suffering? Provide reasons for your decision (signs, symptoms, and possible causes of the mental health issue).
2. What advice and assistance would you offer the person in the scenario? Explain.
3. Which health care professionals would best be able to help the person? Give reasons.

When the 10 minutes are up, the groups take turns reading their scenarios to the class and presenting their response to the three problem-solving challenges. During the class discussion, the teacher can include any other important information that is appropriate.

*Continued*

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\* Source of adaptation: Ballard, Michelle. "Mental Health Scenarios." *PE Central: Health Lesson Ideas*. 2002. <[www.pecentral.org/lessonideas/ViewLesson.asp?ID=3221](http://www.pecentral.org/lessonideas/ViewLesson.asp?ID=3221)>. Used by permission of PE Central (percentral.org), the premier website for physical education teachers.

## RM 6–MH: Mental Health Scenarios (*Continued*)

### Mental Health Scenarios

Below are a few scenarios that may indicate a mental health issue. Teachers are encouraged to make up more scenarios for any other mental health topics addressed in class.

1. Suzie’s mother died a year ago, but Suzie just can’t seem to move on. Suzie is still having a hard time sleeping at night and concentrating in school. Last week, I even caught Suzie crying in the school washroom. Some people have seen her take some pills.
2. Brandon has recently graduated from high school and will be attending a local university this year. Brandon was always exercising and working out in high school. He now spends a lot of time weight training at the gym. He’s been putting on a lot of muscle lately, and he is always talking about working out and getting bigger. Brandon takes supplements, drinks protein shakes, and has started using creatine (amino acid). When I’m talking to Brandon it almost sounds as if he wants to become the next “superman.” I’m really worried about Brandon because he gets agitated and angry very easily.
3. Jenny is my best friend. We both play volleyball. We’ve been playing volleyball together since Grade 7. I’ve noticed that every winter Jenny withdraws from her friends and always seems sad. Every winter, I think that it’s me . . . that I’ve done something to Jenny to upset her. Once spring hits, Jenny slowly returns to her “normal” self.
4. Chris is constantly worried about catching colds. In fact, Chris washes his hands just about 20 times a day. When asked, Chris says that he cannot afford to be sick, and then goes into a lecture about how many germs there are around. Sometimes Chris washes his hands so much that they bleed.
5. Hailey’s parents were divorced when she was six. Since then, she has been spending every second weekend with her father. She is now in high school and doesn’t want to go to her father’s house every second weekend anymore. She wants to work and spend more time with her school friends. Her father lives in another part of the city quite a distance away. When she’s at his house there isn’t much to do, and he’s a smoker, which bothers her, but she realizes that he is lonely and needs her help to do household chores.

#### ANSWER KEY

1. Health issue: **depression**
2. Health issue: **muscle dysmorphia**
3. Health issue: **seasonal affective disorder**
4. Health issue: **anxiety, obsessive-compulsive disorder**
5. Health issue: **stress**





**MODULE D:**  
**SOCIAL IMPACT OF SPORT**

Specific Learning Outcomes

Introduction

Lesson 1: The Roles of Sport

Lesson 2: Sport as an Agent for Social Change

Lesson 3: Sporting Behaviour

## MODULE D: SOCIAL IMPACT OF SPORT

### Specific Learning Outcomes

- 11.SI.1** Identify the different stages of sport participation and their role in society.
- 11.SI.2** Examine the impact of sport on various social issues.  
*Examples: ethnic background, gender equity, populations with exceptional needs, politics, technology, business*
- 11.SI.3** Analyze sporting behaviours that may be positive and/or negative.

# MODULE D: SOCIAL IMPACT OF SPORT

## Introduction

Sport and physical activity play a major role in shaping our society. The topics addressed in this module are intended to create student awareness and understanding of the value and significance of physical activity and sport from individual and societal perspectives. Students are challenged to think critically about historical and contemporary issues in sport pertaining to gender, race, ethnicity, ethics, specific populations, media, technology, business, and politics. As students develop a greater understanding of the impact and influence of physical activity and sport, they will be better equipped to decide what role physical activity and sport play in their lives.

### NOTE TO TEACHER

For the purpose of this module, the term *sport* refers to both physical activity and recreational and competitive sport.

### REFERENCE



For additional information on this topic, refer to the following report:

Canadian Centre for Ethics in Sport (CCES). *2002 Canadian Public Opinion Survey on Youth and Sport: Final Report*. Ottawa, ON: CCES, July 2002. Available online at [www.cces.ca/pdfs/CCES-RPT-2002Survey-E.pdf](http://www.cces.ca/pdfs/CCES-RPT-2002Survey-E.pdf).

For website updates, please visit Websites to Support the Grades 11 and 12 Curriculum at [www.edu.gov.mb.ca/k12/cur/physhlth/](http://www.edu.gov.mb.ca/k12/cur/physhlth/).

Module D: Social Impact of Sport contains three lessons:

- Lesson 1: The Roles of Sport
- Lesson 2: Sport as an Agent for Social Change
- Lesson 3: Sporting Behaviour

Resource Masters to support the lessons are provided at the end of each lesson.



## Lesson 1: The Roles of Sport

### Introduction

Through the ages, sport has been known to affect various cultures, traditions, and values in our society. The stories that come from the world of sport help us to gain a better understanding of our views on issues of equality, human rights, child development, standards for health and fitness, and character development, as well as many other issues. Sport has the capacity to create much debate over topics such as steroid use, fighting in hockey, and salaries of professional athletes. There is no shortage of public opinion on these and other related sport topics.

Many people have favourite physical activities, sports, teams, stars, or events, such as the Olympic Games or world championships. Many fans dedicate much time to learning more about their favourite sport and attending sporting events in support of their favourite athletes and teams. Many children have aspirations of becoming like their favourite players, yet very few actually get the opportunity to play against or alongside their childhood idols.

Sport plays a vital role in Canadian society. Sport receives an inordinate amount of media attention, and has attracted the interest of most Canadians, especially when it comes to Olympic ice hockey, curling, and speed skating.



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### Specific Learning Outcomes

**11.SI.1** Identify the different stages of sport participation and their role in society.

**11.SI.2** Examine the impact of sport on various social issues.

*Examples:* ethnic background, gender equity, populations with exceptional needs, politics, technology, business



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### Key Understandings

- The history of sport helps us to understand the impact of sport within our society.
  - Physical activity/sport participation can be classified in different stages.
  - Each person participates in sport for different reasons.
-



## Essential Questions

1. What is the role of physical activity/sport in your life?
  2. Why is sport considered to have an important role in society?
  3. Why do people participate in physical activity/sport?
- 



## Background Information

### History of Sport

Sport has been recorded for centuries. In fact, the sport of wrestling is depicted on ancient Egyptian urns known to be older than 4000 years. Formal sport was a natural follow-up to the games children played in many cultures and in different countries.

The ancient Greeks are considered to be the originators of competitive sport. Their inter-city competitions evolved into the original Olympic Games, which carried over to the Roman gladiator sports. Throughout medieval times, productive work was considered of utmost importance, and games and sport were considered to be trivial, unless they were used in preparation for war and combat. Eventually, with the reincarnation of the Olympic Games in 1896 by Baron Pierre de Coubertin of France, a venue was made available for international competition at the amateur level. By the 1970s, professional sport had begun to permeate many sports, and the concept of amateur was removed from the Olympics in the 1980s.

The modern Olympic Games have the greatest economic impact of any world-wide event and have the greatest media coverage of any event up to and including the two weeks of competition. Unfortunately, drug use and abuse have taken away some of the glitter from sport and even from the Olympics, but modern technology and people's innate love of sport are working towards overcoming this problem.

### REFERENCE



For additional information on the origin of the Olympic Games, refer to The Olympic Movement (Official Site):

International Olympic Committee (IOC). "The Ancient Olympic Games." *Olympic Games*. <[www.olympic.org/uk/games/ancient/](http://www.olympic.org/uk/games/ancient/)>.

For website updates, please visit Websites to Support the Grades 11 and 12 Curriculum at <[www.edu.gov.mb.ca/k12/cur/physhlth/](http://www.edu.gov.mb.ca/k12/cur/physhlth/)>.

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## Suggestion for Instruction / Assessment

### Origin of Sport

Give students an opportunity to learn more about the origins of various sports by having them complete RM1-SI. Students may want to add a few more sports to the list.

Students could work in pairs during class, or they could complete this task as a homework assignment. In their search for information, students will likely need the Internet.



Refer to RM 1-SI: History of Sport: Match the Columns.

### REFERENCES



Websites such as the following may be useful for locating information on the origin of various sports:

- Curling:** Library and Archives Canada. *Bonspiel! The History of Curling in Canada*. <[www.collectionscanada.gc.ca/curling/](http://www.collectionscanada.gc.ca/curling/)>.
- Ice hockey:** Vaughan, Garth. "Nova Scotian and Canadian Hockey History." *Birthplace of Hockey*. 2001. <[www.birthplaceofhockey.com/](http://www.birthplaceofhockey.com/)>.
- Lacrosse:** CBC Archives . "Lacrosse: A History of Canada's Game." *Sport*. <<http://archives.cbc.ca/IDD-1-41-824/sports/lacrosse/>>.
- Soccer:** Jose, Colin. "History of Soccer in Canada." *History*. Canadian Soccer Association (CSA). <[www.canadasoccer.com/eng/history/](http://www.canadasoccer.com/eng/history/)>.
- Volleyball:** International Olympic Committee (IOC). "Volleyball." *Sports*. <[www.olympic.org/uk/sports/programme/index\\_uk.asp?SportCode=VB](http://www.olympic.org/uk/sports/programme/index_uk.asp?SportCode=VB)>.

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## Background Information



### The Canadian Sport Landscape

Many games and sports are part of a country's cultural heritage and a source of national pride. Nowhere is this more evident than in Canada when our teams are competing at the international level. Canada is a world power in men's and women's ice hockey, curling, speed skating, and lacrosse, and has produced many world-class sprinters in track and field, as well as producing world or Olympic champions in several sports. When these athletes are competing, Canadians are "glued to" their television sets to watch our national heroes compete for the top prize. One of the most popular sports is women's and men's ice hockey, a sport in which Canada is considered to produce the world's best athletes.



## Suggestion for Instruction / Assessment

### Sport Origin

Choose six to eight famous Canadian athletes from Canada's Sports Hall of Fame website.

- Print out biographies of selected athletes. Using the Jigsaw learning strategy (see Appendix E), have students learn about each athlete.
- Alternatively, if students are in the computer lab, have them watch a video clip of their assigned athlete, take notes, and then report back to their group (using the Jigsaw strategy).

### REFERENCES



For additional information, refer to the following websites:

Canada's Sports Hall of Fame. <[www.cshof.ca/](http://www.cshof.ca/)>.

Canada's Sports Hall of Fame. *Kidzone*. <[www.cshof.ca/kidzone.php](http://www.cshof.ca/kidzone.php)>.

For website updates, please visit Websites to Support the Grades 11 and 12 Curriculum at <[www.edu.gov.mb.ca/k12/cur/physhlth/](http://www.edu.gov.mb.ca/k12/cur/physhlth/)>.



## Background Information

### The Continuum of Physical Activity and Sport\*

As we examine physical activity and sport we quickly realize that sport is only one of numerous stages along a continuum of human physical activity:

1. **Free play** is the first stage of the continuum, as this is the activity in which we engage as children and in which we continue to participate throughout life. As children, we explore, express ourselves, pretend, and role play using various forms of physical activity. This form of play has no firm rules and can usually take place anywhere. We engage in this form of play simply for the pleasure it provides.
2. **Game play** is the next stage of the continuum. This form of play requires greater structure and involves some kind of competition. Game play has a clear set of objectives that enhance our physical and mental capacities and are governed by a set of rules and/or regulations. The final outcome of a game can be based on luck, skill, or strategy, or on any combination of the three. Game play can be inactive or active:
  - Inactive games are very popular and include board games, card games, and video games.
  - Active games include tag games, dodging games, relays, and pick-up games such as touch football or street hockey.

In game play there are no leagues, standings, or schedules, and the players are usually the officials.

\* Source: Adapted, with permission, from R. B. Woods, 2007, *Social Issues in Sport*, (Champaign, IL: Human Kinetics), pages 5-9.



3. **Sport** is the next stage along the continuum. As a specialized form of game play, sport generally involves the following characteristics:
- Sport **contains a physical component** such as strength, speed, endurance, flexibility, coordination, balance, and/or agility.
  - Sport competition **involves winning and losing**; therefore, winning and losing serve as motivating influences to practise, train, and give the best effort.
  - Sport **is governed by an organization or institution** that sets and enforces the rules and regulations and establishes the way in which results are kept and used.
  - Sport almost always **requires specialized facilities and equipment** that conform to a set standard. Courts, fields, and pools, for example, require set boundaries and markings. Equipment must meet standards for size, shape, material, and weight to ensure fair and equitable competition.

Sport in any given society reflects its values, beliefs, attitudes, and culture. In a society that places great emphasis on cooperation and fair play one would expect to find sports, games, and activities that are different from those found in a society that focused on competition and winning. One might argue that the youth of today are involved in a movement that may redefine sport within the North American culture through greater involvement in alternative sports such as in-line skating, mountain biking, and wakeboarding.

Most people play a sport as a hobby or for the love of the game. They are immensely satisfied to achieve the intrinsic rewards of the sport, such as improved health and fitness, improved skills, friendships, and enjoyment. Sporting activities and equipment can be modified to include people with disabilities, thereby giving everyone an opportunity to achieve the personal benefits of sport involvement.

4. **Work** is the final stage of the continuum of physical activity and sport. Some sport participants have developed skills to such a high degree that they are able to earn a living from their craft in organized sport. Professional players and coaches who are at the highest level of organized sport can earn millions of dollars through salaries, endorsements, and prize money. It is the financial payments they receive to perform in sport that classifies them as professionals.

The level of training and commitment needed from a very early age to pursue a dream of becoming a professional athlete is characteristic of work. Pushing the young body to its physical, mental, and emotional limits at a very young age is similar to the work that seasoned and well-conditioned professional athletes must endure. It is small wonder that only a few amateur athletes can ever hope to attain the professional level.



## Suggestion for Instruction / Assessment

### Examples of Free Play

Have students cut or tear a sheet of paper into 12 pieces. Ask students to identify three examples of free play that one might engage in as a child, as a teen, as an adult, and as a senior, and have them write each example on one slip of paper.

Divide a board into the four age group categories (child, teen, adult, and senior) and have students place their slips of paper into the appropriate categories. Ask students to respond to the following questions:

- Are there any suggestions that are not examples of free play?
  - How are the examples of free play for each age group different? How are they similar?
  - Does each of the four categories have examples of the purposes (exploration, self-expression, pretence, role playing) of free play? If the purposes change, why do they change from one age group to another?
- 



## Suggestion for Instruction / Assessment

### Continuum of Participation

Provide students with a copy of RM 2-SI and have them classify a list of activities according to the stage that best describes each activity. As a class, create a Physical Activity Continuum with examples of the stages included.



Refer to RM 2-SI: The Continuum of Physical Activity/Sport Participation.

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## Suggestion for Instruction / Assessment

### Why Do People Become Involved in Sport?

Have students form groups of three to discuss why people become involved in sport. Two students in each group brainstorm reasons for participation in sport and the third person records the suggested examples.

Some reasons for participation in sport that students may include are provided below:

- enjoyment and fun
- filling free time
- parental influence and/or expectations

- risk and excitement
- meeting and playing with others (social relationships)
- fitness and health (e.g., cardiovascular fitness, body shape, stress management)
- skill development
- character development (e.g., leadership, teamwork, communication, self-confidence, self-esteem)
- personal rewards (e.g., awards, scholarships, recognition)
- financial gain

Next, have students distinguish between their suggested examples using the following categories:

- **extrinsic motivators** of participation in sport
- **intrinsic motivators** of participation in sport
- **desirable outcomes** of participation in sport

Facilitate a class discussion on the following questions:

- Is sport valued or not valued in Canada at the various stages of the continuum of physical activity and sport: free play, game play, sport, and work? How is this shown?
  - What does Canada need to do to promote physical activity participation?
  - What does Canada need to do to be known as an active and healthy country?
- 



### **Suggestion for Instruction / Assessment**

#### **Values in Sport**

Using the Think-Pair-Share strategy (see Appendix E), have students reflect on and discuss the following questions, first individually, then with a partner, and finally as a class:

- Has sport influenced society? If so, how?
  - Has sport influenced you in any way? If so, how?
  - Has sport helped young people develop positive values? Why or why not?
  - What are some of the values learned through sport? Are they positive or negative?
-

## RM 1–SI: History of Sport: Match the Columns

Sport/Event	Match
1. Golf	
2. Ice hockey	
3. Volleyball	
4. Basketball	
5. First Olympic Games	
6. Curling	
7. Weight lifting	
8. Lacrosse	
9. Soccer	
10. Triathlon	
11. Snowboarding	
12. Speed skating	
13. Wrestling	
14. First modern-day Olympic Games	

Description/Origin of Sport/Event
a. The first of these festivals, which were part of a religious festival to honour Zeus, was held in 776 BCE.
b. Canada's official summer game. First played by the First Nations in the 1600s.
c. The Chinese played a form of this game more than 3000 years ago.
d. A Scottish game played with rocks dating back to 1511.
e. Game invented in 1895 by William G. Morgan in Massachusetts, USA.
f. Originated around 1800 in Windsor, Nova Scotia, Canada.
g. Games held in Athens, Greece, in 1896.
h. This sport, in some form, probably dates to prehistoric times. Most likely, someone lifted a heavy rock and then challenged someone else to try it.
i. Developed in the 1960s. The first piece of equipment used was called the <i>Snurfer</i> .
j. Invented by Canadian James Naismith in 1891.
k. The first game was played in Edinburgh, Scotland, in 1456.
l. Cave drawings of this sport have been found, dating back to 3000 BCE, in the (Chinese) Sumero-Akkadian civilization.
m. Dates back over 1000 years, to the canals and waterways of Scandinavia and the Netherlands.
n. Invented in the early 1970s by the San Diego Track Club.

**RM 1–SI: History of Sport: Match the Columns  
(Answer Key)**

Sport/Event	Match
1. Golf	<b>k</b>
2. Ice hockey	<b>f</b>
3. Volleyball	<b>e</b>
4. Basketball	<b>j</b>
5. First Olympic Games	<b>a</b>
6. Curling	<b>d</b>
7. Weight lifting	<b>h</b>
8. Lacrosse	<b>b</b>
9. Soccer	<b>c</b>
10. Triathlon	<b>n</b>
11. Snowboarding	<b>i</b>
12. Speed skating	<b>m</b>
13. Wrestling	<b>l</b>
14. First modern-day Olympic Games	<b>g</b>

Description/Origin of Sport/Event
a. The first of these festivals, which were part of a religious festival to honour Zeus, was held in 776 BCE.
b. Canada's official summer game. First played by the First Nations in the 1600s.
c. The Chinese played a form of this game more than 3000 years ago.
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e. Game invented in 1895 by William G. Morgan in Massachusetts, USA.
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h. This sport, in some form, probably dates to prehistoric times. Most likely, someone lifted a heavy rock and then challenged someone else to try it.
i. Developed in the 1960s. The first piece of equipment used was called the <i>Snurfer</i> .
j. Invented by Canadian James Naismith in 1891.
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l. Cave drawings of this sport have been found, dating back to 3000 BCE, in the (Chinese) Sumero-Akkadian civilization.
m. Dates back over 1000 years, to the canals and waterways of Scandinavia and the Netherlands.
n. Invented in the early 1970s by the San Diego Track Club.

## RM 2–SI: The Continuum of Physical Activity/Sport Participation\*

1. Classify each of the following activities as one of the following:

**F – Free play**

**G – Game play**

**S – Sport**

	Archery
	Ballet
	Bowling
	Checkers
	Cheerleading
	Curling

	Golfing
	Horseshoes
	In-line skating
	Jogging
	Rock climbing
	Skiing

	Skipping rope
	Skipping stones
	Street hockey
	Throwing a ball
	Tobogganing
	Weightlifting

2. Did you have difficulty classifying any of the above activities? If yes, which one(s)?

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3. Why were some of the activities harder to classify than others?

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4. Think of three activities different from the ones listed above that you think would be hard to classify.

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5. Why did you select these three?

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\* Source: Adapted, with permission, from R. B. Woods, 2007, *Social Issues in Sport*, (Champaign, IL: Human Kinetics), pages 5-9.

## Lesson 2: Sport as an Agent for Social Change

### Introduction

According to *Strengthening Canada*, a report published by the Conference Board of Canada, participation in sport is vital to our society:

Canadians love sport. It gives them pleasure, helps them to define themselves and their communities, and contributes to a sense of what it means to be Canadian. In any one year, more Canadians are involved as active participants in sport – more than 8 million people in 2004 – than take part in public education at all levels combined. Millions more take part as volunteers and attendees. In all, about half the entire population of Canada is involved annually with sport, including 55 per cent of all adults.

It is because sport engages so many – as families, friends, communities and individuals – that Canadians experience its effects so strongly. (Bloom, Grant, and Watt 1)

The report further argues that while sport touches so many aspects of people's lives, many Canadians are unaware of how powerfully sport affects them directly or indirectly. Sport changes us as individuals and communities (e.g., allowing us to enhance our skills, improve our health and well-being, develop social connections and cohesion), affects our economy (e.g., creating jobs in manufacturing, retail, and service industries), and contributes to shaping our national and cultural identities (Bloom, Grant, and Watt 1).

The assertion that sport and physical activity are important to our culture and society naturally leads to the question of whether people's attitudes, values, and beliefs about sport can influence social change. The challenge in this lesson is to examine critically the role that sport and physical activity have played in shaping lives. What impact does sport have on family and friends? How do the media influence thinking?

#### REFERENCE



For additional information, refer to the following report:

Bloom, Michael, Michael Grant, and Douglas Watt. *Strengthening Canada: The Socio-economic Benefits of Sport Participation in Canada—Report August 2005*. Ottawa, ON: The Conference Board of Canada, 2005. Available on the Canadian Heritage, Sport Canada, website at <[http://pch.gc.ca/progs/sc/pubs/recherches-research\\_e.cfm](http://pch.gc.ca/progs/sc/pubs/recherches-research_e.cfm)>.



## Specific Learning Outcome

**11.SI.2** Examine the impact of sport on various social issues.

*Examples:* ethnic background, gender equity, populations with exceptional needs, politics, technology, business

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## Key Understandings

- Sport media are an important part of global entertainment, which provides immediate connectivity to sports, regardless of location.
  - Physical activity and sport can be agents for social change.
  - Physical activity and sport programs provide a valuable resource for physical activity and socialization.
- 



## Essential Questions

1. How are the media involved in sport and in the portrayal of social issues through and in sport?
  2. How has sport shaped our society?
- 



## Background Information

### The Media and Sport Partnerships\*

The world seems to shrink every day due to the high level of connectedness achieved by the many forms of media. Essentially, there are two forms of media:

- **Print media** include newspapers, magazines, and books.
- **Electronic media** include television, radio, and the Internet.

Sport, sport media, large corporations, and business in general are all linked, making this unique partnership a significant economic contributor to society. But sport media also fulfill many other functions, such as the following:

- The media **educate consumers** about a game or sport, its history, the players, and the strategies involved in the contest, making all of us “armchair experts” on the game so that we can discuss and debate the events with others.

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\* Source: Adapted, with permission, from R. B. Woods, 2007, *Social Issues in Sport*, (Champaign, IL: Human Kinetics), page 72.



- The media **create excitement** about upcoming events, motivating people to become avid consumers, not only of the contest itself but also of all the festivities surrounding it. Many people will watch a significant game (e.g., Stanley Cup final) even if they do not usually watch the sport.
  - The media **create emotional attachments** to athletes, coaches, and teams through the many features leading up to the start of a new season of play. The media often focus attention on athletes who have been injured, or who have had to overcome adversity in their lives to get them to a certain point.
  - The media **provide a form of recreation and entertainment** for many people, which is of great value in stressful lives. Cheering for a local or favourite team or player is the type of excitement and drama that can make a difference in a person's life.
  - The media **relate stories on social concerns** that attract attention, stimulate thinking, and often create lively debate. Significant topics addressed in the media include issues related to
    - racial discrimination and inequities (e.g., coaching assignments, player positions, team names, logos, mascots)
    - sport economics (e.g., profits, salaries, endorsements, public financing, careers)
    - gender inequities (e.g., salaries, attire, opportunity)
    - sport ethics (e.g., cheating, fighting, gambling, athlete and fan behaviour, alcohol and tobacco sponsorships, role modelling, sexual harassment)
    - technological advancements (e.g., playing surfaces, equipment, clothing)
    - substance use and abuse (e.g., steroids, alcohol, drug testing, blood doping, penalties)
- 



### Suggestion for Instruction / Assessment

#### Advertising and Sport

Have students imagine they are in charge of securing advertising for the sports section of a major newspaper. What products or businesses would be included in this section? Ask them to list at least 10 products that they think would interest readers of the sports section.

Compare the student-generated lists with what is actually advertised in the sports section of a major newspaper.

- Which products from the students' lists match the ones in the actual paper?
  - Were any surprises found in the advertisements in the paper?
-



## Background Information

### Social Issues Highlighted through Sport

Sport engages the physical and mental abilities of groups and individuals world-wide, whether as fans or participants, as professionals or amateurs. Sport experiences generate a range of complex meanings that are shaped by many factors, including race, ethnicity, gender, and socioeconomic status. To understand the significance of sport more fully, it is necessary to examine the connections between sport and issues such as social mobility, individual achievement, ethnic conflict, nationalism, and the drive for equity.

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## Suggestion for Instruction / Assessment

### Social Issues Snapshots

To activate thinking about social issues in sport, ask students to form groups of three or four and have them

- choose an issue that affects sport participation and development
- use a web diagram or a mind map to identify challenges/barriers and successes for their chosen issue
- present their ideas to the class, asking for additional comments or feedback

In addressing gender equity in sport, for example, the following misconceptions could be used in a class discussion about why women were/are excluded from sport:

- Females aren't interested in playing sports.
- Certain physical activities harm the female body.
- The aggressive and sometimes violent nature of sports does not reflect the feminine character.
- Women aren't as good as men in sport and, therefore, shouldn't have the same opportunities.
- Girls with exceptional athletic talent are "tomboys."

If desired, have students investigate and expand on their topic further, using print or web-based resources.

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## Background Information

### Social Issues and Values

The following are examples of social issues that affect sport participation and development, including access to sport participation for populations with specific or exceptional needs:

- Special Olympics
- Paralympic Games
- Aboriginal sport participation
- gender equity in sport
- physical activity and sport for older adults
- politics and sport
- technology in sport
- sport as business

A discussion of these social issues follows.

### *Special Olympics*

In the early 1960s the Kennedy Foundation in Washington, DC, began to promote international games for individuals who were intellectually challenged. The Kennedy Foundation hired Dr. Frank Hayden, a well-known Canadian researcher in the area of fitness and people with disabilities, and thus the Special Olympic Games were initiated in 1968, primarily with athletes from the United States and Canada. Events were later added for athletes who were physically challenged. Hayden and other more recent investigators have shown that the low fitness levels demonstrated by athletes with intellectual disabilities in the 1960s and 1970s were the result of physical inactivity. Testing has shown that these athletes are among the fitness elite, not only in physical skills for their peer groups, but also, in many cases, when compared with other athletes. Today the Special Olympic Games are the second largest international events, next to the Olympic Games.

#### REFERENCES



For additional information, refer to the following websites:

International Olympic Committee (IOC). *Olympic Games*. <[www.olympic.org/](http://www.olympic.org/)>.

Special Olympics. <[www.specialolympics.org/](http://www.specialolympics.org/)>.

Special Olympics Canada. <[www.specialolympics.ca/](http://www.specialolympics.ca/)>.

---. "The Birth of Special Olympics in Canada." *About Us: History*. <[www.specialolympics.ca/en/default.aspx?tabid=10000013](http://www.specialolympics.ca/en/default.aspx?tabid=10000013)>.

For website updates, please visit Websites to Support the Grades 11 and 12 Curriculum at <[www.edu.gov.mb.ca/k12/cur/physlth/](http://www.edu.gov.mb.ca/k12/cur/physlth/)>.

## *Paralympic Games*

Athletes with disabilities were included in the Olympic Games for the first time in Rome in 1960. By the 1976 Olympic Games in Toronto, more groups with disabilities were added. That same year the Winter Paralympics took place in Sweden.

Since that time, groups with disabilities have increasingly been included in international sports competitions. Today, six different groups with disabilities are involved in the Paralympics, with athletic achievement being highlighted over disability. The number of athletes participating in the Summer Paralympics, for example, has increased from 400 athletes from 23 countries in Rome in 1960 to 3806 athletes from 136 countries in Athens in 2004 (International Paralympics Committee).

Currently, the Paralympics and the Olympic Games are both held in the same year and in the same location. The decision to ensure this practice for the future came about with a 2001 agreement between the International Olympic Committee (IOC) and the International Paralympic Committee (IPC), establishing that any host city will be presenting not only the Olympic Games but also the Paralympics.

### REFERENCE



For additional information, refer to the following website:

International Paralympic Committee (IPC). *Paralympic Games*.

<[www.paralympic.org/release/Main\\_Sections\\_Menu/Paralympic\\_Games/](http://www.paralympic.org/release/Main_Sections_Menu/Paralympic_Games/)>.

For website updates, please visit Websites to Support the Grades 11 and 12 Curriculum at

<[www.edu.gov.mb.ca/k12/cur/physhlth/](http://www.edu.gov.mb.ca/k12/cur/physhlth/)>.

## *Aboriginal Sport Participation*

In Canada the Aboriginal Sport Circle is the national voice for Aboriginal sport, bringing together the interests of First Nations, Inuit, and Métis peoples. Established in 1995, the Aboriginal Sport Circle was created in response to the need for more accessible and equitable sport and recreation opportunities for Aboriginal peoples. Canada is viewed throughout the world as a leader in promoting and protecting the rights of all its citizens, including the access and participation in sport and physical activity programs. Today, many Native bands and individuals located near cities participate in athletic leagues. As well, every four years competitive games are held between Aboriginals from places such as Nunavut, the Northwest Territories, Yukon Territory, and Alaska. The competitions include indigenous games and demonstrations such as the arm pull and high kicking.

### REFERENCES



For additional information, refer to the following websites:

Aboriginal Sport Circle. <[www.aboriginalsportcircle.ca/](http://www.aboriginalsportcircle.ca/)>.

Arctic Winter Games. <[www.awg.ca/](http://www.awg.ca/)>.

For website updates, please visit Websites to Support the Grades 11 and 12 Curriculum at

<[www.edu.gov.mb.ca/k12/cur/physhlth/](http://www.edu.gov.mb.ca/k12/cur/physhlth/)>.

## Gender Equity in Sport

One of the most consistent injustices of the past and present is the lack of equal access to, for example, job opportunities for women in our society. The quest for equitable and fair access in all aspects of society including sport is still a struggle today, although great strides have been made in recent history.

According to the Canadian Association for the Advancement of Women and Sport and Physical Activity, “no women took part in the first modern Olympic Games in 1896” (CAAWS, “Introduction”). At the 26th Olympic Games (1996) in Atlanta, for example, 97 of the 271 events were open to women, with both women and men contesting in 11 events; 3626 of the 10 629 athletes were women. Canada has fared better than other major countries when it comes to representation: “Of the 307 Canadian athletes who competed in Atlanta, 154 were women and 153 were men, making it the first Canadian Olympic team ever to consist of more women than men, an impressive shift in a short time” (CAAWS, “Introduction”).

Significant events that have ultimately changed the social view of women in sport include

- the women’s movements of the 1950s and 1960s
- the creation of organizations such as the National Organization for Women (NOW) and the Canadian Association for Advancement of Women and Sport and Physical Activity (CAAWS)
- the passing of U.S. legislation called *Title IX* in 1972 prohibiting gender discrimination in federally assisted education programs

*Title IX* states: “No person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving financial assistance” (U.S. Department of Labor).

The impact of events such as these has changed the level of female participation in sport throughout the world.

### REFERENCES



For additional information, refer to the following websites:

Canadian Association for the Advancement of Women and Sport and Physical Activity (CAAWS). “Women’s Sport from 440 BC to 1998.” *Milestones*.  
<[www.caaws.ca/e/milestones/sport\\_print.cfm](http://www.caaws.ca/e/milestones/sport_print.cfm)>.

National Organization for Women. <[www.now.org/](http://www.now.org/)>.

Title IX. <[www.titleix.info/](http://www.titleix.info/)>.

U.S. Department of Labor. Office of the Assistant Secretary for Administration and Management. *Title IX, Education Amendments of 1972*.  
<[www.dol.gov/oasam/regs/statutes/titleix.htm](http://www.dol.gov/oasam/regs/statutes/titleix.htm)>.

For website updates, please visit Websites to Support the Grades 11 and 12 Curriculum at  
<[www.edu.gov.mb.ca/k12/cur/physhlth/](http://www.edu.gov.mb.ca/k12/cur/physhlth/)>.

## *Physical Activity and Sport for Older Adults*

As humans age, the body begins to deteriorate, from the cellular level to the total body. Aging is inevitable, and the process cannot be stopped. Research has shown, however, that it is possible to slow the loss of physiological and physical functions through exercise and sport. The Canadian Centre for Activity and Aging is a world leader in aging research and provides practical advice and materials on the benefits of physical activity for older adults. Recently, the Canadian government was instrumental in the formation of the Canada Senior Games, a national competition for seniors over the age of 55, which includes sports such as snooker, swimming, five-pin bowling, golf, and track.

### REFERENCES



For additional information, refer to the following websites:

Canadian Centre for Activity and Aging (CCAA). <[www.uwo.ca/actage/](http://www.uwo.ca/actage/)>.

Canadian Senior Games Association. <[www.canada55plusgames.com/](http://www.canada55plusgames.com/)>.

For website updates, please visit Websites to Support the Grades 11 and 12 Curriculum at <[www.edu.gov.mb.ca/k12/cur/physhlth/](http://www.edu.gov.mb.ca/k12/cur/physhlth/)>.

## *Politics and Sport*

*The Canadian Sport Policy*, available on the Sport Canada website, “presents a powerful vision for sport in Canada” and emphasizes the “goals of enhanced participation, excellence, capacity, and interaction in sport” (“Introduction”):\*

The Policy is unique in comparison to the many previous studies and policies on sport in Canada because it

- represents the shared vision and goals of 14 governmental jurisdictions for sport for the period 2002 to 2012 and challenges the sport community to share in their achievement
- reflects the involvement in the policy development process of stakeholders not previously included
- emphasizes increased communication and collaboration amongst all the stakeholders
- commits all governments to setting targets for enhanced participation and enhanced high performance sport in collaboration with their respective sport communities
- commits governments to strengthening their regular and formal communication with their respective sport communities on issues affecting sport
- will be implemented by complementary Action Plans developed by the governments collectively and individually, bi-laterally and multi-laterally, and by the sport community

\* Source of Excerpts: Canadian Heritage. Sport Canada. “Introduction.” *The Canadian Sport Policy*. 24 May 2002. <[www.pch.gc.ca/progs/sc/pol/pes-csp/2003/1\\_e.cfm](http://www.pch.gc.ca/progs/sc/pol/pes-csp/2003/1_e.cfm)>. Reproduced with permission.

## THE GOALS OF THE CANADIAN SPORT POLICY ARE

### ▪ **Enhanced Participation**

A significantly higher proportion of Canadians from all segments of society are involved in quality sport activities at all levels and in all forms of participation.

### ▪ **Enhanced Excellence**

The pool of talented athletes has expanded and Canadian athletes and teams are systematically achieving world-class results at the highest levels of international competition through fair and ethical means.

### ▪ **Enhanced Capacity**

The essential components of an ethically based, athlete/participant-centred development system are in place and are continually modernized and strengthened as required.

### ▪ **Enhanced Interaction**

The components of the sport system are more connected and coordinated as a result of the committed collaboration and communication amongst the stakeholders.

## REFERENCE



For additional information on the policy, refer to the following website:

Canadian Heritage. Sport Canada. *The Canadian Sport Policy*. 24 May 2002.

<[www.pch.gc.ca/progs/sc/pol/pcs-csp/index\\_e.cfm](http://www.pch.gc.ca/progs/sc/pol/pcs-csp/index_e.cfm)>.

For website updates, please visit Websites to Support the Grades 11 and 12 Curriculum at

<[www.edu.gov.mb.ca/k12/cur/physhlth/](http://www.edu.gov.mb.ca/k12/cur/physhlth/)>.

Governments play a key role in protecting the rights of individuals. In Canada we refer to these rights as human rights. When individuals perceive that their human rights are being violated they may use legal means through the Human Rights Commission to ensure that their rights are respected. For an example, refer to RM 3-SI, which reports on the ruling, “Winnipeg Girls Win Right to Play on Boys’ Hockey Team.”



Refer to RM 3-SI: Human Rights Appeal.

Sport is often seen as a venue for the promotion of social values, thereby making sport a political venue. For example, sport and physical activity enable participants to

- enhance personal growth and development
- develop life skills (e.g., skills in time management, priority and goal setting)
- strive for excellence and success through hard work, discipline, and perseverance
- experience change in socioeconomic status
- contribute to and benefit from teamwork and team cohesion

Champion athletes can use their celebrity and success to bring attention to inequities, injustices, and other social and personal causes (e.g., racism, gender bias, homophobia, substance use, eating disorders, cancer, AIDS, disaster relief). Sport can also inspire national pride and unite a nation.

### *Technology and Sport*

New sport products are continually being developed, including sportswear, court and field surfaces, equipment, fabrics, and materials. The primary reasons for the development of new products are safety, increased speed of movement (e.g., better trained athletes and the design of playing tools such as the shape and size of balls and the configuration of skis), and improved performance. Innovations in sport products (e.g., larger racquet heads, new waxing techniques for cross-country skiers) have made sport easier for beginners, assisted top-level athletes to reach superior performances, and eased the transition from individual to team play and from recreational sport to highly competitive sport.

Scientifically proven, sport-specific training regimes have significantly added to improved performance, as well as helping to combat the deleterious effects of physical inactivity. Advances in understanding how the body reacts to physiological and psychological stress, as well as improved rehabilitation methodology and technology, have enhanced knowledge of how to live a healthier life.

#### REFERENCE



For additional information, refer to the following website:

Sport and Technology. <[www.sportandtechnology.com](http://www.sportandtechnology.com)>.

For website updates, please visit Websites to Support the Grades 11 and 12 Curriculum at <[www.edu.gov.mb.ca/k12/cur/physhlth/](http://www.edu.gov.mb.ca/k12/cur/physhlth/)>.

### *Sport as Business*

Sport is big business. More individuals participate in sport as spectators, athletes, and/or administrators than are involved in any other singular human endeavour. In many nations, including Canada, more money is spent on physical activity and sportswear, admission fees, salaries, equipment, and facilities than on the armed services or on any other area of concern, with the exception of health care. Sport involvement contributes to the fitness level of the nation, serves as a major form of entertainment, contributes to personal and national pride, provides employment for thousands of individuals, results in the construction of superior facilities, and thus contributes significantly to the gross national product of the country.





## Suggestion for Instruction / Assessment

### Social Issues in Sport

Specific business aspects of sport include

- investment income
- ticket sales
- facility revenue
- media revenue
- licensing fees
- team merchandise
- naming rights
- player revenue through endorsements

Ask students to select one of the topics listed above and research its impact on a specific sport, using information from newspapers, magazines, or web-based articles. Have students write a report on their selected research topic in which they

- state the sport and social issue
  - provide background on why it is an issue
  - explain how the issue was/is being addressed through sport and/or the business of sport
- 



## Suggestion for Instruction / Assessment

### Player Endorsement Revenue

Have students predict the salaries, and identify any endorsement deals they know of, for different key athletes, such as the following:

- Tiger Woods (golf)
- LeBron James (basketball)
- David Beckham (soccer)
- Sidney Crosby (hockey)
- Cindy Klassen (speed skating)

After students have made their predictions, provide correct statistics for comparison. As a class, discuss the impact of player endorsement deals on society.

## REFERENCES



For information on current statistics, refer to the following websites:

Badenhausen, Kurt. "The World's Top-Earning Athletes." 26 Oct. 2007. *Sports Business*. Forbes.com. <[www.forbes.com/sportsbusiness/2007/10/25/sports-tiger-woods-biz-sports-cz\\_kb\\_1026athletes.html](http://www.forbes.com/sportsbusiness/2007/10/25/sports-tiger-woods-biz-sports-cz_kb_1026athletes.html)>.

Forbes.com. <[www.forbes.com/](http://www.forbes.com/)>.

For website updates, please visit Websites to Support the Grades 11 and 12 Curriculum at <[www.edu.gov.mb.ca/k12/cur/physhlth/](http://www.edu.gov.mb.ca/k12/cur/physhlth/)>.

## RM 3–SI: Human Rights Appeal

### Winnipeg Girls Win Right to Play on Boys' Hockey Team\*

Two Winnipeg sisters have the right to try out for the boys' hockey team at their high school, the Manitoba Human Rights Commission ruled Friday.

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\* This story is available at the following website:  
Canadian Broadcasting Corporation (CBC). "Winnipeg Girls Win Right to Play on Boys' Hockey Team." 24 Sept. 2006. *CBC News*.  
<[www.cbc.ca/canada/manitoba/story/2006/09/22/hockey-decision.html](http://www.cbc.ca/canada/manitoba/story/2006/09/22/hockey-decision.html)>.

## RM 3–SI: Human Rights Appeal (*Continued*)

### Human Rights Appeal\*

*September 22, 2006*

The Manitoba High Schools Athletic Association is disappointed with the decision regarding high school sport programs. The association strongly believes that its eligibility rules promote equal opportunity for boys and girls to participate in high school sport.

In this case, both the West Kildonan boys' and girls' high school hockey teams had approximately the same number of games and practices. The coaching staff of the girls' team consisted of a Level 2 coach, and a specialized goaltender coach, and other assistant coaches, while the boys' team only had Level 1 coaches.

The MHSAA followed the guidelines as set out by the Canadian Association for the Advancement of Women and Sport (CAAWS) who assert that it is preferable for athletes to play on a gender specific team, when resources are similar. The MHSAA policy is consistent with all other provincial associations across Canada.

The MHSAA allows girls greater opportunity than boys in high school hockey. [The girls] could have played for an "AAA" or "AA" boys' hockey team, but stated it was too expensive or they did not like the coach. They could have played both high school hockey and community hockey, which is an opportunity not available for boys in Manitoba. They chose not to play. They could have attended another school that didn't have a girls' hockey program and tried out for the boys' hockey team there. They chose not to play any hockey for two years and then requested financial compensation for their choices.

The Manitoba Human Rights Commission should consider that educators guide the Manitoba High Schools Athletic Association and its rules and regulations. They should appreciate that these individuals know what is appropriate for sport development at this level and what is best for the student athletes. It is regrettable that the Manitoba Human Rights Commission has chosen to uphold this challenge. This decision is a significant backward step for girls' high school sport progress, and amateur sport in general.

The school had opportunity to appeal the initial decision of the MHSAA Board. They chose not to appeal. The mother and superintendent were informed that another appeal could be put forward. The original appeal was not based on the differences of the games, but simply, "Can girls play on a boys' team, when the school has a girls' team?" It is regrettable that the school chose not to appeal. The school had the opportunity to present a formal Motion to change our rules. This could have been considered at an Annual Meeting, but no motion was ever submitted.

This decision paves the way for a purely merit (ability)-driven high school sport program. This is contrary to the expert evidence from the vast majority of school administrators, principals, and coaches. Does this now mean that boys can try out for girls' teams? Do we eliminate gender specific teams? How will this affect female participation? Can this carry over to Canada Games and other activities? The MHSAA feels that by providing funding and coaching in separate categories for competition, they promote maximum participation and opportunity for all student athletes to achieve personal success.

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\* Source: Manitoba High Schools Athletic Association (MHSAA). "Human Rights Appeal." *News*. 22 Sept. 2006. <[http://www.mhsaa.mb.ca/pages/news/06\\_07/sep22a.php](http://www.mhsaa.mb.ca/pages/news/06_07/sep22a.php)>. Used with permission.

**Note:** For updates, refer to the MHSAA website.

## Lesson 3: Sporting Behaviour

### Introduction

All societies in the world are governed by a set of rules that have been decided upon by the society as a whole, their elected representatives, or the rulers of that society. These rules, known as the laws of the land, are necessary so that anarchy does not take hold.

In many instances, sport serves as a microcosm of society. It is necessary to have guidelines, rules, or regulations of the way a sport is to be played. These rules are pliable but become less flexible as sport moves from recreational physical activity to formal structures, such as sports leagues. It is essential that all teams involved at similar levels play by the same set of regulations. Even at the elite or professional level, however, opportunities must be available to change the rules of sport, whether by popular demand, for safety reasons, or for spectator and participant appeal.

The rules of sport, like the rules of society, are meant to satisfy the needs of the participants and spectators, and must be seen to be fair, equitable, and judicious; that is, they must include a set of consequences/penalties for a hierarchy of transgressions or deviant behaviour.

#### REFERENCE



For information on this topic, refer to the following website:

Canadian Centre for Ethics in Sport (CCES). <[www.cces.ca](http://www.cces.ca)>.

For website updates, please visit Websites to Support the Grades 11 and 12 Curriculum at <[www.edu.gov.mb.ca/k12/cur/physlth/](http://www.edu.gov.mb.ca/k12/cur/physlth/)>.



### Specific Learning Outcome

**11.SI.3** Analyze sporting behaviours that may be positive and/or negative.



### Key Understandings

- All athletes have the potential to be perceived as role models.
- Character can be enhanced through systematic teaching and demonstration of fair play and good sporting behaviour.
- Sport participants behave in positive and negative ways.



## Essential Questions

1. How does sport build or reveal the positive or negative character of an individual?  
How is character “learned”?
  2. How do athletes serve as role models for young sport competitors?
  3. What is the difference between sporting behaviour and deviant behaviour in sport?
- 



## Background Information

*Sporting behaviour* is the term used to reflect sportsmanship, as it pertains to ethical behaviour, fair play, and respect for the sport, the participants, and the spectators. Elite athletes have become societal role models, whether or not they wish to carry this burden. In recent years, because of increased and instantaneous media attention, the behaviour of these athletes has come under society’s microscope, off as well as on the playing field, for every aspect of their lives. As a result, elite athletes seriously influence the moral and ethical development of children and youth of many societies.

Sport can also build character and personal qualities, such as courage, integrity, and the capacity to commit to a goal or purpose, as well as values such as a sense of responsibility to others, respect for others, self-discipline, a sense of fair play and fair dealing, and honesty.

For these reasons it is important that parents and particularly coaches have a good understanding of the positive values that the sporting experience is able to promote. Pointing out and rewarding the positive behaviours while discussing and discouraging the negative ones is every adult’s responsibility. Coaches and parents are role models too.

### REFERENCE



For information on the skills, attitudes, and behaviours that sport builds, refer to the following report:

Bloom, Michael, Michael Grant, and Douglas Watt. “Chapter 6: Skills Impacts.” *Strengthening Canada: The Socio-economic Benefits of Sport Participation in Canada—Report August 2005*. Ottawa, ON: The Conference Board of Canada, 2005. Available on the Canadian Heritage, Sport Canada, website at  [<www.pch.gc.ca/progs/sc/pubs/socio-eco/6\\_e.cfm >](http://www.pch.gc.ca/progs/sc/pubs/socio-eco/6_e.cfm).

For website updates, please visit Websites to Support the Grades 11 and 12 Curriculum at  [<www.edu.gov.mb.ca/k12/cur/physhlth/ >](http://www.edu.gov.mb.ca/k12/cur/physhlth/).

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## Suggestion for Instruction / Assessment

### The Athlete as Role Model

Many positive role models can be found in sport. As a class, discuss athletes who contribute to the improvement of our society and are living examples of the best qualities of our society. Have students respond to guiding questions such as the following:

- What qualities do these athletes represent?
- What other athletes come to mind when we use the term “role model”?

Examples of role models in sport are Cindy Klassen, Clara Hughes, Steve Nash, Todd MacCulloch, Terry Fox, and Rick Hansen.

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## Suggestion for Instruction / Assessment

### The Marketable Athlete

Have each student reflect on “marketable” athletes by responding to the following questions:

- Identify a Canadian athlete who advertises products in the media.
  - What products does this athlete advertise?
  - Why did the company selling the product connect this athlete to it?
  - Think about the sports you watch on television. What other kinds of products do you see advertised by athletes during television commercials or in print media?
  - What traits make an athlete “highly marketable”? Why?
  - What sort of image does an athlete bring to products? Give examples of positive and negative sports images or sports figures.
  - Do these athletes have an impact on the consumer relative to personal values?
- 



## Suggestion for Instruction / Assessment

### An Athlete’s Creed

Have students create a creed (statement of belief) that reflects their personal views on sport participation. Students could also develop a creed for a local sporting event in the school or in the community and post it, where applicable. Have students compare and discuss the importance of their creed in the context of their own sport experience.

The Olympic Creed, for example, is meant to spur athletes to embrace the Olympic spirit and to perform to the best of their abilities. The words for this creed are attributed to Pierre de Coubertin, the founder of the modern Olympic Games, who got the idea for this phrase from a speech given by Bishop Ethelbert Talbot at a service for Olympic champions during the 1908 Olympic Games (Athens Info Guide; Canadian Olympic Committee).

#### THE OLYMPIC CREED

"The most important thing in the Olympic Games is not to win but to take part, just as the most important thing in life is not the triumph but the struggle. The essential thing is not to have conquered but to have fought well" (Canadian Olympic Committee).

#### REFERENCES



For additional information, refer to the following website:

Athens Info Guide. "Olympic Games." *Tourist Information Guide on Athens Greece*.  
<[www.athensinfoguide.com/olympic.htm](http://www.athensinfoguide.com/olympic.htm)>.

Canadian Olympic Committee (COC). *Frequently Asked Questions*.  
<[www.olympic.ca/EN/faq.shtml](http://www.olympic.ca/EN/faq.shtml)>.

International Olympic Committee (IOC). "Olympians." *Athletes*.  
<[www.olympic.org/uk/athletes/olympians/index\\_uk.asp](http://www.olympic.org/uk/athletes/olympians/index_uk.asp)>.

For website updates, please visit Websites to Support the Grades 11 and 12 Curriculum at  
<[www.edu.gov.mb.ca/k12/cur/physhlth/](http://www.edu.gov.mb.ca/k12/cur/physhlth/)>.



## Background Information

### Character Versus Sport Ethic

More often than not, the assumption is made that having good character also represents the dominant sport ethic. In other words, the athletes' behaviours are consistent with the behaviour norms that are applauded and praised by the sporting culture. Individual character and the prevailing sport ethic may, however, counter each other. Athletes who demonstrate and endorse the sport ethic are rewarded, while those who rebel find it difficult to be a part of the accepted society.

When athletes are exposed to various ethical dilemmas in sport over a period of time, they may eventually adopt unethical behaviours that are expected of them (e.g., hockey players may be expected to fight or to take penalties for their team). The behaviours are often reinforced and appreciated by the fans and media. Although the behaviours are accepted within the insular world of sport, they are often not acceptable in the world outside of sport. The newspapers and television are full of examples of athletes who have difficulty keeping the line clearly drawn between the world of sport and the world outside of sport.





## Suggestion for Instruction / Assessment

### The World of Sport

Have students find in the media (or create) two positive or negative examples of ethical issues in sport. These examples may pertain to issues related to gender fairness, violence, cheating, fair play, foul language, use of performance-enhancing drugs, being forced to play while injured, and so on.

Have students comment on each example using the following guiding statement/questions:

- Identify the ethical issue in the selected example and describe what was ethical and/or unethical about the example.
- Comment on whether or not the individual actions/character involved and the prevailing sport ethic supported or countered each other.
- Explain how the athletes/coaches will be treated as a result of their actions in each example.
- Comment on whether or not the behaviour was appropriate and justified. Explain.

The following are some examples of what students may find when they look at how athletes' behaviours are consistent with the behaviour norms that are applauded and praised by the sporting culture but are not necessarily considered good character.

#### EXAMPLES

Athletes' behaviours may be consistent with behaviour norms of sporting culture but may not reflect good character when they

- |                                      |   |
|--------------------------------------|---|
| ▪ strive for excellence              | by cheating (e.g., using drugs, making dishonest line calls, tampering with equipment)                  |
| ▪ strive for excellence              | by training to exhaustion and playing in pain   |
| ▪ show love and respect for the game | by gloating (e.g., after a touchdown, hockey goal, slam dunk)   |
| ▪ demonstrate being a team player    | by risk-taking or demonstrating violence and aggression (e.g., fighting, "beanballing," stick smashing) |

#### REFERENCE



For additional information on character and sport, refer to the following website:

Goodcharacter.com. *Character and Sports*. <[www.goodcharacter.com/Sports.html](http://www.goodcharacter.com/Sports.html)>.

For website updates, please visit Websites to Support the Grades 11 and 12 Curriculum at <[www.edu.gov.mb.ca/k12/cur/physhlth/](http://www.edu.gov.mb.ca/k12/cur/physhlth/)>.



## Background Information

### Deviant Behaviour in Sport

The term *deviant behaviour* describes actions or behaviours that take place in sport that are outside expected or acceptable limits. This definition helps distinguish between behaviours that are governed within the rules of the sport and those that may be questioned, reviewed, or acted upon by the parent sport organization (e.g., National Hockey League) or by the judicial system.

Deviant behaviour in sport may include the following:

- **Rule breaking:** When rules are broken unintentionally during competition, or when rules are broken intentionally but the results are not severe, game officials make a ruling. Organizational or judicial intervention may become necessary when the rules are broken intentionally or result in great harm. The penalties or sanctions levied against the perpetrators range from heavy fines to lifetime bans in the sport, and, in some cases, result in criminal charges.
- **Emotional involvement:** Different levels of emotional involvement could also be considered deviant behaviour. In many countries, sporting events have evolved into avenues for emotional release and relief. Generally, the more important the event is, the greater the emotional expression becomes, whether it be joy, anger, wonderment, or sadness. Often the emotions are irrational and, in many instances, lead to violence, usually between opposing team spectators, but sometimes between opponents, athletes, and spectators, or even game officials. In any case, these actions are immature and antisocial, and are definitely not acceptable.



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## Suggestion for Instruction / Assessment

### Rule Breaking

Using the Think-Pair-Share strategy (see Appendix E), students reflect individually and then in pairs about situations in sport where spectators/athletes have broken rules as a result of their frustration. Ask students to be prepared to discuss three examples in class.

---



## Background Information

### Off-Field Violence in Sport

Sports that involve body contact of any kind also involve violent acts. It has been suggested, although not substantiated, that watching or being involved in violent acts in sport may lead to deviant behaviour outside the sport venue. Is it possible that people who use physical intimidation and violence in sport are likely to exhibit these behaviours when faced with situations of conflict outside of sport? Consider the case of Tonya Harding (Olympic figure skater), who was involved with the attack on fellow skater Nancy Kerrigan.

---



## Suggestion for Instruction / Assessment

### Off-Field Violence in Sport

Develop statements related to violent behaviour for students to debate. Using the Opinion Corners learning strategy (see Appendix E), students take a position on an issue by going to the corner that most accurately depicts their viewpoint: strongly agree, agree, strongly disagree, or disagree.

The following are examples of statements that could be debated by the class:

- An athlete who feels that his or her character is being challenged will often respond with physical force.
  - Male athletes (e.g., O. J. Simpson, Chris Benoit, Mike Tyson) are more frequently involved in violent acts against women than are male non-athletes.
  - Sport serves as a way to release aggression in an acceptable way and actually reduces violent tendencies in athletes and/or fans.
  - Parents promote violent behaviour of their children.
- 



## Background Information

### Performance Enhancement

Although performance-enhancing substances have been used for hundreds of years, this issue is becoming more prevalent in sport today. Athletes use many substances such as anabolic steroids, stimulants, over-the-counter drugs, vitamins, amino-acid supplements, health foods, and natural herbs to gain an advantage over their competitors. Not all substances are illegal, but many are.

---



## Suggestion for Instruction / Assessment

### Athletes' Use of Performance-Enhancing Drugs

Have students work in groups of three to discuss questions regarding athletes' use of performance-enhancing substances. Ask each student in a group to take one of the following letters: A, B, or C. For the first round, A is the recorder, B asks C questions, and C answers the questions. B does not speak other than to ask the questions. C has one minute to answer questions. After the first round, have students rotate until each student has had an opportunity to be a recorder, ask the questions, and respond to the questions.

Sample questions could include the following:

- Name three athletes who have recently been caught using performance-enhancing substances.
- What should be the penalty for such actions?
- Why do athletes take performance-enhancing substances?



## Background Information

### Sport Gambling

What are the issues/problems with betting on sporting events? There are strict rules against players, coaches, and game officials being involved in gambling on the outcomes of sporting events in which they are involved. Gambling in sport has long been an issue, however. It is estimated that billions of dollars are spent around the world in illegal wagering in sport.

In Manitoba, it appears that gambling is a concern not only for adults, but also for youth:

Based on the Addictions Foundation of Manitoba's 2001 Youth Survey, close to 50% of students surveyed had gambled or bet on something during the past year. Gambling activities played by these youth include: scratch tickets (29.7%), bingo (18.2%), lottery tickets (16.6%), Sports Select games (14%), VLTs (11.3%), and slot machines (10.3%). (MAAW, "Wanna Bet . . . Fast Facts on Gambling")

#### REFERENCE



For additional statistics, refer to the following website:

Manitoba Addictions Awareness Week (MAAW) Committee. "Wanna Bet . . . Fast Facts on Gambling." *Manitoba Addictions Awareness Week: Resource Kit*. Winnipeg, MB: MAAW Committee, October 2007. 2.4.8 Gambling. Available online at [www.afm.mb.ca/maaw/Resource\\_Kit/FastFacts/gamblingwantabet.pdf](http://www.afm.mb.ca/maaw/Resource_Kit/FastFacts/gamblingwantabet.pdf).

For website updates, please visit Websites to Support the Grades 11 and 12 Curriculum at [www.edu.gov.mb.ca/k12/cur/physhlth/](http://www.edu.gov.mb.ca/k12/cur/physhlth/).



## Background Information

### Does Sport Build Character?

The term *character* refers to a person acting in accordance with his or her own morals and beliefs. How a person is socialized as a child determines, to a large extent, what the person values, and this includes the elements of trustworthiness, honesty, respect, responsibility, fairness, and caring. When athletes behave in a manner that is inconsistent with the way they normally behave it is said that they are acting “out of character.” Why are there so many examples of athletes acting “out of character”?

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## Suggestion for Instruction / Assessment

### The Time to Act—Or Not!

Ask students to brainstorm, in small groups, the reasons why they think that some athletes (e.g., professional, amateur) demonstrate poor sporting behaviour. Have students test their attitude toward sporting behaviours by responding to the scenarios presented in RM 4-SI.



Refer to RM 4-SI: Moral Dilemmas in Sport.

---

## RM 4–SI: Moral Dilemmas in Sport

The fundamental nature of positive sporting behaviour is a commitment to compete within the letter and spirit of the rules, to treat the game itself and all participants with respect, and to be gracious in both victory and defeat. For many sport participants and spectators the dilemma is to know what is cheating or what is just a part of the game.

Here are 14 scenarios that test your attitude toward sporting behaviours. Identify each of the behaviours described in the scenarios below as one of the following:

**C - Cheating**

**P - Part of the Game**

Be prepared to support your choices.

Scenarios	C	P
1. To get a needed time out, a coach instructs a soccer player to fake an injury.		
2. After every score, a basketball player taunts the defender in an effort to “psyche him or her out.”		
3. To gain an edge, a golfer illegally alters equipment.		
4. A baseball coach instructs a pitcher to throw the ball at the other team’s best batter’s head to brush the batter back from the plate.		
5. To motivate players, a coach uses foul language and insults.		
6. In basketball, a player commits a deliberate foul to stop the clock in the final minute of play.		
7. In soccer, a coach teaches players to grab and hold shirts illegally without being detected.		
8. In volleyball, a player says nothing after a referee erroneously says the player never touched the ball.		
9. To set a new scoring record, a football team facing a badly overmatched opponent runs up the score to 96-7.		
10. In baseball, a fielder traps the ball against the ground, but tries to convince the umpire that he or she caught it cleanly.		
11. A wrestling coach instructs an athlete to attack a recent injury of the opponent.		
12. In ice hockey, a coach sends in a player to instigate a fight with the other team’s top scorer.		
13. In a close tennis match, the referee calls a sideline shot you have made “in.” You know it was out but don’t say anything.		
14. You are fouled in a close basketball game with the time running out. The coach calls you and another teammate over and instructs the other player to go to the shooting line in your place.		
15. Other		



# MODULE E: SUBSTANCE USE AND ABUSE PREVENTION

Specific Learning Outcomes

Introduction

Lesson 1: Legal and Illegal Substances

Lesson 2: Stages of Substance Use and Addiction

Lesson 3: Risks and Consequences of Substance Use

Lesson 4: Advocacy against Substance Use and Abuse

# MODULE E: SUBSTANCE USE AND ABUSE PREVENTION

## Specific Learning Outcomes

- 11.SU.1** Explain ways in which drugs and other substances are classified.
- 11.SU.2** Explain the stages of involvement in substance use or abuse.  
*Includes: non-involvement, irregular involvement, regular involvement, harmful involvement, and dependent involvement*
- 11.SU.3** Examine factors that influence decisions regarding substance use and abuse.
- 11.SU.4** Use reliable information in making healthy decisions for helping self and/or others regarding substance use and abuse.



# MODULE E: SUBSTANCE USE AND ABUSE PREVENTION

## Introduction

Some substances or drugs may be helpful and/or harmful, depending on their use. For example, many people use substances or drugs to help counter the symptoms of various illnesses, to relieve pain, to reduce inflammation, and so on. People also use drugs to alter their behaviour. Some overuse a drug until they become physically dependent on it. They spend much time thinking about getting high, purchasing drugs, preparing drugs, or taking drugs, which can have serious effects on their own lives or on the lives of others.

The goal of this module is to reinforce the importance of avoiding the use and abuse of substances that may be harmful to self or others, as taught in previous grades. Helping students to learn more about drug classifications, drug effects, levels of involvement, and avoidance and harm reduction strategies promotes and contributes to healthy decision making and emphasizes the seriousness of drug problems.

Module E: Substance Use and Abuse Prevention contains four lessons:

- Lesson 1: Legal and Illegal Substances
- Lesson 2: Stages of Substance Use and Addiction
- Lesson 3: Risks and Consequences of Substance Use
- Lesson 4: Advocacy against Substance Use and Abuse

Resource Masters to support the lessons are provided at the end of each lesson.

### NOTE TO TEACHER

The background information and suggestions for instruction/assessment related to substance use and abuse prevention may include potentially sensitive content. Before implementation of this module, check with your school administration for school and school division guidelines and procedures related to depth and breadth of content, choice of learning resources, assessment reporting procedures, and providing a parental option. A *parental option* means that parents may choose a school-based or alternative delivery (e.g., home, professional counselling).

Review all Resource Masters and/or case scenarios before using them with students to check for suitability, and be prepared for the discussions that may occur.



# Lesson 1: Legal and Illegal Substances

## Introduction

While some of the discussion on legal and illegal substances in this lesson is a review from previous grades, there is a stronger focus on prescription and over-the-counter (OTC) drugs. This lesson reinforces the drug classifications and challenges students to consider both the positive and negative effects of all types of drugs.

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## Specific Learning Outcomes

- 11.SU.1 Explain ways in which drugs and other substances are classified.
  - 11.SU.4 Use reliable information in making healthy decisions for helping self and/or others regarding substance use and abuse.
- 



## Key Understandings

- Drugs and other substances are often classified by the way they affect the mind and/or body.
  - Misuse of any drug (OTC, prescription, illegal) can be a serious health risk.
  - Know the benefits and risks of a drug before taking it.
- 



## Essential Questions

1. How are drugs classified?
  2. What information is provided on a prescription drug label? Why?
  3. How do you make healthy choices when using different drugs?
-



## Background Information

### Alcohol and Other Drugs

Scientifically, a drug is any substance, other than food, that is taken to change the way the body or the mind functions. In other words, a drug is any chemical that, when it enters the body, affects the way the body works. Alcohol, caffeine, nicotine, and medications are all drugs. A drug must be able to pass from the body into the brain. Drugs change the messages that brain cells send to each other and to the rest of the body. They do this by interfering with the brain's own chemical signals: neurotransmitters.

#### NOTE TO TEACHER

For the purposes of this document, the terms *substances* and *drugs* are considered interchangeable.

There are two types of drugs:

- **Legal drugs** are known as over-the-counter (OTC) and prescription (Rx) drugs. Alcohol, nicotine, and caffeine are all legal drugs as well.
- **Illegal drugs** refer to drugs that are not prescribed by a licensed medical professional, and their use is unlawful under the *Controlled Drugs and Substances Act* (Department of Justice Canada).

#### REFERENCE



For additional information, refer to the following website:

Canada. Department of Justice Canada. *Controlled Drugs and Substances Act*. Ottawa, ON: Department of Justice, 1996. Available online at <<http://laws.justice.gc.ca/en/C-38.8/>>.

For website updates, please visit Websites to Support the Grades 11 and 12 Curriculum at <[www.edu.gov.mb.ca/k12/cur/physhlth/](http://www.edu.gov.mb.ca/k12/cur/physhlth/)>.



## Suggestion for Instruction / Assessment

### KWL

To check students' prior knowledge of different legal and illegal drugs, use the KWL (Know - Want to know - Learned) strategy. Use **K** and **W** below to guide students' thinking at the beginning of the lesson or unit, and **L** at the end of the lesson or unit.

**K Know:** Identify the names of legal and illegal drugs that you know.

**W Want to know:** Identify drugs that you would like to know more about.

**L Learned:** Identify what you learned in this lesson or unit about legal and illegal drugs.

## REFERENCES



For additional information on the KWL strategy (developed by Donna Ogle), refer to the following departmental publications:

Manitoba Education and Training. *Senior Years Science Teachers' Handbook: A Teaching Resource*. Winnipeg, MB: Manitoba Education and Training, 1997. See pages 9.8, 9.9, 9.24, and 9.25.

---. *Success for All Learners: A Handbook on Differentiating Instruction: A Resource for Kindergarten to Senior 4 Schools*. Winnipeg, MB: Manitoba Education and Training, 1996. See pages 6.20–6.23, 6.94, and 6.95.



## Background Information

### Legal Drugs

Legal drugs are considered permissible for use, and are either prescribed by a physician (prescription medications) or are available over the counter at a pharmacy or other outlet (non-prescription medication). They are intended for medical purposes, such as to ease pain symptoms and to treat health conditions.

OTC drugs or non-prescription medications are available to consumers without a prescription. There are many categories of OTC drugs, such as pain relievers, cold and flu medicines, allergy medications, acne products, and weight-control products. These drugs are usually safe when consumers follow the directions on the label and the directions from their health care professional. Each drug label must have information related to the medicinal and non-medicinal ingredients, use of the drug, applicable warnings or cautions, directions, and dosage.

As indicated by the Center for Drug Evaluation and Research (CDER), “OTC drugs” generally have these characteristics:

- their benefits outweigh their risks
- the potential for misuse and abuse is low
- the consumer can use them for self-diagnosed conditions
- they can be adequately labelled
- health practitioners are not needed for the safe and effective use of the product (CDER, “Introduction”)

## REFERENCE



For additional information, refer to the following website:

U.S. Food and Drug Administration (FDA). Center for Drug Evaluation and Research (CDER). *Office of Nonprescription Products*. 7 June 2006. <[www.fda.gov/CDER/Offices/OTC/](http://www.fda.gov/CDER/Offices/OTC/)>.

For website updates, please visit Websites to Support the Grades 11 and 12 Curriculum at <[www.edu.gov.mb.ca/k12/cur/physlth/](http://www.edu.gov.mb.ca/k12/cur/physlth/)>.



## Suggestion for Instruction / Assessment

### How to Read an OTC Drug Label

Provide students with a label of an OTC drug. Have students read the label and identify the information related to each of the following areas, as applicable:

- medicinal ingredients
- non-medicinal ingredients
- use
- warnings
- cautions
- directions
- dosage
- other

Reinforce the importance of following the information on the label and discuss the risks associated with not doing so.

#### NOTE TO TEACHER

Before asking students to examine a prescription label of an OTC drug, remove the label from the container or make sure the container is empty.

#### REFERENCE



For a Canadian reference on interpreting OTC drug labels, refer to the following website:

Be MedWise. *How to Read a Drug Label*. 10 Jan. 2005.

<[www.bemedwise.ca/English/howtoread.html](http://www.bemedwise.ca/English/howtoread.html)>.

This website was created with the participation of the Canadian Pharmacists Association (CPhA) and the Drug Information and Research Centre (DIRC).

For website updates, please visit Websites to Support the Grades 11 and 12 Curriculum at

<[www.edu.gov.mb.ca/k12/cur/physhlth/](http://www.edu.gov.mb.ca/k12/cur/physhlth/)>.



## Background Information

### Prescription Drugs

There are many prescribed drugs that are frequently misused or abused by people.

- **Substance misuse** is classified as either intentional or unintentional use of a substance (including prescription medications, non-prescription medications, and alcohol) that causes a problem.
- **Substance abuse** is an intentional pattern of harmful use of any substance for mood-altering purposes.

Either substance misuse or abuse can result in repeated adverse social consequences related to drug use, such as failure to meet work, family, or school obligations, interpersonal conflicts, or legal problems.

A prescription drug must be prescribed by a physician or other qualified health professional. Prescriptions authorize a pharmacist to provide a specified amount of a particular medication for a specific patient, with instructions for its use. These drugs are regulated by Health Canada's Therapeutic Products Directorate (TPD).

Often people are unaware of the serious health risks involved in abusing prescription drugs. Because prescription drugs are "legal" and are known to be manufactured to meet quality and safety standards, many young people mistakenly believe that they are always safe to use. Safety can only be assumed if the drug is taken by the intended person as directed by the prescribing doctor. Increasingly, young adolescents are obtaining prescription drugs from classmates, friends, and family members or are stealing them from people for whom the drugs had been legitimately prescribed. As prescription drugs are readily available and can be obtained easily by teenagers, there is cause for concern.

### *Categories of Prescription Drugs*

Three main categories of prescription drugs are of particular concern with regard to their potential for abuse. All the substances in these categories will alter a person's mood and/or behaviour, and are thus "psychoactive" (have an effect on the functioning of the brain). All three categories also represent substances that have serious potential to produce dependence or addiction.

These three categories of "psychoactive" prescription drugs are as follows:

- **Narcotic pain medications** (e.g., opioids) are prescribed to manage chronic or severe pain. Generic and brand names include morphine- and codeine-related drugs such as Demerol, OxyContin, Vicodin, and Dilaudid.
- **Central nervous system (CNS) depressants** (sedatives and tranquilizers) are prescribed to treat conditions such as anxiety and acute stress reaction, panic attacks, and sleep disorders. Generic and brand names include barbiturates such as Nembutal and benzodiazepines such as Valium (diazepam) and Xanax (alprazolam).
- **CNS stimulants** are prescribed to treat conditions such as attention deficit disorder (ADD) and attention deficit hyperactivity disorder (ADHD). Generic and brand names include amphetamines such as Ritalin.

Other prescription drugs that may be misused include anabolic steroids, which are often used in an attempt to build muscle mass, and cannabis-related prescription products (e.g., medical marijuana or the tablet form dronabinol/Marinol). There are several other classes of prescription drugs that have psychoactive properties (e.g., antipsychotics, anti-mania drugs, antidepressants), but do not tend to be abused for "recreational" purposes.

## Naming of Drugs

Drug names originate from

- the structural formula (chemical composition) of the drug (**generic** name). This is the “common” name of a drug and does not require capitalization (e.g., acetaminophen is a common name of a popular pain medication).
- the name used by pharmaceutical companies to market the product (**brand or trade** name). The name usually has advertising value. Companies will register or copyright the brand or trade name (e.g., Tylenol is one brand name of acetaminophen). Because they are “proper” names, these brand and trade names are capitalized.

### REFERENCE



For additional information, refer to the following resource:

U.S. Department of Health and Human Services. National Institute on Drug Abuse (NIDA). *NIDA InfoFacts: Prescription Pain and Other Medications*. Bethesda, MD: NIDA, June 2006. Available online at <[www.drugabuse.gov/Infofacts/Painmed.html](http://www.drugabuse.gov/Infofacts/Painmed.html)>.

For website updates, please visit Websites to Support the Grades 11 and 12 Curriculum at <[www.edu.gov.mb.ca/k12/cur/physhlth/](http://www.edu.gov.mb.ca/k12/cur/physhlth/)>.



## Suggestion for Instruction / Assessment

### How to Read a Prescription Drug Label

To help students learn about what information is included on a prescription drug label, have them complete RM 1–SU. Reinforce the importance of reading the information and following the directions on the label. Also emphasize that only the person for whom a drug is prescribed should take the drug.



Refer to RM 1–SU: How to Read a Prescription Drug Label.

### REFERENCES



For information on reading a prescription drug label, refer to the following report:

Health Quality Council of Alberta (HQCA). *Health Report to Albertans*. Calgary, AB: HQCA, January 2007. Available online at <[www.hqca.ca/phpBB2/files/hqca\\_health\\_report\\_2007\\_202.pdf](http://www.hqca.ca/phpBB2/files/hqca_health_report_2007_202.pdf)>.

For information on prescription drugs that students may be taking, refer to the following website, which is operated by the Ontario government and the Ontario Ministry of Health Promotion:

HealthyOntario.com. *Drugs*. <[www.healthyontario.com/Drugs.aspx](http://www.healthyontario.com/Drugs.aspx)>.

For website updates, please visit Websites to Support the Grades 11 and 12 Curriculum at <[www.edu.gov.mb.ca/k12/cur/physhlth/](http://www.edu.gov.mb.ca/k12/cur/physhlth/)>.





## Background Information

### Illegal Drugs

Illegal drugs are regulated or unlawful substances (e.g., cocaine, crystal methamphetamine [meth], anabolic steroids, heroin, cannabis), which are usually obtained by dishonest or prohibited means (e.g., through drug dealers).

Whether or not a drug is legalized is often influenced by political, cultural, and social concerns. For example, tobacco was considered illegal when it was first brought to England. It was legalized, however, when it was determined to be a revenue source for the government. Despite the fact that it is now known to be a health risk, tobacco remains a legal substance.

The dynamic of changing the legal status of drugs continues today, as is the case with marijuana. Debate continues about the therapeutic properties of marijuana and its legal status, as well as its potential as a source of revenue. There is still the concern that even if a drug is legal (e.g., alcohol is a legal drug), it isn't necessarily safe.

Numerous health problems (both physical and psychological) and social problems are associated with illegal drug use. For example, overdose and death can occur because users do not know the purity, quality, or strength of the drugs they are taking. People can become addicted to illegal drugs, as there is generally no counselling regarding their use. As with legal drugs, illegal drugs may have side effects that could be dangerous or life-threatening. In addition, some diseases can be contracted by activities associated with illegal drug use, including sharing needles, which can cause people to contract the human immunodeficiency virus (HIV), hepatitis, and other infections. Obtaining illegal drugs requires associating with "drug dealers" and the illicit drug environment, which can create its own problems. For example, users may become involved in the legal system if they find themselves charged with drug possession or trafficking.

Illegal drugs are often classified based on the common effects they may have on the mind or on the body. The Addictions Foundation of Manitoba uses the following drug classifications and definitions:

- **Depressants** (e.g., alcohol, opiates, heroin, morphine) slow down the heart rate and cause body temperature and blood pressure to drop.
- **Stimulants** (e.g., cocaine, crystal meth) speed up the heart rate and cause body temperature and blood pressure to rise.
- **Hallucinogens** (e.g., acid, magic mushrooms, peyote) have some depressant qualities and some stimulant qualities. These drugs may cause people to hear or see things that are not really there.
- **Cannabis** (e.g., marijuana, hashish [hash], hash oil). See *Basic Fact Sheet on Marijuana* in the following reference.

## REFERENCE



Fact sheets on alcohol and other drugs are available on the following website:

Addictions Foundation of Manitoba (AFM). "The Basics Series on Alcohol and Other Drug Information." *Learn More: Alcohol and Other Drugs*. 2005.

<[www.afm.mb.ca/Learn%20More/alcohol\\_drugs.htm#factsheets](http://www.afm.mb.ca/Learn%20More/alcohol_drugs.htm#factsheets)>.

For website updates, please visit Websites to Support the Grades 11 and 12 Curriculum at

<[www.edu.gov.mb.ca/k12/cur/physhlth/](http://www.edu.gov.mb.ca/k12/cur/physhlth/)>.



## Suggestion for Instruction / Assessment

### Did You Know?

Have students form small groups for a Jigsaw discussion (see Appendix E) of fact sheets on alcohol and other drugs, provided by AFM as part of the "Basics Series on Alcohol and Other Drug Information." Provide each small group with a different fact sheet to discuss the key points. Each group then becomes the expert group on a given topic. After a set time, students form new groups, with a person from each of the expert groups moving to a new group and sharing the information just learned.

Students could also create a Did You Know? poster or advertisement to convince others not to use or abuse drugs.

### NOTE TO TEACHER

When discussing the different drug classifications and information about the different drugs, it is very important to use words such as "may," "might," and "can," as there are no absolutes when it comes to using substances.



## Suggestion for Instruction / Assessment

### You Be the Judge

To help students learn how to describe the benefits and risks of OTC or prescription drug medications, have them complete RM 2-SU, following the instructions provided. This learning activity promotes critical and creative thinking, as well as awareness of concepts related to consumerism and drug marketing and education.



Refer to RM 2-SU: You Be the Judge.

**RM 1–SU: How to Read a Prescription Drug Label**

Sample of Prescription Drug Label

**MANITOBA Pharmacy**  
204 Manitoba Street  
Winnipeg MB M2B 2Y2 Canada  
Store # 0001 Phone: 204-204-2004

---

Rx# **2042042** Ref:0 Dr. Manitoba  
Toba Man

**TAKE 1 CAPSULE THREE  
TIMES DAILY UNTIL  
FINISHED (ANTIBIOTIC)**

**APO-AMOXI 500MG**  
AMOXICILLIN 500MG  
RED/YEL/ELLIP/APO{500}


30 CAP 14 Oct 2007 Total:21.43

APX  
00628123

EDS

KEEP OUT OF REACH OF CHILDREN

Rx# 24242424

 **Important: Take this medication for the prescribed duration.**

*Continued*

## RM 1–SU: How to Read a Prescription Drug Label *(Continued)*

Using the sample label provided, answer the following questions to determine what important information must be included on a prescription drug label.

1. What is the name of the pharmacy? \_\_\_\_\_
2. What is the address of the pharmacy? \_\_\_\_\_
3. What is the store number of the pharmacy? \_\_\_\_\_
4. What is the phone number of the pharmacy? \_\_\_\_\_
5. What is the prescription number? \_\_\_\_\_
6. What is the physician's name? \_\_\_\_\_
7. What is the date that the prescription was filled? \_\_\_\_\_
8. What is the name of the person for whom the drug is prescribed?  
(Prescription drugs should be used only by the person for whom the drugs were prescribed.) \_\_\_\_\_
9. What is the brand name of this drug?  
(Various manufacturers or companies may make the same generic drug but will call it by their own brand or trade name.) \_\_\_\_\_
10. What is the name of the medication or the main ingredient? \_\_\_\_\_
11. What is the strength of the medication? \_\_\_\_\_
12. What do the letters APX mean? \_\_\_\_\_
13. What does the number listed below the company code represent? \_\_\_\_\_
14. How much is in the package? \_\_\_\_\_
15. What are the directions or instructions for taking the medication? \_\_\_\_\_
16. Are there any cautions or warnings on the label? \_\_\_\_\_
17. Do prescription drug labels often include any additional information that is not on this one? \_\_\_\_\_

*Continued*

## RM 1–SU: How to Read a Prescription Drug Label *(Continued)* (Answer Key)

1. What is the name of the pharmacy?	Manitoba Pharmacy
2. What is the address of the pharmacy?	204 Manitoba Street, Winnipeg MB M2B 2Y2 Canada
3. What is the store number of the pharmacy?	Store: #0001
4. What is the phone number of the pharmacy?	Phone: 204-204-2004
5. What is the prescription number?	Rx: #2042042
6. What is the physician's name?	Dr. Manitoba
7. What is the date that the prescription was filled?	October 14, 2007
8. What is the name of the person for whom the drug is prescribed? (Prescription drugs should be used only by the person for whom the drugs were prescribed.)	Toba Man
9. What is the brand name of this drug? (Various manufacturers or companies may make the same generic drug but will call it by their own brand or trade name.)	APO–Amoxi
10. What is the name of the medication or the main ingredient?	Amoxicillin is the generic name for the drug.
11. What is the strength of the medication?	500 mg
12. What do the letters APX mean?	The letters indicate the manufacturer's/company's code.
13. What does the number listed below the company code represent?	This number indicates the drug identification number (DIN).
14. How much is in the package?	30 cap (capsules)
15. What are the directions or instructions for taking the medication?	Take 1 capsule three times daily until finished (antibiotic).
16. Are there any cautions or warnings on the label?	Important: Take this medication for the prescribed duration.  Keep out of reach of children.
17. Do prescription drug labels often include any additional information that is not on this one?	Expiry date, refill information, and additional information, on stickers, such as Take with food.

## RM 2–SU: You Be the Judge\*

### Objectives

Students will

- describe the benefits and risks of OTC or prescription medications
- demonstrate critical thinking skills
- demonstrate advocacy skills for health education

### Procedure

This is a critical-thinking and problem-solving learning activity that includes concepts related to consumerism and drug education. It also enables students to advocate for a particular position related to OTC or prescription medications.

1. Have students work in small groups (e.g., four).
2. Assign each group member a task: facilitator, reader, recorder, and reporter.
3. Use one of the identified websites to gather information regarding the benefits and risks associated with specific OTC or prescription medications. Other drugs can also be used (e.g., crack, crystal meth)
  - Addictions Foundation of Manitoba. <[www.afm.mb.ca/](http://www.afm.mb.ca/)>.
  - Drug Infonet. <[www.druginfonet.com/](http://www.druginfonet.com/)>.
  - Medline Plus. *Drugs, Supplements, and Herbal Information*. <[www.nlm.nih.gov/medlineplus/druginformation.html](http://www.nlm.nih.gov/medlineplus/druginformation.html)>.
  - RxList Inc.: The Internet Drug Index. <[www.rxlist.com/script/main/hp.asp](http://www.rxlist.com/script/main/hp.asp)>.
4. Create a new name for a drug or scramble the name of the drug in question.

*Example:* Claritin = trial inc.

Consider using an anagram generator, such as the following, to help create new names:

- Wordsmith.org. *Internet Anagram Server*. <[www.wordsmith.org/anagram/](http://www.wordsmith.org/anagram/)>.

It is important to create a new name so that students do not come to the task with preconceived ideas about the benefits and/or risks of the substance selected.

*Continued*

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\* Source: Ludwig, Michael. "Thinking Critically about Over-the-counter and Prescription Drugs." *American Journal of Health Education* 36.2 (Mar./Apr.): 124–26. Adapted with permission. Permission is granted by the American Association for Health Education/American Alliance for Health, Physical Education, Recreation and Dance which owns and publishes the *American Journal of Health Education*.

## RM 2–SU: You Be the Judge (Continued)

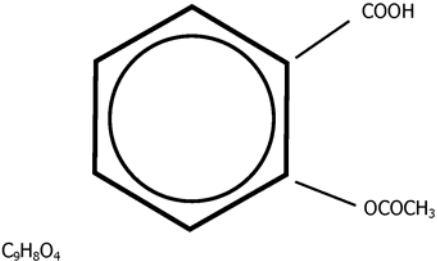
5. Provide groups with questions such as those suggested below (or similar ones) and instruct students to answer them collaboratively.
  - a. Do the benefits of this drug outweigh the risks?
  - b. What else would you like to know about this drug to make an informed decision about it?
  - c. If approved, what should the warning label for this drug emphasize?
  - d. Are there other ways to achieve the benefits without using the substance?
6. Have the groups share their insights with the class.
7. Have students create a public service announcement regarding the substance under review. Give them the information provided on the following page.

### You Be the Judge Scenario

You have been selected to serve on Health Canada's Health Products and Food Branch (HPFB), the drug approval committee for Canada. The manufacturer seeks to market \_\_\_\_\_ as a new OTC/prescription medication in three different ways:

- in combination with pain relief medications (analgesics)
- as a learning aid marketed under the trade name \_\_\_\_\_
- as a social stimulant under the trade name Party On!

The manufacturer claims the drug is totally safe and would be a welcome addition to the OTC market. In a drug trial that included over 1 million doses, there were no deaths and very few adverse reactions. The drug will be marketed only to adults and is not recommended for use by children. You have received the following information from a drug manufacturer.

<p><b>E X A M P L E</b></p> <p><b>Drug Name</b> <u>SCAD CALL TEA ICILY ICY</u> <b>(Acetylsalicylic acid – Aspirin)</b></p>	
--	--

*Continued*

## RM 2–SU: You Be the Judge (*Continued*)

### *Benefits*

The drug is used to

- relieve the symptoms of rheumatoid arthritis
- reduce fever and relieve mild to moderate pain from headaches, menstrual cramps, arthritis, colds, toothaches, and muscle aches
- prevent heart attacks in people who have had a heart attack in the past or who have angina (chest pain that occurs when the heart does not get enough oxygen)
- reduce the risk of death in people who experience, or have recently experienced, a heart attack
- prevent ischemic strokes (strokes that occur when a blood clot blocks the flow of blood to the brain) or mini-strokes (strokes that occur when the flow of blood to the brain is blocked for a short time) in people who have had this type of stroke or mini-stroke in the past

### *Risks*

Minor side effects include

- diarrhea
- nausea, vomiting
- reduced amount of urine passed
- stomach gas, heartburn

Serious side effects include

- black, tarry stools
- confusion
- difficulty breathing, wheezing
- dizziness, drowsiness
- ringing in the ears
- seizures (convulsions)
- skin rash
- stomach pain
- unusual bleeding or bruising, red or purple spots on the skin
- vomiting blood, or what looks like coffee grounds

Levels ranging from 150 mg/kg to 300 mg/kg can be dangerous, depending on the person's weight.



## Lesson 2: Stages of Substance Use and Addiction

### Introduction

In this lesson students explore the stages of substance use from non-involvement to dependent involvement. Students learn about the risks and consequences of substance use and addictive behaviour. Helping students to recognize the stages or levels of involvement in substance use, and addressing the facts and feelings associated with substance use, may promote behaviour change or healthy decision making.

#### NOTE TO TEACHER

Substance use and abuse is regarded as potentially sensitive content. All aspects of instruction are to be treated with a high degree of sensitivity.



### Specific Learning Outcome

**11.SU.2** Explain the stages of involvement in substance use or abuse.

*Includes:* non-involvement, irregular involvement, regular involvement, harmful involvement, and dependent involvement



### Key Understandings

- Drug addiction is a complex issue.
- The stages or levels of involvement in substance use range from non-involvement to dependent involvement.
- The physical signs of drug abuse or addiction can vary, depending on the person and the drug being abused.



### Essential Questions

1. What are the stages or levels of involvement in substance use?
2. How do you know when someone has a problem with substance use?
3. What are the signs of a dependency and an addiction? What are the similarities and differences?



## Background Information

### Preventing Addiction

The Addictions Foundation of Manitoba (AFM) defines addiction as “an unhealthy relationship between a person and a mood-altering substance, experience, event or activity, which contributes to life problems and their reoccurrence” (*A Biopsychosocial Model of Addiction 2*). Preventing addiction and ensuring that students have the current information for making healthy decisions are primary goals in all drug education programs.

Teenagers often think they are invincible and that risk-taking behaviours will not harm them. Some young people cannot see where the long-term effects of experimentation with substances may lead. They think they will not become harmfully involved by using substances just for fun or just one time.

#### REFERENCE



For additional information, refer to the following resource:

Addictions Foundation of Manitoba. *A Biopsychosocial Model of Addiction*. Winnipeg, MB: Addictions Foundation of Manitoba, June 2000. Available online at [www.afm.mb.ca/pdf/BPS-FINAL.pdf](http://www.afm.mb.ca/pdf/BPS-FINAL.pdf)

For website updates, please visit Websites to Support the Grades 11 and 12 Curriculum at [www.edu.gov.mb.ca/k12/cur/physhlth/](http://www.edu.gov.mb.ca/k12/cur/physhlth/).



## Suggestion for Instruction / Assessment

### From Experimenting to Dependency in 43 Seconds

Designed to activate student thinking, this experiential learning activity provides an opportunity for students to learn information about alcohol and to begin to explore their feelings about its effects in a safe environment. To illustrate the potentially devastating path that drug users can take, have students complete RM 3-SU.



Refer to RM 3-SU: From Experimenting to Dependency in 43 Seconds for the background information and instructions on this suggested instructional strategy.



## Background Information

### Levels of Involvement (LOI) Framework

Substance use and abuse is a complex phenomenon that includes diverse drugs, different levels of involvement, and various causes. In 1997, AFM developed a *Levels of Involvement Framework* to describe the various levels of involvement in gambling, alcohol, or other drugs. The AFM framework emphasizes the importance of biological, psychological, and sociological factors in determining an individual's level of involvement with substances or gambling. Other types of models or continua may be available to help students identify usage patterns, but for the purpose of this curriculum, the discussion to follow focuses on the AFM framework.

The levels of involvement identified in the AFM framework range from no involvement to dependent involvement or addiction, as outlined in the following chart.

Levels of Involvement in Substance Use*	
Level/Stage of Involvement	Definition of Behaviours/ Consequences of Involvement
Non-involvement (Non-use)	<ul style="list-style-type: none"> <li>▪ Never used alcohol or other drugs</li> <li>▪ Have chosen a non-using lifestyle following some involvement in the past</li> </ul>
Irregular Involvement	<ul style="list-style-type: none"> <li>▪ Random or infrequent (including experimental) use of alcohol or other drugs</li> <li>▪ Little or no evidence of any problems caused by use</li> </ul>
Regular Involvement	<ul style="list-style-type: none"> <li>▪ Using alcohol or other drugs regularly, with some pattern (e.g., daily, weekly, monthly)</li> <li>▪ Some minor or isolated problems may be caused by use</li> <li>▪ Actively seeking involvement</li> </ul>
Harmful Involvement	<ul style="list-style-type: none"> <li>▪ Using alcohol or other drugs causes problems in one or more areas of life</li> </ul>
Dependent Involvement	<ul style="list-style-type: none"> <li>▪ Despite use of alcohol or other drugs causing problems in life areas, use is continued, plus               <ul style="list-style-type: none"> <li>— there are failed attempts to cut down/quit</li> <li>— a lot of time is spent using or thinking about using</li> <li>— strong urges to use are experienced</li> <li>— there are uncomfortable feelings when abstaining</li> <li>— more of the substance is needed to get the same high</li> </ul> </li> </ul>
Transitional Abstinence	<ul style="list-style-type: none"> <li>▪ Choosing to quit use of alcohol and other drugs after harmful or dependent involvement and struggling with how this feels</li> </ul>
Stabilized Abstinence/Recovery	<ul style="list-style-type: none"> <li>▪ Abstaining from alcohol and other drugs after harmful or dependent involvement and feeling confident and comfortable with this</li> </ul>

\* Source: Addictions Foundation of Manitoba. *Levels of Involvement Framework*. Winnipeg, MB: Addictions Foundation of Manitoba, 1998. Available online at <[www.afm.mb.ca/Learn%20More/Levels%20Invol.pdf](http://www.afm.mb.ca/Learn%20More/Levels%20Invol.pdf)>. Adapted with permission.

## REFERENCE



For additional information, refer to the following resource:

Addictions Foundation of Manitoba. *Levels of Involvement Framework*. Winnipeg, MB: Addictions Foundation of Manitoba, 1998. Available online at <[www.afm.mb.ca/Learn%20More/Levels%20Invol.pdf](http://www.afm.mb.ca/Learn%20More/Levels%20Invol.pdf)>.

For website updates, please visit Websites to Support the Grades 11 and 12 Curriculum at <[www.edu.gov.mb.ca/k12/cur/physhlth/](http://www.edu.gov.mb.ca/k12/cur/physhlth/)>.



## Suggestion for Instruction / Assessment

### Levels of Involvement in Substance Use

Recognizing the levels or stages of involvement in alcohol and other drugs, as outlined in the AFM framework, and learning about the facts (consequences, behaviours, and feelings) associated with the levels should help students gain a better understanding of how to make healthy decisions or how to provide help for self or others.

The levels of involvement in substance use and the behaviours/characteristics associated with each level are identified on separate cards in RM 4–SU. Cut up the cards and provide groups of students with their own “deck” of cards. Have students use the Think and Link strategy (see Appendix E) to match the behaviours/characteristics to the applicable levels of involvement. Have them compare their results to the answer key provided.

As an extension of this learning activity, students could write case scenarios representing the various levels of involvement in substance use.



Refer to RM 4–SU: Levels of Involvement in Substance Use.

## RM 3–SU: From Experimenting to Dependency in 43 Seconds\*

### Teaching High School Students about the Progression of Alcoholism

Simply giving young people the facts about substance use and abuse is not a very effective prevention tool by itself. It has been shown that long-lasting behaviour change is more related to internalizing concepts than just to the simple intake of facts. Education guidelines generally reinforce the fact that when students have the opportunity to internalize or personalize learning – to realize how it can affect their lives – they are more likely to show changes in behaviour.

To promote behaviour change, one needs to blend both facts and feelings into the decision-making process. Young people need opportunities to practise their decision-making skills, beginning with exploring their feelings in a safe environment, so they can then apply these skills in more risky situations.

Young people readily understand the fact that using and abusing alcohol and other drugs can lead to serious health and emotional problems. Unfortunately, their belief in their own invincibility convinces them that these problems will never happen to them.

In the following experiential learning activity, which is designed to engage students in a discussion about alcohol, students learn information about alcohol and begin to explore their feelings about its effects in a safe environment. Alcohol was chosen as the medium because of the common adolescent misperception that alcohol is not a very harmful substance. Exploring feelings is important in the decision-making process, and this learning activity is a beginning step toward that goal. The affective impact of this learning activity is what makes it a powerful learning experience.

### Learning Activity

Give each student one packet of 12 slips of paper. A letter-size sheet of paper folded in thirds like a business letter, then folded in half, and then folded in half again will produce 12 equal slips of paper. Assure students that they are the only ones who will see their slips of paper. Then give the following instructions:

- On three slips of paper write the names of three separate people who are very dear to you.
- On three slips of paper write three things or possessions that you regard as special.
- On three slips of paper write three different activities in which you enjoy participating.
- On three slips of paper write three personal attributes of which you are proud.

*Continued*

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\* Source: Kolaya, Linda, and Barb Grimes-Smith. "From Experimenting to Dependency in 43 Seconds: Teaching Junior High and High School Students about the Progression of Alcoholism." *Journal of Health Education* 30.3 (May/June 1999): 185, 189. Adapted with permission. Permission is granted by the American Association for Health Education/American Alliance for Health, Physical Education, Recreation and Dance which owns and publishes the *American Journal of Health Education*.

## RM 3–SU: From Experimenting to Dependency in 43 Seconds *(Continued)*

Instruct students to hold the slips of paper in their hands like playing cards. Tell them that you want to walk them through a few different scenarios related to the papers they just filled out. Read the scenarios below to the class, and follow the instructions provided in parentheses.

### *Scenarios*

1. You have been invited to a party. You came home late, after curfew, smelling of alcohol. Your parents are waiting up for you. You're in big trouble! One of your possessions is taken away as punishment. You must choose which one. (Give participants 15 seconds to choose one possession and tear up the slip of paper.)
2. After a Friday night football game you and a friend go to a mutual friend's house. His or her parents aren't at home and there is beer available. You decided to drink quite a bit. The next morning you have a hangover and don't feel well and are not able to participate in or enjoy one of your favourite activities. Tear up one activity and one attribute. (Give participants 10 seconds to choose and tear up the slips of paper.)
3. Drinking has become one of your favourite pastimes. You are now looking forward to drinking every weekend. You feel you can handle it—it's not a problem. Tear up one person's name and one attribute. (Give participants 8 seconds to do this.)
4. You now find yourself drinking daily, with serious consequences: suspension from school, stealing money, fighting with parents. Tear up one person's name and one attribute. (Give participants 5 seconds to choose.)
5. After a weekend of partying, on your way home you are picked up for driving under the influence (DUI) of alcohol. Tear up one possession and one activity. (Give participants 5 seconds to choose. Then have them turn over their last three slips of paper.)
6. You are experiencing total loss of control over your use of alcohol. Without looking or discussing, remove and tear up two slips of paper from someone sitting near you.
7. You will end up with only one slip of paper.

*Continued*

## RM 3–SU: From Experimenting to Dependency in 43 Seconds *(Continued)*

### Processing the Learning Activity

Ask students the following questions:

- How did you feel as this activity progressed?
- How did you feel as the speed and tempo of the activity increased?
- What were the easiest items to give up? What were the most difficult items to give up?
- What was your reaction to having the last two slips of paper taken from you?
- How do you feel about the one item you have left?

Explain to students that as they went through the progression activity, they experienced the loss of control, just as though they were experiencing the stages of alcoholism. Talk about the stages of progression: experimentation, regular use, daily preoccupation, and dependency.

Talk about why young people progress through this addiction process faster than adults do. Two reasons are

- body physiology – organs are still maturing even after reaching full body growth
- patterns of use – binge drinking, multiple drug use

Ask students what could be done to regain some of the losses. Suggestions might include the following:

- Talk to someone (e.g., counsellor, school nurse, trusted adult).
- Get help (e.g., from Alcoholics Anonymous, community agency, treatment facility).

### Conclusion

Approaching the subject of substance use and abuse with young people can be very tricky. Many young people already know a lot about alcohol and its effects, but they may not understand why they are much more vulnerable than adults are to the psychological and physical risks associated with alcohol use. This learning activity was designed to present facts while letting young people explore their feelings in a safe environment, and to help them understand how alcohol can affect their lives.

## RM 4–SU: Levels of Involvement in Substance Use\*

### Levels/Stages of Involvement

Non-Involvement (Non-Use)	Irregular Involvement	Regular Involvement	Harmful Involvement	Dependent Involvement	Transitional Abstinence	Stabilized Abstinence/ Recovery
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### Behaviours/Consequences

Never used alcohol or other drugs	Have chosen a non-using lifestyle following some involvement in the past	Random or infrequent (including experimental) use of alcohol or other drugs	Little or no evidence of any problems caused by use	Using alcohol or other drugs regularly, with some pattern (e.g., daily, weekly, monthly)	Some minor or isolated problems may be caused by use	Actively seeking involvement
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Using alcohol or other drugs causes problems in one or more areas of life	Despite use of alcohol or other drugs causing problems in life areas, use is continued	There are failed attempts to cut down/quit	A lot of time is spent using or thinking about using	Strong urges to use are experienced	There are uncomfortable feelings when abstaining	More of the substance is needed to get the same high
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Choosing to quit use of alcohol and other drugs after harmful or dependent involvement and struggling with how this feels	Abstaining from alcohol and other drugs after harmful or dependent involvement and feeling confident and comfortable with this
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*Continued*

\* Source: Addictions Foundation of Manitoba. *Levels of Involvement Framework*. Winnipeg, MB: Addictions Foundation of Manitoba, 1998. Available online at <[www.afm.mb.ca/Learn%20More/Levels%20Invol.pdf](http://www.afm.mb.ca/Learn%20More/Levels%20Invol.pdf)>. Adapted with permission.



**RM 4–SU: Levels of Involvement in Substance Use (Continued)  
(Answer Key)\***

<b>Levels of Involvement in Substance Use</b>	
Level/Stage of Involvement	Definition of Behaviours/ Consequences of Involvement
Non-involvement (Non-use)	<ul style="list-style-type: none"> <li>▪ Never used alcohol or other drugs</li> <li>▪ Have chosen a non-using lifestyle following some involvement in the past</li> </ul>
Irregular Involvement	<ul style="list-style-type: none"> <li>▪ Random or infrequent (including experimental) use of alcohol or other drugs</li> <li>▪ Little or no evidence of any problems caused by use</li> </ul>
Regular Involvement	<ul style="list-style-type: none"> <li>▪ Using alcohol or other drugs regularly, with some pattern (e.g., daily, weekly, monthly)</li> <li>▪ Some minor or isolated problems may be caused by use</li> <li>▪ Actively seeking involvement</li> </ul>
Harmful Involvement	<ul style="list-style-type: none"> <li>▪ Using alcohol or other drugs causes problems in one or more areas of life</li> </ul>
Dependent Involvement	<ul style="list-style-type: none"> <li>▪ Despite use of alcohol or other drugs causing problems in life areas, use is continued, plus               <ul style="list-style-type: none"> <li>— there are failed attempts to cut down/quit</li> <li>— a lot of time is spent using or thinking about using</li> <li>— strong urges to use are experienced</li> <li>— there are uncomfortable feelings when abstaining</li> <li>— more of the substance is needed to get the same high</li> </ul> </li> </ul>
Transitional Abstinence	<ul style="list-style-type: none"> <li>▪ Choosing to quit use of alcohol and other drugs after harmful or dependent involvement and struggling with how this feels</li> </ul>
Stabilized Abstinence/Recovery	<ul style="list-style-type: none"> <li>▪ Abstaining from alcohol and other drugs after harmful or dependent involvement and feeling confident and comfortable with this</li> </ul>

\* Source: Addictions Foundation of Manitoba. *Levels of Involvement Framework*. Winnipeg, MB: Addictions Foundation of Manitoba, 1998. Available online at <[www.afm.mb.ca/Learn%20More/Levels%20Invol.pdf](http://www.afm.mb.ca/Learn%20More/Levels%20Invol.pdf)>. Adapted with permission.



## Lesson 3: Risks and Consequences of Substance Use

### Introduction

This lesson focuses on the reasons for substance use and abuse among adolescents. It addresses the signs or behaviours to look for when suspecting substance use, and the potential risks and consequences of substance use and abuse. Students also explore situations and behaviours that may make them more resistant to the risks of becoming involved in substance misuse.

#### NOTE TO TEACHER

Substance use and abuse is regarded as potentially sensitive content. All aspects of instruction are to be treated with a high degree of sensitivity.

AFM's educational resources emphasize that, regardless of what drug is being used or abused, "a drug is a drug is a drug," and alcohol is a drug. No specific drug is "safer" for adolescents to use than another. All drugs are potentially hazardous for youth. It is important to examine the risks of harmful use of all substances, whether they are legal or illegal.

According to the Canadian Centre on Substance Abuse, "alcohol is by far the most common substance used by youth and binge drinking is common. Cannabis is the second most common substance – and the first among illicit drugs – used by Canadian youth. Cannabis use is now more common than cigarette smoking among students" (7). Teachers are encouraged to address these issues as part of the lesson.

#### REFERENCES



For additional information, refer to the following resources:

Addictions Foundation of Manitoba. "Youth." *Services*.

<[www.afm.mb.ca/Services/youth.htm](http://www.afm.mb.ca/Services/youth.htm)>.

The Canadian Centre on Substance Abuse (CCSA). *Substance Abuse in Canada: Youth in Focus*. Ottawa, ON: CCSA, September 2007. Available online at

<[www.ccsa.ca/CCSA/EN/Research/Substance\\_Abuse\\_in\\_Canada/SubstanceAbuseinCanada.htm](http://www.ccsa.ca/CCSA/EN/Research/Substance_Abuse_in_Canada/SubstanceAbuseinCanada.htm)>.

For website updates, please visit Websites to Support the Grades 11 and 12 Curriculum at

<[www.edu.gov.mb.ca/k12/cur/physhlth/](http://www.edu.gov.mb.ca/k12/cur/physhlth/)>.



### Specific Learning Outcomes

**11.SU.3** Examine factors that influence decisions regarding substance use and abuse.

**11.SU.4** Use reliable information in making healthy decisions for helping self and/or others regarding substance use and abuse.



## Key Understandings

- Adolescents may use substances for different reasons.
  - Risk and protective factors influence whether an adolescent becomes involved in or avoids harmful use and abuse of substances.
  - There are consequences to using any kind of drug. No specific drug is “safer” for adolescents to use than another.
  - Abstinence and harm reduction are both important messages in substance prevention programs.
- 



## Essential Questions

1. What are some of the reasons people use drugs?
  2. What are the risk factors and protective factors associated with someone becoming involved in or avoiding harmful use and abuse of substances?
  3. How can a decision-making model be used to determine the risks and consequences related to different case scenarios involving substance use and/or abuse?
- 



## Background Information

### Why Young People Use Substances

Some teenagers begin to use alcohol and other drugs for a variety of reasons, and some are more at risk than others of becoming frequent users or abusers of substances. The message to students should always be that no specific drug is “safer” for adolescents to use than another. Abstinence should always be the goal; however, to reduce harm to self or others, there may be a need to provide information or programming that targets risky patterns of drug use.

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## Suggestion for Instruction / Assessment

### Why Do Teenagers Use Alcohol or Other Drugs?

Post each of the following discussion questions on separate flipchart-size sheets of paper.

#### SAMPLE DISCUSSION QUESTIONS

- Why do you think some adolescents choose to use alcohol or other drugs?
- Why do some students choose not to use alcohol or other drugs?
- Why might some students choose to experiment with alcohol or other drugs?
- Why might some students go beyond experimentation?
- What are some positive aspects of drug use?
- What are some negative aspects of drug use?
- If people know there are negative health effects, why do they continue to use and abuse substances?

Have students write down on sticky notes their responses to the questions and put them on the corresponding posters. Assign groups of students to each question (noted on the individual posters), and have them check for duplication and appropriateness of responses and provide the class with a summary.

Students may suggest a variety of reasons why young people choose to use substances. For example, young people may want to use alcohol or other drugs to

- experiment or satisfy curiosity
- celebrate
- oppose authority
- experience pleasurable effects
- feel a sense of belonging or social acceptance and avoid rejection
- boost confidence and/or loss of inhibitions
- relieve pain
- relieve or cope with emotional problems (e.g., anger, stress, anxiety, boredom, depression)
- rebel against or express alienation from mainstream society
- follow someone's example
- emulate media portrayals (e.g., drugs may be glamorized and normalized)
- take advantage of ease of availability

## REFERENCES



For background information and current statistics on alcohol and other drug involvement to support discussions, refer to the following organizations and resources:

Addictions Foundation of Manitoba. *Services*. <[www.afm.mb.ca/Services/youth.htm](http://www.afm.mb.ca/Services/youth.htm)>.

Canadian Centre on Substance Abuse (CCSA). <[www.ccsa.ca/ccsa/](http://www.ccsa.ca/ccsa/)>.

Manitoba Addictions Awareness Week (MAAW) Committee. "High on Life: Everybody Wins!" *Manitoba Addictions Awareness Week: Resource Kit*. Winnipeg, MB: MAAW Committee, October 2007. Published annually. The kit is available online at <[www.afm.mb.ca/maaw/Resource\\_Kit/resource\\_kit.html](http://www.afm.mb.ca/maaw/Resource_Kit/resource_kit.html)>.

For website updates, please visit Websites to Support the Grades 11 and 12 Curriculum at <[www.edu.gov.mb.ca/k12/cur/physhlth/](http://www.edu.gov.mb.ca/k12/cur/physhlth/)>.



## Background Information

### Risk and Protective Factors

When trying to understand why adolescents do or don't become involved in substance use, it is helpful to be knowledgeable of the factors that may present risks for or protection from the harmful use and abuse of substances. The Alberta Alcohol and Drug Abuse Commission, in its report entitled *An Overview of Risk and Protective Factors: The Alberta Youth Experience Survey 2002* (George, Dyer, and Leven), outlines risk and protective factors related to substance misuse under the following five domains or categories: individual/personality, family, peers, school, and community/environmental.

It is impossible to predict categorically the development of substance misuse. In general, however, research suggests that individuals who experience multiple risk factors and consequently few protective factors are at greater risk of substance misuse than are those who experience few risk factors.

## REFERENCE



For additional information, refer to the following report:

George, Sheena, Art Dyer, and Phyllis Leven. *An Overview of Risk and Protective Factors: The Alberta Youth Experience Survey 2002*. Edmonton, AB: Alberta Alcohol and Drug Abuse Commission (AADAC), 2003. Available online at <[www.aadac.com/documents/TAYES\\_overview.pdf](http://www.aadac.com/documents/TAYES_overview.pdf)>. See "Chapter Two: Risk Factors" and "Chapter Three: Protective Factors."

For website updates, please visit Websites to Support the Grades 11 and 12 Curriculum at <[www.edu.gov.mb.ca/k12/cur/physhlth/](http://www.edu.gov.mb.ca/k12/cur/physhlth/)>.



## Suggestion for Instruction / Assessment

### Risk and Protective Factors Related to Substance Misuse

The chart provided in RM 5–SU illustrates factors that may predict risk of and protection from initial drug misuse and its subsequent escalation. Have students suggest risk factors and protective (resilience) factors in the blank columns of the chart provided. Discuss the suggestions as a class, and have students continue to fill in their own charts with the suggestions provided by classmates. Finally, add any factors that are missing from the student suggestions to complete the chart.



Refer to RM 5–SU: Risk and Protective Factors Related to Substance Misuse.



## Suggestion for Instruction / Assessment

### Risk Perception

Provide students with an opportunity to assess their own risk perception for specific behaviours and to learn that their actions can have both short- and long-term consequences. After discussing the concept of risk related to health topics, have students examine risk perception and risk behaviour by viewing specific behaviours or scenarios on a risk continuum ranging from **not at all risky** to **very risky**, as described in RM 6–SU.



Refer to RM 6–SU: Techniques for Challenging Individual Risk Perception.

#### CLASSROOM USE OF RISK CONTINUA \*

Classroom use of risk continua has many benefits. For example, use of risk continua can

- reinforce content and knowledge of material
- be used to assess student learning (i.e., when students create their own continua)
- create class discussion on variability in risk perceptions
- aid students in thinking about concepts of risk as related to their own behaviours and the behaviours of others
- help students brainstorm issues related to risk for health content areas

\* Source: Gast, Julie, and Sarah Hodson. "Teaching Techniques for Challenging Individual Risk Perception." *Journal of Health Education* 31.4 (July/Aug. 2000): 244–46. Adapted with permission. Permission is granted by the American Association for Health Education/American Alliance for Health, Physical Education, Recreation and Dance which owns and publishes the *American Journal of Health Education*.



## Background Information

### Health Risks and Consequences of Substance Abuse

All the decisions we make have consequences, both positive and negative. In some cases the risks or consequences are greater than in others. The DECIDE Model, which students have used in previous grades, promotes looking at the pros and cons of different choices and solutions and basing decisions on current and relevant health information and family/cultural values.

The process of using the DECIDE Model to make decisions involves six steps:

- D** Define the topic or problem/issue.
- E** Explore the alternatives or options. (What are your choices?)
- C** Check alternatives. (List pros and cons for each alternative/option.)
- I** Identify possible solutions. (Pick the best choices.)
- D** Decide and take action. (Make the best choice.)
- E** Evaluate and revise.

#### REFERENCE



For more information on consequences or harmful effects of drugs, refer to the following website:

Health Canada. "What Are the Harmful Consequences of Drug Use?" *Straight Facts about Drugs and Drug Abuse*. Ottawa, ON: Minister of Public Works and Government Services Canada, 2000. Available online at <[www.hc-sc.gc.ca/hl-vs/pubs/adp-apd/straight\\_facts-faits\\_mefaits/index\\_e.html](http://www.hc-sc.gc.ca/hl-vs/pubs/adp-apd/straight_facts-faits_mefaits/index_e.html)>.

For website updates, please visit Websites to Support the Grades 11 and 12 Curriculum at <[www.edu.gov.mb.ca/k12/cur/physlth/](http://www.edu.gov.mb.ca/k12/cur/physlth/)>.



## Suggestion for Instruction / Assessment

### Consequences

Encourage students to think about different consequences related to drinking and driving by having them participate in the role-play scenario presented in RM 7-SU. The scenario is intended to allow students to "experience" the consequences of one person's decision to drink and drive, to identify the many decisions that lead to the "fatal" outcome, and to recognize how changing one decision could lead to a different consequence.



When posing questions at the end of the role play, ask students to present their comments using the steps of the DECIDE Model, where applicable. Using the DECIDE Model can challenge students to think about the consequences or alternatives related to the risk behaviour of drinking and driving (by listing pros and cons for **each** alternative/option in step “C”). It can help them to “see” the alternatives or consequences of the decision and to recognize other options and their more favourable outcomes.



Refer to RM 7–SU: Consequences.

## REFERENCE



For a blackline master (BLM) of the DECIDE Model, refer to BLM G–5 DECIDE Model in the following curriculum document:

Manitoba Education, Citizenship and Youth. *Senior 1 and Senior 2 Physical Education/Health Education: A Foundation for Implementation*. Winnipeg, MB: Manitoba Education, Citizenship and Youth, 2004. BLM G–5: DECIDE Model is available online at [www.edu.gov.mb.ca/k12/cur/physhlth/foundation\\_s1-2/blms-rms/](http://www.edu.gov.mb.ca/k12/cur/physhlth/foundation_s1-2/blms-rms/).



## Suggestion for Instruction / Assessment

### Unintended Consequences

The death of Elvis Presley in 1977 at the age of 42 illustrates the harmful consequences of prescription drug use. Have students consider the risks and consequences of drug combinations by problem-solving a case study based on Elvis Presley, as presented in RM 8–SU. Through this problem-solving activity, students can develop inferential skills and draw logical conclusions regarding drug use and abuse.



Refer to RM 8–SU: Unintended Consequences.



## Suggestion for Instruction / Assessment

### Sam’s Story

Have students read and analyze Sam’s Story, a teen’s story of addiction and escape provided in RM 9–SU, and think about the serious consequences of the choices or decisions that were made.

After students have read Sam’s Story, ask them to respond to the following questions:

## NOTE TO TEACHER

Although Sam’s Story focuses on crystal meth, teachers are reminded to balance this discussion with information on the drugs that are causing the most problems for youth: alcohol and marijuana.

Review all Resource Masters and/or case scenarios before using them with students to check for suitability, and be prepared for the discussions that may occur.

1. Why do you think Sam started using substances?
2. Why do you think Sam’s drug use escalated?
3. What were the indications that Sam was having trouble with drugs?
4. Why did it take so long for Sam to get help?
5. Why do you think Sam was relapsing?
6. Were there other underlying reasons for Sam’s drug use?
7. What did Stephanie and Mike do to help Sam?
8. Do you think Sam’s home life was normal? Why or why not?
9. What realizations did Sam come to in the end?
10. What do you think Sam meant by the following statement?  
 “Adulthood means I’ve got to be responsible now, do stuff for me my parents can’t.”



Refer to RM 9–SU: Sam’s Story.

#### REFERENCE



Sam’s Story is available on the following website:

Heredia, Christopher. “Sam’s Story: Walnut Creek Teen’s Road from Meth.” *San Francisco Chronicle* 6 May 2003: A–1. Available on the SFGate.com website at [www.sfgate.com/cgi-bin/article.cgi?file=/c/a/2003/05/06/MN202176.DTL](http://www.sfgate.com/cgi-bin/article.cgi?file=/c/a/2003/05/06/MN202176.DTL).

For website updates, please visit Websites to Support the Grades 11 and 12 Curriculum at [www.edu.gov.mb.ca/k12/cur/physhlth/](http://www.edu.gov.mb.ca/k12/cur/physhlth/).



### Suggestion for Instruction / Assessment

#### Addictions Awareness

Every year, the Manitoba Addictions Awareness Week (MAAW) Committee puts together a resource kit to help individuals, schools, workplaces, and communities raise awareness of, and celebrate healthy choices about, substance use and misuse, gambling, and related issues. In addition to providing current information, the MAAW kit includes school and community learning activity and resource suggestions that teachers can use.

#### REFERENCES



For learning activity and resource suggestions, refer to the MAAW website:

Manitoba Addictions Awareness Week (MAAW). [www.afm.mb.ca/maaw/](http://www.afm.mb.ca/maaw/).

Manitoba Addictions Awareness Week (MAAW) Committee. “High on Life: Everybody Wins!” *Manitoba Addictions Awareness Week: Resource Kit*. Winnipeg, MB: MAAW Committee, October 2007. Published annually. The kit is available online at [www.afm.mb.ca/maaw/Resource\\_Kit/resource\\_kit.html](http://www.afm.mb.ca/maaw/Resource_Kit/resource_kit.html).

For website updates, please visit Websites to Support the Grades 11 and 12 Curriculum at [www.edu.gov.mb.ca/k12/cur/physhlth/](http://www.edu.gov.mb.ca/k12/cur/physhlth/).

## RM 5–SU: Risk and Protective Factors Related to Substance Misuse

Domains and Factors of Risk and Protection		
Domain	Risk Factors	Protective Factors
<b>Individual/ Personality</b>	▪	▪
<b>Family</b>	▪	▪
<b>Peers</b>	▪	▪
<b>School</b>	▪	▪
<b>Community/ Environmental</b>	▪	▪

*Continued*

**RM 5–SU: Risk and Protective Factors Related to Substance Misuse  
(Continued) (Answer Key)**

<b>Domains and Factors of Risk and Protection*</b>		
<b>Domain</b>	<b>Risk Factors</b>	<b>Protective Factors</b>
<b>Individual/ Personality</b>	<ul style="list-style-type: none"> <li>▪ physical trauma</li> <li>▪ temperament</li> <li>▪ early aggressive behaviour</li> <li>▪ early initiation of substance use</li> <li>▪ past trauma or abuse</li> <li>▪ lack of commitment to societal values or norms</li> <li>▪ poor self-concept</li> </ul>	<ul style="list-style-type: none"> <li>▪ strong personal social skills/esteem</li> <li>▪ resilience</li> </ul>
<b>Family</b>	<ul style="list-style-type: none"> <li>▪ living arrangements</li> <li>▪ poor parental monitoring and supervision</li> <li>▪ poor attachments</li> <li>▪ poor communication about rules and expectations</li> <li>▪ family conflict</li> <li>▪ favourable attitudes toward teen alcohol, other drug use, and gambling</li> <li>▪ parental alcoholism and drug use</li> </ul>	<ul style="list-style-type: none"> <li>▪ parental monitoring and supervision</li> <li>▪ emotional support</li> <li>▪ presentation of clear, pro-social normative expectations</li> <li>▪ positive bonding</li> </ul>
<b>Peers</b>	<ul style="list-style-type: none"> <li>▪ favourable peer attitudes toward drugs and gambling</li> <li>▪ peer substance use</li> <li>▪ peer pressure/rejection</li> </ul>	<ul style="list-style-type: none"> <li>▪ affiliation of close friends who are not drug users</li> <li>▪ positive bonding</li> </ul>
<b>School</b>	<ul style="list-style-type: none"> <li>▪ academic failure</li> <li>▪ lack of commitment to school</li> </ul>	<ul style="list-style-type: none"> <li>▪ participation in extracurricular activities</li> <li>▪ social support networks</li> <li>▪ high social and academic expectations</li> <li>▪ positive bonding</li> </ul>
<b>Community/ Environmental</b>	<ul style="list-style-type: none"> <li>▪ characteristics of the community</li> <li>▪ availability of substances</li> <li>▪ community laws/norms favourable to drug use and gambling</li> </ul>	<ul style="list-style-type: none"> <li>▪ community sponsored activities</li> <li>▪ activities based on religion</li> <li>▪ positive bonding</li> </ul>

\* Source: George, Sheena, Art Dyer, and Phyllis Leven. *An Overview of Risk and Protective Factors: The Alberta Youth Experience Survey 2002*. Edmonton, AB: Alberta Alcohol and Drug Abuse Commission (AADAC), 2003. 18, 22–23. <[www.aadac.com/documents/TAYES\\_overview.pdf](http://www.aadac.com/documents/TAYES_overview.pdf)>. Used with permission of the Alberta Alcohol and Drug Abuse Commission ([www.aadac.com](http://www.aadac.com)) 2008.

## RM 6–SU: Techniques for Challenging Individual Risk Perception\*

The purpose of this learning strategy is to allow students to assess their own risk perception for specific behaviours and to learn that their actions can have both short- and long-term consequences.

### Risk Continua

Risk continua can be used for a variety of content areas in the classroom. For this learning experience, students can use the risk continuum to discuss risks associated with alcohol use, tobacco use, prescription drug use, and illegal drug use, consumer health, violence, and so on (see Content Areas and Risk Continuum).

Content Areas and Risk Continuum		
Alcohol use	Abstainer	Binge drinking
Tobacco use	Abstainer	Frequent smoker
Prescription drug use	Abstainer	Abuser/addict
Illegal drug use	Abstainer	Addict/criminal
Violence	Conflict resolution	Abusive behaviour
Consumer health	Listening to a health educator	TV talk show

### Types of Risk

Before introducing the risk continuum, discuss the concepts of relative risk and risk taking.

- Ask students to think of examples of **helpful risks** and **harmful risks**. Write all the helpful risks on one side of the whiteboard and all the risks viewed as potentially harmful on the other side of the whiteboard (see Types of Risk). This can help students see that there are always risks in life, and that while some risks are health promoting, others are health prohibiting.
- At this time, discuss whether risk can vary, depending on whether the behaviour occurs only once or whether it is habitual. For example, does binge drinking lead to the negative health consequences associated with long-term bingeing? Is smoking occasionally a risk factor for respiratory problems?

*Continued*

\* Source: Gast, Julie, and Sarah Hodson. "Teaching Techniques for Challenging Individual Risk Perception." *Journal of Health Education* 31.4 (July/Aug. 2000): 244–46. Adapted with permission. Permission is granted by the American Association for Health Education/American Alliance for Health, Physical Education, Recreation and Dance which owns and publishes the *American Journal of Health Education*.

## RM 6–SU: Techniques for Challenging Individual Risk Perception (Continued)

Types of Risk	
Helpful Risks	Harmful Risks
Starting a relationship	Trying drugs
Learning to ski	Smoking cigarettes
Starting a new job	Selling drugs
Participating in class	Drinking and driving
Beginning to exercise	Unhealthy relationships
Declining to participate in a harmful risk	Becoming part of a questionable peer group

- Next, ask students to assess the various types of consequences for risk taking. These include physical risks, social risks, emotional risks, and legal risks (see Risks Associated with Drinking Alcohol). Also tell students that health-related behaviours can have both short- and long-term consequences. With drug use, for example, the physical risks may include increased anxiety, sleepiness, abnormal vital signs, and irritability, which would be classified as long-term physical risks. Social risks may include social alienation and loss of friends. Emotional risks may include fighting with parents or friends about drug use. Legal risks may include problems associated with theft or trafficking.

Risks Associated with Drinking Alcohol		
Physical risk	Cirrhosis	Long-term risk
Social risk	Impaired judgement	Short-term risk
Emotional risk	Increased depression/ violence	Short- or long-term risk
Legal risk	Driving while intoxicated	Short- or long-term risk

### Risk Perception

After discussing the concept of risk related to health topics, have students examine risk perception and risk behaviour by viewing specific behaviours or scenarios on a risk continuum ranging from **not at all risky** to **very risky**.

*Continued*

## RM 6–SU: Techniques for Challenging Individual Risk Perception (Continued)

1. Divide the class into two or three groups, depending on class size. Give each group a set of identical index cards with specific health behaviours written on each card. The behaviours should vary in degree of risk from not at all risky to very risky. Each card will have a different health behaviour written on it. Provide each student in each group with a card so that everyone can participate. It is also good to generate discussion by adding behaviours that may be ambiguous in terms of risk. (For example, when using a risk continuum on drug use behaviours, one card may read “drinking while on a date.” Although the example may not be an obvious risk factor, it typically results in a good discussion of how drinking may impair reasoning ability related to risky sexual behaviours.) Next, instruct each group of students to form a line from least risky to most risky behaviour, without allowing the other groups to see what order they have developed. Finally, have the groups stand across from each other so that they can easily compare the order of their cards. Discuss the rationale and any differences in order among the groups.
2. Have students form groups and supply them with index cards. Provide groups with health-related topics already addressed in class, and have them find sources of information for their assigned topics. Ask each group to create its own risk continuum by writing a source of health information on each blank index card provided. Again, remind students that they should have sources of information that vary from not risky at all to very risky. An example of a risky source of information may be television talk shows or advertisements, whereas a safe source may be a health educator or a health professional. Ask students to include some controversial or debatable sources of information, such as family members. When this is completed, have groups present their risk continua to the class and discuss whether the students agree with the order of the cards, and explain why or why not.

The benefit of having students create their own cards is that the teacher is able to assess learning by examining the accuracy of the content and whether risk perception is being demonstrated accurately. Additionally, students may come up with risk behaviours or scenarios that the teacher would likely miss. Risk continua also enable the teacher to correct misperceptions in risk perception, regardless of who creates them.

## RM 7–SU: Consequences . . . To Drive or Not to Drive, That Is the Decision\*

“Consequences” is a role-play scenario about a “Drunk Person,” his or her friends, a party, alcohol, and the decision to drive after drinking. The entire class participates, including the instructor. To minimize student apprehension about participating in the role-play scenario, the instructor plays the role of the “Drunk Person.”

### Materials

- six small pieces of paper for each student/participant
- one small paper bag or basket
- the following signs (computer generated or hand printed on letter-size paper):
  - one sign: “Drunk Person”
  - five signs: “Drunk Person’s Friend”
  - one sign: “Host”
  - three signs: “Friend’s Sober Ride”
  - one sign: “Driver of Other Car”
  - five signs: “Passenger in Other Car”
  - three signs: “Coma”
  - two signs: “Dead”

### Procedure

Give each student six small pieces of paper (or one large piece and have them tear it into six pieces). Instruct them to put their name on each piece of paper. Collect one of the six name papers from each student and put the papers in a bag or basket. Have students exchange their five remaining name papers with five different people in the class. This results in each student having five different name papers.

Tell the following story by reading the *italicized* text to the class. Follow the instructions. (The instructions are for a class size of 35 to 45 students. For smaller classes, substitute the “five” with “three”).

*Continued*

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\* Source: Hayden, Joanna. “Consequences . . . To Drive or Not to Drive, That Is the Decision.” *Journal of Health Education* 31.3 (May/June 2000): 175–76. Adapted with permission. Permission is granted by the American Association for Health Education/American Alliance for Health, Physical Education, Recreation and Dance which owns and publishes the *American Journal of Health Education*.



**RM 7–SU: Consequences . . .**  
**To Drive or Not to Drive, That Is the Decision (*Continued*)**

**The Story**

*It's Friday night. I'm going to a party and I'm getting wasted!*

Tape the "Drunk Person" sign to your chest.

*I'm taking five friends with me to the party.*

Pick five names from the bag. As these students join you at the front of the classroom, give each a "Drunk Person's Friend" sign to hold. Ask them to give all their name papers to students who remain seated.

*When we get to the party, the host meets us at the door with a bottle of beer.*

Pick one name from the bag. This student joins the group at the front of the classroom and is given the "Host" sign to hold. This student gives all his or her name papers to students who remain seated.

*The host informs everyone that there is plenty of booze and snacks (potato chips, pretzels, cheese, crackers), and encourages us to eat, drink, and be merry! So we eat and drink, and drink, and drink . . . , and now it's time to go home. Two of my friends refuse to get into the car with me. They call other friends, who did not come to the party, for rides home.*

Choose which two of the friends need rides, and then ask which of the students still sitting have the name papers of these two students. Usually more than one student does, so pick one "Friend's Sober Ride" sign for each "Drunk Person's Friend" who needs a ride. Have these two students join you at the front of the room, and give them the "Friend's Sober Ride" signs.

*My three friends and I are finally on our way home. It's late, and I'm really wasted. But I've been wasted like this before. Actually, I think I drive pretty okay when I'm drunk, which is often. Besides, I go real "slow."*

*At the same time that the "Drunk Person" and the "Drunk Person's Friends" are on their way home from the party, another group of people are on their way home from a wedding.*

Pick one name from the bag and have this student join the others at the front of the room and hold the sign "Driver of Other Car." Pick five more names and have these students join the rest at the front of the room, holding the "Passenger in Other Car" signs.

*I know these roads really well. The entrance ramp for the highway is right here. What's that in front of me with those bright lights?*

*Continued*

**RM 7–SU: Consequences...**  
**To Drive or Not to Drive, That Is the Decision (*Continued*)**

**CRASH!!!!!!!!!!!!!!**

From among the “Passengers in Other Car” and the “Drunk Person’s Friends,” give three people “Coma” signs and two people “Dead” signs. Ask all the students still sitting in the classroom and holding name papers for any of the crash victims to join the group at the front of the room.

*All those who were just asked to join the group are the fathers, mothers, sisters, brothers, cousins, friends, and neighbours of the crash victims. Look around. How many people are still sitting?*

*(Short pause.)*

*Not many.*

*(Usually very few and sometimes none.)*

*How many people were affected by MY decision to drink and drive?*

Wait a few moments. Let the students look around at all the empty chairs. There is usually silence in the room at this point; the effect is eerie. With the students still standing at the front of the room, ask the following questions. Have students answer the questions and explain their responses using the steps of the DECIDE Model.

Ask the Host:

*What other decisions could you have made that would have changed the consequences?*

Ask the Friends:

*What other decisions could you have made that would have changed the consequences?*

Finally:

*What other decisions could the “Drunk Person” have made that would have changed the consequences?*

Have students return to their seats. Begin discussion of risks and consequences of substance use.

## RM 8–SU: Unintended Consequences: A Case Study of Elvis Presley\*

### Background Information

The official autopsy of Elvis Presley found eight different prescription drugs in his body with no trace of any illegal drugs such as heroin, cocaine, or hashish often found in overdose cases. Thomas Noguchi, a Los Angeles coroner, believes that Elvis's death was accidental – he simply did not realize the effect of drugs combined in the body.

According to Noguchi, Elvis died with the following drugs in his system:

- antihistamine (prescription)
- codeine (prescription for pain)
- Demerol (prescription narcotic used as a sedative)
- tranquilizers (prescription including Valium)
- a sedative-hypnotic prescription for insomnia

Not one prescription drug was at a toxic level. Medications found were within the therapeutic range and individually did not constitute an overdose.

Prescription drugs even at non-toxic levels can be fatal. Dr. Cyril Wecht, a respected pathologist, said Elvis “was a walking drugstore” and death was caused by “polypharmacy” – the combined reaction of several prescription drugs. The combination of prescription drugs depressed Elvis's central nervous system: the brain, followed by the heart, and finally the lungs (Noguchi).

The prescribing physician, George Nichopoulos, testified before the Tennessee Board of Examiners on charges of misconduct in his treatment of Elvis. He said Elvis gobbled drugs “from the time he woke up in the morning until the time he went to sleep at night” (Noguchi). He testified that Elvis was a psychological addict treated in hospitals in 1973 and 1974 for detoxification from Demerol (painkiller) and other drugs, and that Elvis travelled with three suitcases filled with drugs for himself and his entourage.

*Continued*

### DEFINITIONS

#### **additive effect**

The sum or cumulative effects of two or more pharmaceutical substances mixed together.

#### **synergistic effect**

Any hyper-additive effect produced by a combination of two or more drugs, which may double or triple the effect of another.

**Reference:** Noguchi, Thomas. *Coroner at Large*. New York, NY: Simon & Schuster, Inc., 1985.

\* Source: Janowiak, John. “Unintended Consequences: A Case Study of Elvis Presley.” *Journal of Health Education* 30.6 (Nov./Dec. 1999): 364–66. Adapted with permission. Permission is granted by the American Association for Health Education/American Alliance for Health, Physical Education, Recreation and Dance which owns and publishes the *American Journal of Health Education*.

## **RM 8–SU: Unintended Consequences: A Case Study of Elvis Presley (*Continued*)**

One week before a concert was scheduled, Nichopoulos prescribed a protocol program of strong doses of amphetamines, depressants, and painkillers (consisting of 680 pills, 20 cubic centimetres of liquid central nervous system depressants, stimulants, and painkillers). Placebos were often substituted for prescribed drugs; Elvis obtained the drugs from other sources. The jury found Nichopoulos innocent—as he could not control Elvis’s drug use.

The diagnosis: Elvis died of a heart attack caused by a combination of drugs causing a fatal irregular heartbeat.

### **Learning Activity**

The following problem-solving activity, based on the poly-drug use of Elvis Presley, illustrates the risks and consequences of drug use. Prior to the problem-solving, ask students to list some of the OTC drugs commonly found in homes. Have students determine the general drug classifications of these OTC medications. Inform them that responsible drug use occurs in a controlled manner in order to treat pain or other symptoms as prescribed, whereas drug abuse is the deliberate use of a chemical for other than the intended medical purposes. Students can also compile a list of five positive reasons and five negative reasons for taking prescription drugs.

This learning activity will take approximately one class period (45 minutes to 1 hour).

### **Purpose**

This learning activity is designed to determine the risks and consequences of drug combinations. Through problem-solving the case of Elvis Presley, students can develop inferential skills, make judgments, and draw logical conclusions regarding drug use and abuse.

### **Important Concepts**

1. Street drugs and prescription drugs are more potent and have more serious potential side effects than OTC drugs. Overuse of street/prescription drugs frequently creates new health problems as side effects.
2. The combined reaction to several drugs even at non-toxic levels can be fatal.

*Continued*

## RM 8–SU: Unintended Consequences: A Case Study of Elvis Presley (*Continued*)

### Method

Have students take turns reading to the class one paragraph from the following narrative.

Imagine that you have an overweight middle-aged male relative who takes the following prescription drugs:

- an antihistamine for allergies
- codeine and Dilaudid for pain
- Demerol as a sedative
- tranquilizers, including Valium
- a sedative-hypnotic for insomnia
- amphetamines for weight loss

Like so many people, he obsessively worries about his body. He started using amphetamines as appetite depressants to lose weight quickly for a role in a local play. By the time he made his first dramatic appearance, he was not only taking amphetamines, but was also wearing five-pound weights on his wrists and ankles during long, active rehearsals.

He currently suffers from insomnia due to problems at the office. His solution includes taking more sedatives, causing him to sleep longer, followed by amphetamines to stay on his feet and be alert at work. Consequently, his conversations with co-workers have become lengthy rambling monologues.

The amphetamines he takes each day also make him very talkative. His use of prescription drugs causes him to miss several days of work each month and seems to be radically affecting his job performance. A more serious problem recently showed itself in the results of a liver biopsy recommended by his doctor.

There was severe damage to the organ, and his liver was three times the normal size. In the past he was diagnosed with blood clots in his legs, hypoglycemia, an enlarged heart, and glaucoma. He was also susceptible to respiratory ailments and had a history of mild hypertension and some coronary artery disease. Over the years a wide variety of drugs had been prescribed for these disorders.

*Continued*

## RM 8–SU: Unintended Consequences: A Case Study of Elvis Presley (*Continued*)

Because of his interest in pharmacology he often carried around a manual, describing all prescription drugs, their chemical makeup, recommended dosage, and side effects. Sometimes he would share his prescription drugs with others if their problems matched his.

He regularly checked dosages and side effects while mixing drugs the way bartenders mix drinks or the way chefs prepare an exotic dish. But drugs are different from alcohol and foods. One drug affected perception and that, in turn, sometimes determined through confusion how much of a second drug was taken, and so on, while the side effects overlapped and contradicted each other.

The combination of drugs did things that the drugs individually did not do. It was almost as if the drugs were acting in conspiracy against the taker. Nonetheless, he regarded his many prescriptions as medicine.

He had real problems – pain, insomnia, a tendency to obesity – and he had real medicine to take care of those problems. He also knew that these drugs made him feel good in ways that were hard to explain.

Knowing about your relative’s chaotic drug use, you are not surprised to hear that he recently died of a heart attack. The medical examiner said his death was due to “cardiac arrhythmia, an erratic heartbeat and severe cardiovascular disease.” His report stated that “these two diseases may be responsible for cardiac arrhythmia, but the precise cause was not determined and may never be discovered.”

The coroner’s autopsy report also stated that there were several different prescription drugs in the body but not one prescription drug in the body was at a toxic level. Medications found were in the therapeutic range and individually did not constitute an overdose.

*Continued*

## RM 8–SU: Unintended Consequences: A Case Study of Elvis Presley (*Continued*)

Display a transparency of the Discussion Example (see following page). Divide the class into six groups. Ask each group to discuss and respond to one of the following questions:

1. What are the body's reactions to a combination of several prescription drugs taken simultaneously?
2. How can prescription drugs taken at non-toxic levels result in death?
3. In what ways could a combination of drugs have an adverse effect on the body?
4. What signs or symptoms would have indicated a problem drug use? Who should have helped the relative?
5. What drug-free alternatives could you have suggested to the relative to deal with the stated problems?
6. Would you ask the coroner to pursue the investigation into your relative's death for any reason(s)?

Inform the class that the problem-solving case study is based on the actual life of Elvis Presley, who died in 1977 at the age of 42. The reason given for his death was a cardiac arrhythmia suspected to be due to an interaction of an antihistamine, codeine, and Demerol (a painkiller), as well as Valium and several other tranquilizers. Prescription drug use sometimes results in fatal reactions.

Show a music video clip of one of Elvis's performances.

Explain that most OTC and prescribed drug treatments often mask symptoms or control health problems, or in some way alter the way organ systems work. Overuse of prescription drugs frequently creates new health problems as side effects. People need to understand that their headaches are not due to Aspirin deficiency. The lesson is that seemingly safe prescription drugs can be as fatal as illegal drugs if taken in combination. Persons taking more than one drug should monitor themselves carefully, in cooperation with a physician.

*Continued*

## RM 8-SU: Unintended Consequences: A Case Study of Elvis Presley (*Continued*)

### Discussion Example

A middle-aged relative takes the following prescription drugs:

- antihistamine (prescription)
- codeine (prescription for pain)
- Demerol (prescription narcotic used as sedative)
- tranquilizers (prescriptions including Valium)
- sedative-hypnotic (prescription for insomnia)

The coroner's autopsy report states that death was due to

- cardiac arrhythmia (irregular heartbeat)
- severe cardiovascular disease

The coroner's autopsy report also states:

- There were eight different prescription drugs in the body.
- Not one prescription drug was at a toxic level. Medications found were in the therapeutic range and individually did not constitute an overdose.
- There was no evidence that the drugs present in the body caused or made any significant contribution to the death.

### Discussion Questions

(Use information from previous sections to help answer the following questions.)

1. What are the body's reactions to a combination of several prescription drugs taken simultaneously?
2. How can prescription drugs taken at non-toxic levels result in death?
3. In what ways could the combining of drugs have an adverse effect on the body?
4. What signs or symptoms would have indicated a problem drug use? Who should have helped the relative?
5. What drug-free alternatives could you have suggested to the relative to deal with the stated problems?
6. Would you ask the coroner to pursue the investigation into your relative's death for any reason(s)?



**RM 9–SU: Sam’s Story:  
Walnut Creek Teen’s Road from Meth\***

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\* This story is available at the following website:  
Heredia, Christopher. “Sam’s Story: Walnut Creek Teen’s Road from Meth.” *San Francisco Chronicle* 6 May 2003: A–1. Available on the SFGate.com website at <[www.sfgate.com/cgi-bin/article.cgi?file=/c/a/2003/05/06/MN202176.DTL](http://www.sfgate.com/cgi-bin/article.cgi?file=/c/a/2003/05/06/MN202176.DTL)>.

















## Lesson 4: Advocacy against Substance Use and Abuse

### Introduction

This lesson focuses on identifying substance use and abuse problems and what can be done to help someone who is struggling with these problems. Students also have the opportunity to advocate against substance use.

This lesson draws on the following pamphlets, which are available from the Addictions Foundation of Manitoba (AFM):

- *Are Alcohol/Drugs Causing Problems for You?*
- *Signs and Symptoms of Drug Use: A Guide for Parents and Teachers*
- *When Someone Else's Drinking, Drug Use or Gambling Affects You*

For copies of these pamphlets, please contact

Addictions Foundation of Manitoba  
Youth Community-Based Services  
200 Osborne Street North  
Winnipeg MB R3C 1V4  
Telephone: 204-944-6235

### NOTE TO TEACHER

Substance use and abuse is regarded as potentially sensitive content. All aspects of instruction are to be treated with a high degree of sensitivity.

### REFERENCE



For information about AFM's resources and services and to contact AFM counsellors closest to a school or community, refer to the following website:

Addictions Foundation of Manitoba. <[www.afm.mb.ca](http://www.afm.mb.ca)>.

For website updates, please visit Websites to Support the Grades 11 and 12 Curriculum at <[www.edu.gov.mb.ca/k12/cur/physhlth/](http://www.edu.gov.mb.ca/k12/cur/physhlth/)>.



### Specific Learning Outcome

- 11.SU.4** Use reliable information in making healthy decisions for self and/or others regarding substance use and abuse.



## Key Understandings

- There are signs and/or symptoms that indicate problem drug use.
  - People have to help themselves avoid substance use and abuse.
  - Support is available for individuals with substance use and abuse problems.
  - Being involved in developing drug prevention programs or strategies promotes healthy decision making.
- 



## Essential Questions

1. How can you help someone who is struggling with substance abuse?
  2. What resources are available in your community to treat dependencies and/or addiction?
  3. How will the information you have obtained influence your decision making regarding substance use and abuse?
- 



## Background Information

### General Signs of Alcohol or Other Drug Use\*

Teachers need to be aware of the behaviours that may be apparent in a young person who is using and/or abusing alcohol or other drugs. It may also be valuable to encourage students to watch for these signs among their friends and to seek ways to help and support them.

The following are some common signs and symptoms to watch for in individuals who may be using substances:

- general loss of energy and motivation
- declining grades, dropping classes
- skipping or being late for class
- preoccupation with “using” activities
- not seeing former “non-using” friends
- poor concentration and memory

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\* Source: Addictions Foundation of Manitoba. *Signs and Symptoms of Drug Use: A Guide for Parents and Teachers*. Winnipeg, MB: AFM, 2006. Adapted with permission.

- mood swings, increased irritability
- a general change in personality or mood
- involvement in harmful activity
- staying out late, not coming home
- arriving at home or school under the influence
- physical changes—in weight and hygiene
- presence of alcohol/drug paraphernalia, such as rolling papers, pipes, or bottles
- self-destructive behaviour, such as slashing skin
- putting self at risk, such as driving impaired
- personal or family belongings missing
- secretiveness about new friends and activities
- spending more time alone

These may be signs that a young person is in need of assistance. When teachers observe possible signs of substance use in someone, even if they are not sure that the signs indicate an alcohol or drug problem, they are encouraged to share their observations and concern with the person. Most students who are experiencing a problem related to substance use will not ask for help, and may deny that they have a problem. However, receiving feedback from others can encourage a student to examine his or her behaviour and to accept an offer of help. The Stages of Change, as outlined in Lesson 2 of Module B, apply to making behaviour change related to substance use as well. It is important to recognize what stage of substance use a student is at (i.e., pre-contemplation, contemplation, preparation, action, maintenance) and to use strategies that best help the person for each stage.

AFM counsellors provide assistance in determining an appropriate course of intervention. Even if a young person's substance use is limited, education and discussion about alcohol and other drugs can promote healthy decision making.

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## Background Information

### When Someone's Substance Use Affects Others\*

Although each person's situation is unique, those affected by someone else's alcohol or other drug problem may share many common experiences and feelings. Often, they feel that they are somehow responsible for the problems and that no one else understands their situation. Such beliefs can leave them feeling guilty, embarrassed, angry, and alone, and may prevent them from reaching out to someone who can help.

There are two key messages to convey to students:

- If you think you might be affected by someone else's substance use, you're not alone.
- You are not responsible for someone else's choices or behaviour.



## Suggestion for Instruction / Assessment

### Is Someone Else's Substance Use Affecting You?\*

The following questions are provided to help students determine whether someone else's involvement in alcohol or other drugs is causing problems for them.

Present a scenario in which a person's substance dependency is affecting others. Have students imagine that they are the ones being affected by the substance use in the scenario. Using the Rotating Reel strategy (see Appendix E), have students discuss the following questions and report a summary of their discussion to the class after a given time period.

#### NOTE TO TEACHER

Depending on the class situation, teachers may wish to use these questions with individual students rather than in a large-group situation.

The same questions could be applied to discussions regarding other addictive behaviour such as gambling.

### *Questions to Ask Yourself*

- Do you sometimes worry about what may happen when someone you care about is drinking or using other drugs?
- Do you avoid situations where a friend or family member may be using alcohol or other drugs?
- Do you try to control how much someone else uses substances? (For example, do you water down or hide liquor?)
- Do you sometimes feel hurt or angry because of the behaviour of a friend or family member who is using substances?

\* Source: Addictions Foundation of Manitoba. *When Someone Else's Drinking, Drug Use or Gambling Affects You*. Winnipeg, MB: AFM, 2006. Adapted with permission.

- Have you given up activities you enjoy to look after a friend or family member who is using substances?
- Do you sometimes feel embarrassed by someone else’s drinking or drug use?
- Do you worry that others might find out about a friend’s or family member’s drinking or drug use?
- Have special occasions been ruined by someone else’s drinking or drug use?
- Do you hide or lie about the drinking or drug use of someone you care about?
- Do you blame yourself when a friend or family member is drinking or using other drugs?

Encourage students to talk about these issues with someone who understands and can help them make sense of what seems like an overwhelming situation. Encourage students to contact counsellors at school or at AFM.

## REFERENCES



To contact an AFM counsellors closest to a school or community, refer to the contact information available on the following website:

Addictions Foundation of Manitoba. <[www.afm.mb.ca](http://www.afm.mb.ca)>.

For more suggestions on how friends can help, refer to the following resource:

O'Connor, Betsy. *A Guide for Teens: Does Your Friend Have an Alcohol or Other Drug Problem?* Boston, MA: Center for Health Communication, Harvard School of Public Health, 1994. Available online at <<http://ncadi.samhsa.gov/govpubs/phd688/>>.

For website updates, please visit Websites to Support the Grades 11 and 12 Curriculum at <[www.edu.gov.mb.ca/k12/cur/physhlth/](http://www.edu.gov.mb.ca/k12/cur/physhlth/)>.



## Background Information

### Student Use and Abuse of Alcohol and Other Drugs

Although the message to students is to abstain from using alcohol and other drugs, the statistics show that students are using legal and illegal substances.

- In Canada, “alcohol is by far the most common substance used by youth and binge drinking is common. Cannabis is the second most common substance—and the first among illicit drugs—used by Canadian youth. Cannabis use is now more common than cigarette smoking among students” (CCSA 7).
- According to a recent Manitoba survey, 80 percent of Grades 9 to 12 Manitoba students use alcohol and 42 percent use cannabis (Patton, Mackay, and Broszeit 13, 37).

Since alcohol is a commonly used drug in high school, students should learn when the use is becoming harmful to themselves or others.

## REFERENCES



For additional information, refer to the following reports:

The Canadian Centre on Substance Abuse (CCSA). *Substance Abuse in Canada: Youth in Focus*. Ottawa, ON: CCSA, September 2007. Available online at [www.ccsa.ca/CCSA/EN/Research/Substance\\_Abuse\\_in\\_Canada/](http://www.ccsa.ca/CCSA/EN/Research/Substance_Abuse_in_Canada/).

Patton, David, Terri-Lynn Mackay, and Brian Broszeit. *Alcohol and Other Drug Use in Manitoba Students*. Winnipeg, MB: Addictions Foundation of Manitoba, May 2005. Available online at [www.afm.mb.ca/pdf/](http://www.afm.mb.ca/pdf/).

For updated statistics, contact a local Regional Health Authority or refer to information on the following websites:

Addictions Foundation of Manitoba. [www.afm.mb.ca](http://www.afm.mb.ca)

Manitoba Addictions Awareness Week (MAAW) Committee. "High on Life: Everybody Wins!" *Manitoba Addictions Awareness Week: Resource Kit*. Winnipeg, MB: MAAW Committee, October 2007. Published annually. The kit is available online at [www.afm.mb.ca/maaw/Resource\\_Kit/resource\\_kit.html](http://www.afm.mb.ca/maaw/Resource_Kit/resource_kit.html).

For website updates, please visit Websites to Support the Grades 11 and 12 Curriculum at [www.edu.gov.mb.ca/k12/cur/physhlth/](http://www.edu.gov.mb.ca/k12/cur/physhlth/).



## Suggestion for Instruction / Assessment

### Are Alcohol or Other Drugs Causing Problems for You?\*

To help students think about the personal effects and consequences of using alcohol or other drugs, have them ask themselves the following questions:

- Have you ever had arguments with your parents/guardians about drug or alcohol use?
- Have you ever lied to friends or family to cover up your use?
- Has your relationship with friends or family changed because of your drug/alcohol use?
- Have you ever felt badly because of something you said or did while under the influence?
- Do you feel that people don't trust you any more?
- Have you stolen money, alcohol, or other things from family or friends?
- Do you have trouble concentrating or notice that your memory isn't as good as it was?
- Are you involved in illegal activity?

#### NOTE TO TEACHER

Depending on the class situation, teachers may wish to use these questions with individual students rather than in a large-group situation.

\* Source: Addictions Foundation of Manitoba. *Are Alcohol/Drugs Causing Problems for You?* Winnipeg, MB: AFM, 2006. Adapted with permission.

- Have your school grades dropped?
- Have you dropped activities that were once important to you?
- Do you use alcohol or other drugs to feel better? Or even to feel normal?
- Are old friends avoiding you? Do you now prefer a using crowd?
- Have you driven a car while under the influence of alcohol and/or other drugs?
- Have you ever thought about cutting down or quitting?

If students answered “yes” to any of these questions and are concerned about their use of alcohol or other drugs, encourage them to contact the school counsellor or the counsellors at AFM.



## Background Information

### Advocacy for Substance Use and Abuse Prevention

Engaging students in discussions, projects, debates, presentations, and media campaigns are all recommended strategies for promoting prevention of substance use and abuse. Teachers can increase the relevance of learning for students by getting them involved in learning strategies, having them analyze their own behaviours, and using information that will help them make more informed decisions.



## Suggestion for Instruction / Assessment

### Learning Advocacy Skills through Expert Testimony

The group project outlined in RM 10-SU provides students with an opportunity to research and present persuasive arguments (expert testimony) for their case on a selected drug-related topic.



Refer to RM 10-SU: Learning Advocacy Skills through Expert Testimony.

#### NOTE TO TEACHER

This group work may require more time than one lesson. This is an example of a choice that could be offered as part of the Flexible Delivery Component of this curriculum. Encourage students to use current, accurate, and local/Canadian information in their work.



## Suggestion for Instruction / Assessment

### Drug Prevention Presentation

Have students work in collaborative groups of four to six to create visual displays on a drug-related topic, as outlined in RM 11-SU. This creative learning activity gives students the opportunity to explore attitudes, beliefs, and behaviours with respect to drug-related themes and to develop prevention strategies through visual display projects that include oral and written components.



Refer to RM 11-SU: Drug Prevention Presentation.

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## RM 10–SU: Learning Advocacy through Expert Testimony\*

### Purpose

This group research project is intended to help students develop knowledge and skills in advocacy by researching and presenting expert testimony on selected topics.

### Materials and Resources

For this research project, students may use video clips, newspaper and journal articles, statistics, and the Internet. Students may choose any individual or combination of presentation techniques (e.g., basic lecture, slide show using any presentation software). The teacher may choose to videotape the groups' presentations with the intention of simulating an actual expert testimony experience.

### Procedures

At the beginning of the module, place students into groups of five and offer them a choice of topics to research for their expert testimony. They may choose from a list of topics provided by the teacher or pick a controversial topic they are interested in as a group (see Expert Testimony: List of Topics and Project Guidelines at the end of RM 10-SU).

There are two parts to this project.

- **Part A:** Early in the project, each group must submit a two- to three-page paper describing their plans for conducting the expert testimony. The paper should include the following components:
  1. **Comprehensive plan:** Outline the group's "angle" or approach and key arguments on the selected research topic.
  2. **Proposed resources:** List resources (e.g., newspapers, journals, Internet, other media) and visual materials that the group will use.
  3. **Presentation format:** Identify the group's chosen presentation format (e.g., slide show, lecture).
  4. **Group responsibilities:** Provide a brief description of roles/duties of group members.

*Continued*

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\* Source: Banerjee, Priya. "Learning Advocacy Skills through Expert Testimony." *American Journal of Health Education* 34.2 (Mar./Apr. 2003): 113–16. Adapted with permission. Permission is granted by the American Association for Health Education/American Alliance for Health, Physical Education, Recreation and Dance which owns and publishes the *American Journal of Health Education*.

## RM 10–SU: Learning Advocacy through Expert Testimony (*Continued*)

- **Part B:** Each group must prepare an expert testimony presentation. The presentation should last approximately 20 minutes, not including audience questions, and incorporate the following components:
  1. **Introduction:** Briefly introduce group members. (1 minute)
  2. **Description of issue:** Describe in some detail the problem/concern/controversial issue the group is going to address.
    - a. **Define the problem:** Explore the origins and extent or proliferation of the issue and prevalent trends. Inform the audience about where the problem started, the extent of the problem, and how it is currently being dealt with in communities. (3 minutes)
    - b. **Provide demographics:** Cite statistics at the local, provincial, national, and/or international level, as applicable. Inform the audience about who is affected and how many people are affected by the issue. (3 minutes).
    - c. **Provide impact analysis:** Describe economic, political, and social dimensions of the issue, as well as the future of the problem if it continues without correction. (5 minutes)
  3. **Proposed solution:** Provide a detailed description of a program or a plan to address or resolve the issue. This may be either a hypothetical or an existing program or plan. If applicable, call for the adoption of a new policy or legislation. Finally, describe how the solution will be (or is being) implemented and evaluated. (5 minutes)
  4. **Summation argument:** Summarize the main points of the issue presented. Present a plea to action, a description of what the audience needs to do to make a difference. (3 minutes)
  5. **Discussion:** Answer audience questions. (5 minutes)

### Assessment

Both the instructor and audience assess the expert testimony of each group. On the day of the expert testimony, the presenters' peer audience will be given roles to play. As each group presents its expert testimony on a topic, students in the audience will be asked to assume the roles of legislators, school officials, parents, or members of a particular community. They will be asking questions from their assigned position (e.g., a student acting as a parent will ask the presenting group a question from the perspective of a parent). Each audience member will play a role and must ask a question relevant to his or her role. This poses unique challenges for the presenting group. If their research is thorough, they will be able to answer the questions well enough to satisfy and educate their audience.

*Continued*

## RM 10–SU: Learning Advocacy through Expert Testimony (*Continued*)

Both the teacher and the audience will assess the group presentations (see Expert Testimony: Teacher and Peer-Audience Assessment at the end of RM 10-SU):

- **Teacher assessment:** The instructor will assess the group based on the comprehensiveness of the expert testimony.

The following rating scale might be used:

4 – Exemplary, 3 – Accomplished, 2 – Developed, 1 – Beginning, Ab – Absent (of particular component)

The teacher assessment criteria could include the following:

1. Thoroughness of background research regarding the problem.
2. Creativity of the proposed solution (if the group has come up with a solution) or thoroughness of the knowledge of the proposed solution.
3. Degree of persuasiveness.
4. Time management.

- **Peer-audience assessment:** The same rating scale can be used for the peer assessment of the group presentations:

4 – Exemplary, 3 – Accomplished, 2 – Developed, 1 – Beginning, Ab – Absent (of particular component)

The groups' peer audience will assess the presentation based on the following criteria:

1. Satisfactory answers. The audience must assess the extent to which the group answered their individual questions to their satisfaction.
2. Level of creativity. The audience must assess the extent to which the group captured and maintained their attention throughout the presentation.
3. Level of persuasiveness. The audience must assess the extent to which the group was able to convince them that their proposed solution to the problem was appropriate.
4. Extent to which new information was learned.
5. Extent to which the group appeared knowledgeable on the subject.

*Continued*

## RM 10–SU: Learning Advocacy through Expert Testimony (*Continued*)

### Expert Testimony: List of Topics and Project Guidelines

#### Topics for Expert Testimony

The following guidelines should be addressed in preparation for this project:

- Choose a topic for your group from the following list.  
You will be making a case for
  1. a Drug Education curriculum with a focus on substance abstinence
  2. a Drug Education curriculum with a focus on harm reduction
  3. mandatory universal drug testing
  4. drug abuse prevention programs
  5. mandatory teacher training in substance abuse detection and prevention
- Expert testimony should be effective/powerful and persuasive.
  - Your team should prepare a 20-minute presentation on your topic. You may use charts, graphs, and other visuals to support your verbal testimony. No reading will be allowed during the presentation.
  - Use whatever techniques you know to “persuade” and “hook” your audience. Use pertinent personal experience, case vignettes, and statistics. But above all, be informative: do your research well.

#### *Part A: Expert Testimony Draft*

The first part of the project involves writing a paper that describes the following:

- A comprehensive plan of your presentation (your angle, your key arguments).
- Proposed resources (e.g., newspapers, journals, Internet, other media) and a list of visual materials you will be using.
- Logistics (how the presentation will be done and any AV needs).

#### *Part B: Expert Testimony Presentation Outline*

The second part of the project involves giving a presentation of your research findings.

- **Introduction:** Briefly introduce yourselves.
- **Identification of Issue:** Describe the problem/concern/controversial issue you are going to talk about in some detail.
  - **Define the problem:** Explore the origins and extent of the issue and prevalent trends. (What is the problem? Where did the problem start? Who is doing what to curb/prevent the problem?)
  - **Provide demographics:** Give statistics at the local, provincial, national, and even international levels, as applicable. Who is affected by the issue?
  - **Describe the impact:** Analyze who or what is affected by the problem. Address economic, political, and social dimensions of the issue. Address the future impact of the problem if it continues without correction.
- **Proposed solution:** Propose a concrete plan or solution to address the issue (which is the title of your topic, and the main part of your presentation).
  - Describe the theory base of your plan or solution.
  - Describe the cost-effectiveness of the implementation of your proposed solution.
- **Summation argument:** In the closing statement, summarize the main points of the issue, why you are concerned, what could happen, what should be done (a plea to action).

*Continued*

## RM 10–SU: Learning Advocacy through Expert Testimony *(Continued)*

<b>Expert Testimony: Teacher and Peer-Audience Assessment</b>					
<b>Rating Scale</b>					
4 – Exemplary, 3 – Accomplished, 2 – Developed, 1 – Beginning, Ab - Absent (of particular component)					
<b>Teacher Assessment</b>					
Names of group members _____					
Topic _____					
Assessment Criteria	4	3	2	1	Ab
1. Thoroughness of background research regarding the problem. Extent of information on topic from current research/data (e.g., from Health Canada, Addictions Foundation of Manitoba, Canadian Centre on Substance Abuse, Centers for Disease Control and Prevention, National Institutes of Health, and/or other well-established, credible sources)					
2. Creativity of the proposed solution or thoroughness of the knowledge of the proposed solution					
a. Description of how each component of the solution addressed the issue at large					
b. Description of a tool to assess success of the solution					
c. Description of the theory base on the solution					
d. Description of the cost and cost-effectiveness of implementation					
3. Degree of persuasiveness					
4. Time management					
Total points _____					
<b>Peer-Audience Assessment</b>					
Topic _____					
Your question for the group _____					
Your agenda: Indicate whether you are a parent, school board member, local politician, or community member. _____					
Assessment Criteria	4	3	2	1	Ab
1. Did the group answer your question satisfactorily?					
2. Did the group hold your attention throughout their testimony?					
3. At the end of the group's testimony were you convinced that the group's point of view was valid and the "right" one even though it might be in conflict with your personal agenda/values?					
4. Did you learn something new from the group's testimony?					
5. Did the group appear knowledgeable on the subject?					
Total points _____					

## RM 11–SU: Drug Prevention Presentation\*

### Purpose

Through this cooperative group learning activity, students will learn to

1. identify personal and socio-cultural beliefs, attitudes, values, and behaviours regarding tobacco, alcohol, and other drug use, as well as strategies for prevention through a visual display project on a specific drug-related topic or theme
2. identify and access community resources/websites that deal with drug education (prevention, use, misuse, abuse, and public education) and incorporate this information into a visual display project
3. build teamwork skills that encourage collaborative work on a drug-related visual display, oral presentation, and written report

### Materials and Resources

For this project, each group of four to six students creates a visual display on a drug-related topic. Students are encouraged to create an imaginative display that may consist of magazine pictures, news articles, illustrations, and so on.

Establish the size of the display boards to be used. Students may use poster board or cardboard to create their three-dimensional displays. In addition to the display boards, students may wish to use other materials to present their visual displays.

### Procedure

This creative learning activity gives students the opportunity to explore their attitudes, beliefs, and behaviours with respect to drug-related themes. Designing a drug-related visual display is a four-part process.

#### ■ **Part A: Assign Drug-Related Topic for Collage, Oral Presentation, and Written Report**

Advise students that they will work in groups to design and present a visual display using art about a drug-related theme. In addition, they will give an oral presentation (15 to 20 minutes) to the class and submit a written paper (four to eight pages) on their respective topics. The oral presentation to the class must be interactive and engage the class. Students cannot lecture about their topics, and their presentation must advocate for a positive pathway regarding their theme.

*Continued*

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\* Source: Bill, Debra E., and Tammy C. James. "Using Visual Displays as a Teaching Tool for Drug Prevention." *American Journal of Health Education* 34.5 (Sept./Oct. 2003): 288–90. Adapted with permission. Permission is granted by the American Association for Health Education/American Alliance for Health, Physical Education, Recreation and Dance which owns and publishes the *American Journal of Health Education*.

## RM 11–SU: Drug Prevention Presentation (*Continued*)

Have students form small groups of four to six and ask each group to choose a drug-related topic. Examples of drug-related topics are

- consequences of drinking and driving
- natural highs
- positive effects of not smoking
- wellness alternative to drinking
- peer education and refusal skills
- substance abuse prevention strategies

Students may also develop their own topics to encourage group ownership of the visual display.

- **Part B: Select and Research at Least Three Sub-Themes for the Visual Display and Compile Illustrations and Images for the Visual Display**

Students are encouraged to collect images representing their topics and display them in a creative manner as a visual display in the format of a collage or sculpture. The displays may include materials from magazines, newspaper stories, clip art, tables/graphs, cartoons, photographs, drawings, papers and borders of different colours, and other art or educational supplies. They are encouraged to be as creative as possible for this project. Students are free to choose their own shape, colours, design, and materials for their class displays.

Students are to design displays that have a strong visual impact and that will help other students in the class understand their topics. They must articulate three sub-themes and collect visual images on each of these themes. For example, if the topic is drinking and driving, the three sub-themes could be legal consequences, social consequences, and economic consequences.

- **Part C: Research Three Websites or Community Agencies on a Drug-Related Topic**

While they are compiling and collecting images for their displays, students need to research and describe three reputable websites that address the specific visual display topic and/or visit three community agencies that address the drug-related concern. Students share with the class a list of community-based drug agencies available in the local community. They must state why they chose the three selected websites and/or agencies and include their addresses for the class. Students are encouraged to collect and compile materials from these sources that can be used for the visual displays. Data from this research is presented in the oral and written reports.

*Continued*

## RM 11–SU: Drug Prevention Presentation (*Continued*)

### ■ Part D: Design and Produce the Interactive Visual Display

The small groups of students then design and create the visual displays on their respective drug-related topics. Students are given class time to design and assemble the displays. The emphasis of the interactive displays and oral presentations is to showcase the topics in a visually appealing, creative manner that actively involves other class members in a discussion of the respective topics.

### *Examples*

Two examples of visual displays are suggested below.

1. The first visual display entitled “Drinking and Driving” is divided into three sub-themes:
  - a. The beginning of the collage represents a typical Friday night at a high school, with the decision to drink being acted out in a role-play scenario.
  - b. Some students then decide to drive after drinking, with the middle of the collage representing the road. Classmates are asked to try on “Fatal Vision goggles” that they borrowed from the local health agency (representing various alcohol impairment blood levels) and are given the task of trying to stay on the correct side of the road wearing the goggles and using a lighted pointer (a difficult motor-sensory task).
  - c. The final part of the collage shows consequences of drinking and driving. Pictures and newspaper stories reveal tragic deaths and injuries of young people who chose to drink and drive.

Classmates are encouraged to share their attitudes and opinions about this topic.

2. The second visual display represents a sculpture entitled “Negative Effects of Smoking.” Students find a large box and fashion it into a large carton of cigarettes. Inside the carton are cigarettes that show diseases associated with smoking. Classmates are asked questions about symptoms associated with each disease and are rewarded with correct answers. They are also encouraged to discuss reasons not to smoke and where they can get help to quit smoking free of charge.

### *Visual Display, Oral Presentation, and Written Report*

At the end of the module, student groups display their collage/sculpture, explaining their topics and three sub-themes. They present a 15- to 20-minute oral presentation on the topic that actively involves classmates.

*Continued*



## RM 11–SU: Drug Prevention Presentation (*Continued*)

Each group also submits a short paper on the drug-related theme, which includes

- a brief description of the drug-related topic and three sub-themes
- at least three helpful websites and/or agencies that address the drug-related topic
- a description of the interactive class activity for visual display
- a reflection on the impact of the cooperative learning activity on the group

Students reflect on the group process and learning experience (favourable/unfavourable, why/why not) and discuss whether/how their attitudes have changed toward the topic as a result of this project.

### Conclusion

Students are encouraged early in this process to submit their ideas for the three sub-themes for the visual displays so that feedback can be given. Group sharing of this process during class time helps to build effective projects. Over the years, exemplary projects can be saved and presented.

In reflecting on the projects, students may mention that working as a group helps develop teamwork and fosters a sense of community in class. They may mention that they enjoy designing a visual display about drugs/drug prevention that emphasizes imagination and active class involvement in learning.

### Assessment

To assess student work, refer to the assessment criteria identified in the sample assessment checklist that follows. The checklist may be used in its entirety or adapted to fit individual needs.

The sample checklist for assessing this group project is composed of three components:

- Visual Display
- Oral Presentation
- Written Report

Use the following rating scale:

- + Above Expectations
- ✓ Meets Expectations
- Below Expectations

*Continued*

## RM 11–SU: Drug Prevention Presentation *(Continued)*

To be graded as **complete**, the student work would have to meet expectations in all identified components.

<b>Sample Assessment Checklist for Visual Display, Oral Presentation, and Written Report</b>
<b>Visual Display</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Design and organization—extent to which visual display is well designed, well organized, and illustrates topic.</li><li><input type="checkbox"/> Display of three sub-themes—extent to which content of three sub-themes is well displayed and supports purpose.</li><li><input type="checkbox"/> Creativity—extent to which visual display is creative (original and imaginative).</li><li><input type="checkbox"/> Design for class involvement—extent to which display is designed to encourage active class involvement in topic.</li></ul>
<b>Oral Presentation</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Organization and content—extent to which report is well organized and well developed, has a clear introduction, incorporates presentation of three sub-themes, and has a clear conclusion, presented within a 10-minute time frame.</li><li><input type="checkbox"/> Relevance to topic and class involvement—extent to which class members are actively involved in identifying and/or examining relevant personal and societal beliefs, attitudes, and behaviours toward the topic.</li><li><input type="checkbox"/> Group process and communication skills—extent to which group members display cooperative teamwork, balanced presentation, and communication skills (poise, speaking skills, responsiveness to class questions).</li></ul>
<b>Written Report</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Organization and content—extent to which report is thorough, well organized, and clear, and includes description of topic and three sub-themes and description of three websites/agencies that address drug-related topic.</li><li><input type="checkbox"/> Group process lessons—extent to which report describes group process and teamwork, and any shift in beliefs, attitudes, or behaviours toward topic as a result of completing the project.</li></ul>
<b>Comments</b>



## A P P E N D I C E S

Appendix A: Curriculum Map for Grade 11 and  
Grade 12 Active Healthy Lifestyles

Appendix B: Grade 11 Active Healthy Lifestyles  
Curriculum Matrix

Appendix C: Specific Learning Outcomes for  
Grade 11 Active Healthy Lifestyles

Appendix D: Planning Guidelines for Physical  
Education/Health Education






Appendix E: Active Learning Strategies

Appendix F: Sample Assessment Tools and Checklists

Appendix G: Common Planning Tools and Forms



# APPENDIX A: CURRICULUM MAP FOR GRADE 11 AND GRADE 12 ACTIVE HEALTHY LIFESTYLES

General Learning Outcomes (GLOs)	<b>1. Movement</b> 	<b>2. Fitness Management</b> 	<b>3. Safety</b> 	<b>4. Personal and Social Management</b> 	<b>5. Healthy Lifestyle Practices</b> 
Description	<i>The student will demonstrate competency in selected movement skills, and knowledge of movement development and physical activities with respect to different types of learning experiences, environments, and cultures.</i>	<i>The student will demonstrate the ability to develop and follow a personal fitness plan for lifelong physical activity and well-being.</i>	<i>The student will demonstrate safe and responsible behaviours to manage risks and prevent injuries in physical activity participation and in daily living.</i>	<i>The student will demonstrate the ability to develop self-understanding, to make health-enhancing decisions, to work cooperatively and fairly with others, and to build positive relationships with others.</i>	<i>The student will demonstrate the ability to make informed decisions for healthy living related to personal health practices, active living, healthy nutritional practices, substance use and abuse, and human sexuality.</i>
Knowledge Strands (Acquiring Knowledge/ Understanding)	A. Basic Movement B. Movement Development C. Activity-Specific Movement	A. FITNESS COMPONENTS B. FITNESS BENEFITS C. FITNESS DEVELOPMENT	A. PHYSICAL ACTIVITY RISK MANAGEMENT B. Safety of Self and Others	A. PERSONAL DEVELOPMENT B. SOCIAL DEVELOPMENT C. MENTAL-EMOTIONAL DEVELOPMENT (11 only)	A. Personal Health Practices B. ACTIVE LIVING C. NUTRITION (12 only) D. SUBSTANCE USE AND ABUSE PREVENTION (11 only) E. HUMAN SEXUALITY (12 only)
Skill Strands (Acquiring and Applying Skills)	A. Acquisition of Movement Skills B. APPLICATION OF MOVEMENT SKILLS TO SPORT/GAMES C. APPLICATION OF MOVEMENT SKILLS TO ALTERNATIVE PURSUITS D. APPLICATION OF MOVEMENT SKILLS TO RHYTHMIC/GYMNASTIC ACTIVITIES	A. ACQUISITION/ APPLICATION OF FITNESS MANAGEMENT SKILLS TO PHYSICAL ACTIVITY AND HEALTHY LIFESTYLE PRACTICES	A. ACQUISITION/ APPLICATION OF SAFE PRACTICES TO PHYSICAL ACTIVITY and Healthy Lifestyle Practices	A. ACQUISITION OF PERSONAL AND SOCIAL MANAGEMENT SKILLS TO PHYSICAL ACTIVITY AND HEALTHY LIFESTYLE PRACTICES	A. APPLICATION OF DECISION-MAKING/ PROBLEM-SOLVING SKILLS TO PHYSICAL ACTIVITY AND HEALTHY LIFESTYLE PRACTICES

**Key:** The strands that appear in CAPS are addressed in both grades or only in one grade (as specified).



## APPENDIX B: GRADE 11 ACTIVE HEALTHY LIFESTYLES CURRICULUM MATRIX

The following matrix of the Grade 11 Active Healthy Lifestyles curriculum

- identifies the minimum time allotments for each component of this course:
  - Physical Activity Practicum
  - Core Component
  - Flexible Delivery Component
- notes the suggested time allocation, in percentages, for each module
- lists the specific learning outcomes (SLOs) that students are expected to achieve
- makes general learning outcome (GLO) connections for each module

<b>Grade 11 Active Healthy Lifestyles Curriculum Matrix</b>					
Component and % Time Allotment	Module	Time in %	Specific Learning Outcomes		GLO Connection*
Physical Activity Practicum  (Minimum 50%)	Module A: Physical Activity Practicum	50%	11.PA.1	Demonstrate appropriate critical thinking, planning, and decision-making skills in the development and implementation of a personal physical activity plan that is safe and ethical and contributes to health-related fitness goals.	1, 2, 3 ,4, 5
			11.PA.2	Demonstrate an understanding of the risk-management process and responsibilities related to physical activity participation.	
			11.PA.3	Demonstrate the ability to access and use information for making informed decisions about safety and risk management related to physical activity participation. <i>Includes:</i> level of instruction, level of supervision, facilities/environment, equipment, clothing/footwear, and personal and other considerations	
			11.PA.4	Apply movement skills and concepts in selected physical activities that meet the goals of a personal physical activity plan.	
			11.PA.5	Participate in physical activities at a moderate to vigorous intensity level.	
			11.PA.6	Record and report the frequency, intensity, time, and type of the physical activities, as indicated in the personal physical activity plan, and reflect on physical activity participation.	

\* The GLO 1—Movement; GLO 2—Fitness Management; GLO 3—Safety; GLO 4—Personal and Social Management; GLO 5—Healthy Lifestyle Practices

*Continued*

**Grade 11 Active Healthy Lifestyles Curriculum Matrix (Continued)**

Component and % Time Allotment	Module	Time in %	Specific Learning Outcomes	GLO Connection
Core Component  (Minimum 25%)	Module B: Fitness Management	10%	11.FM.1 Evaluate the benefits of selected types of physical activities in the development of fitness and in the prevention of disease at various stages of life.  <i>Examples:</i> relationship between aerobic activity and cardiovascular disease, breast cancer, type 2 diabetes, mental health; relationship between weight-bearing activities and osteoporosis	1, 2, 3, 4, 5
			11.FM.2 Examine factors that have an impact on the development and implementation of and adherence to a personal physical activity plan.  <i>Examples:</i> motivation, barriers, changing lifestyle, values and attitudes, social benefits, finances, medical conditions, incentives, readiness for change	
			11.FM.3 Examine and evaluate factors that affect fitness and activity choices.  <i>Examples:</i> intrinsic and extrinsic motivation, personal interests, personal health, family history, environment, finances, culture, level of risk	
			11.FM.4 Demonstrate an understanding of the concepts and principles related to the development and implementation of a personal physical activity plan.  <i>Examples:</i> cardiorespiratory endurance/aerobic fitness, musculoskeletal fitness, training principles, FITT (frequency, intensity, time, type) principle	
			11.FM.5 Design, implement, evaluate, and revise an exercise routine that contributes to the health-related fitness components.  <i>Examples:</i> resistance training, walking, running programs	

*Continued*



### Grade 11 Active Healthy Lifestyles Curriculum Matrix *(Continued)*

Component and % Time Allotment	Module	Time in %	Specific Learning Outcomes	GLO Connection
Core Component <i>(Continued)</i>  (Minimum 25%)	Module C: Mental-Emotional Health	5%	11.MH.1 Identify and apply positive health strategies to deal with issues such as stress, anxiety, depression, and eating disorders.  11.MH.2 Examine media influence(s) on self-image and behaviour.  11.MH.3 Investigate the impact and importance of active healthy lifestyle practices on mental-emotional health issues.  11.MH.4 Examine the signs and symptoms of mental-emotional health issues related to stress, anxiety, depression, and eating disorders.  11.MH.5 Identify community service agencies that support individuals concerned about mental-emotional health issues.  11.MH.6 Apply problem-solving and decision-making strategies in case scenarios related to selected mental-emotional health issues.	3, 4, 5
	Module D: Social Impact of Sport	5%	11.SI.1 Identify the different stages of sport participation and their role in society.  11.SI.2 Examine the impact of sport on various social issues.  <i>Examples:</i> ethnic background, gender equity, populations with exceptional needs, politics, technology, business  11.SI.3 Analyze sporting behaviours that may be positive and/or negative.	1, 4
	Module E: Substance Use and Abuse Prevention	5%	11.SU.1 Explain ways in which drugs and other substances are classified.  11.SU.2 Explain the stages of involvement in substance use or abuse.  <i>Includes:</i> non-involvement, irregular involvement, regular involvement, harmful involvement, and dependent involvement  11.SU.3 Examine factors that influence decisions regarding substance use and abuse.  11.SU.4 Use reliable information in making healthy decisions for helping self and/or others regarding substance use and abuse.	3, 4, 5
Flexible Delivery Component  (Up to 25%)	Extension of Core Component and/or Physical Activity Practicum topics or time that is locally determined. Specific learning outcomes are locally developed.			



# APPENDIX C: SPECIFIC LEARNING OUTCOMES FOR GRADE 11 ACTIVE HEALTHY LIFESTYLES

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## Physical Activity Practicum Component

### Module A: Physical Activity Practicum (PA)

- 11.PA.1** Demonstrate appropriate critical thinking, planning, and decision-making skills in the development and implementation of a personal physical activity plan that is safe and ethical and contributes to health-related fitness goals.
- 11.PA.2** Demonstrate an understanding of the risk-management process and responsibilities related to physical activity participation.
- 11.PA.3** Demonstrate the ability to access and use information for making informed decisions about safety and risk management related to physical activity participation.  
*Includes:* level of instruction, level of supervision, facilities/environment, equipment, clothing/footwear, and personal and other considerations
- 11.PA.4** Apply movement skills and concepts in selected physical activities that meet the goals of a personal physical activity plan.
- 11.PA.5** Participate in physical activities at a moderate to vigorous intensity level.
- 11.PA.6** Record and report the frequency, intensity, time, and type of the physical activities, as indicated in the personal physical activity plan, and reflect on physical activity participation.
- 

## Core Component

### Module B: Fitness Management (FM)

- 11.FM.1** Evaluate the benefits of selected types of physical activities in the development of fitness and in the prevention of disease at various stages of life.  
*Examples:* relationship between aerobic activity and cardiovascular disease, breast cancer, type 2 diabetes, mental health; relationship between weight-bearing activities and osteoporosis
- 11.FM.2** Examine factors that have an impact on the development and implementation of and adherence to a personal physical activity plan.  
*Examples:* motivation, barriers, changing lifestyle, values and attitudes, social benefits, finances, medical conditions, incentives, readiness for change
-

- 11.FM.3** Examine and evaluate factors that affect fitness and activity choices.  
*Examples:* intrinsic and extrinsic motivation, personal interests, personal health, family history, environment, finances, culture, level of risk
- 11.FM.4** Demonstrate an understanding of the concepts and principles related to the development and implementation of a personal physical activity plan.  
*Examples:* cardiorespiratory endurance/aerobic fitness, musculoskeletal fitness, training principles, FITT (frequency, intensity, time, type) principle
- 11.FM.5** Design, implement, evaluate, and revise an exercise routine that contributes to the health-related fitness components.  
*Examples:* resistance training, walking, running programs
- 

#### Module C: Mental-Emotional Health (MH)

- 11.MH.1** Identify and apply positive health strategies to deal with issues such as stress, anxiety, depression, and eating disorders.
- 11.MH.2** Examine media influence(s) on self-image and behaviour.
- 11.MH.3** Investigate the impact and importance of active healthy lifestyle practices on mental-emotional health issues.
- 11.MH.4** Examine the signs and symptoms of mental-emotional health issues related to stress, anxiety, depression, and eating disorders.
- 11.MH.5** Identify community service agencies that support individuals concerned about mental-emotional health issues.
- 11.MH.6** Apply problem-solving and decision-making strategies in case scenarios related to selected mental-emotional health issues.
- 

#### Module D: Social Impact of Sport (SI)

- 11.SI.1** Identify the different stages of sport participation and their role in society.
- 11.SI.2** Examine the impact of sport on various social issues.  
*Examples:* ethnic background, gender equity, populations with exceptional needs, politics, technology, business
- 11.SI.3** Analyze sporting behaviours that may be positive and/or negative.
-

## Module E: Substance Use and Abuse Prevention (SU)

**11.SU.1** Explain ways in which drugs and other substances are classified.

**11.SU.2** Explain the stages of involvement in substance use or abuse.

*Includes:* non-involvement, irregular involvement, regular involvement, harmful involvement, and dependent involvement

**11.SU.3** Examine factors that influence decisions regarding substance use and abuse.

**11.SU.4** Use reliable information in making healthy decisions for helping self and/or others regarding substance use and abuse.



# APPENDIX D: PLANNING GUIDELINES FOR PHYSICAL EDUCATION/HEALTH EDUCATION

## Introduction

The content of this appendix is consistent with the information in *Senior 1 and Senior 2 Physical Education/Health Education: A Foundation for Implementation* (Manitoba Education, Citizenship and Youth). The planning guidelines provided here are especially helpful to those who are new at teaching physical education/health education (PE/HE) and for teachers who are using a delivery model that has a high percentage of the IN-class component.

Because teaching situations vary (e.g., in relation to demographics, cultures, resources, teacher expertise, local priorities), planning is highly individual. This appendix provides suggestions related to the following:

- Part A: Planning for Instruction
- Part B: Planning for Assessment
- Part C: Additional Planning

Most of the resources cited are available online, as indicated in the Bibliography.

## Part A: Planning for Instruction

### Creating a Meaningful Learning Environment

The Guiding Principles discussed in the *Framework* (Overview 6) are intended to assist teachers and administrators in designing a meaningful learning environment for PE/HE. Effective PE/HE programming ensures that learning experiences, resources, and assessment practices

- are appropriate for the age and developmental readiness of students
- take into consideration students' multiple intelligences and varied learning approaches, skills, needs, and strengths (for information on differentiating instruction, refer to the departmental resource *Success for All Learners*)
- respect and appreciate human diversity, including gender, abilities, and culture (refer to departmental resources such as the following: *A Foundation for Excellence; Integrating Aboriginal Perspectives into Curricula; Native Studies: Senior Years; Towards Inclusion: From Challenges to Possibilities; Planning for Behaviour; Towards Inclusion: Tapping Hidden Strengths; Planning for Students Who Are Alcohol-Affected; Supporting Inclusive Schools: A Handbook for Developing and Implementing Programming for Students with Autism Spectrum Disorder*)

- include active and interactive learning opportunities that foster responsibility, inclusion, community, and citizenship, and that support the development of physical and social-emotional well-being
- help students understand healthy lifestyle practices and their contribution to the components of sustainable development: the environment, economy, and health and well-being (refer to *Education for a Sustainable Future*)
- support curricular connections and integration (refer to *Curricular Connections*)
- incorporate the foundation skill areas: literacy and communication, problem solving, human relations, and technology (refer to *A Foundation for Excellence and Technology As a Foundation Skill Area*)
- encourage partnerships with the home and community

### Implementation Guidelines for the General Learning Outcomes

The following guidelines for each general learning outcome (GLO) provide additional suggestions for creating a meaningful learning environment within a PE and/or an HE setting.

#### Guidelines for GLO 1 – Movement



*The student will demonstrate competency in selected movement skills, and knowledge of movement development and physical activities with respect to different types of learning experiences, environments, and cultures.*

#### Implementation Guidelines

The following guidelines represent best practices when addressing learning activities related to GLO 1 – Movement:

- Establish rules, routines, and student expectations for physical education related to safety (physical and emotional), inclusion, and time effectiveness, and communicate with students and parents/guardians.
- Establish appropriate guidelines with respect to clothing to be worn in physical education (e.g., consider ease of movement, safety, non-marking soles on running shoes).
- Establish “start” and “stop” signals to ensure safety and class control (e.g., hand signal, sound signal, hand clap, or cue words such as go, freeze, stop, time out).
- Refrain from using exercise as punishment.
- Emphasize positive behaviours in relationships between and among students (e.g., do not tolerate put-downs, teasing, exclusion).



- Choose activities that promote maximum participation (e.g., do not use elimination-type games unless another choice of activity is provided and there is a way for the student to return to the original activity in a short time; reduce long lineups or large relay teams).
- Choose developmentally appropriate and age-appropriate learning activities, taking into consideration the type and size of equipment and mechanical principles of movement. For example, soft and light objects (e.g., sponge balls, beach balls) are easy to manipulate, as well as safer than hard, heavy objects.
- Maximize student–equipment ratio.
- Establish safe and efficient methods for distributing, holding, and gathering equipment.
- Use equitable strategies for group organization (e.g., grouping by shirt colour, numbering off, eye colour, birthday months).
- Establish rules for “entry activities,” depending on the setting, activity, and supervision, so that students can be active at the onset of the class, and establish rules for “exit routines” to ensure orderly dismissal and safe conduct in change rooms, where applicable.
- Make adjustments when teaching outdoors, considering safety factors related to the sun, wind, wet/icy surfaces, and noise. Position students so that the sun is not in their eyes and wind or other distractions are behind them.

### **Guidelines for GLO 2—Fitness Management**



*The student will demonstrate the ability to develop and follow a personal fitness plan for lifelong physical activity and well-being.*

#### ***Implementation Guidelines***

Consider the following guidelines when addressing learning activities related to GLO 2—Fitness Management:

- Ensure that students are highly active for as many learning outcomes as possible. Choose activities that promote maximum participation for all students.
- Make assessment an ongoing process to help students understand, improve, and maintain personal physical fitness.
- Establish personal goals and monitor individual progress rather than comparing results to others, as in norm-referenced testing.
- Encourage students to understand how the body responds to exercise and how this can aid in disease prevention.

- Encourage students to take responsibility for their own personal fitness by providing them with opportunities to set realistic goals and by continually monitoring their progress. Physical fitness test results should be used as a tool to monitor individual progress (and not used for grading purposes).
- Involve parents/guardians/families and communities in promoting active healthy lifestyles for students by using authentic assessment strategies such as portfolio take-home tasks, activity logs, and personal fitness programs.
- Ensure that students receive proper instruction and supervision when using heart-rate monitors, to avoid confusion or frustration.
- Choose a variety of appropriate tests or tasks to measure health-related fitness components (e.g., running for a specific distance, for a specific length of time, or at a certain pace for determining cardiorespiratory endurance). When administering fitness-assessment tasks, the following strategies are appropriate:
  - Focus on individual progress rather than on individual performance.
  - Involve students in setting challenging and realistic goals.
  - Give supportive feedback about progress towards reaching goals.
  - Create a humanistic environment, keeping testing as private and confidential as possible (e.g., avoid announcing or posting fitness scores, provide choice and alternatives for each of the fitness components where necessary, respecting individual differences).
  - Ensure that students are well prepared and informed prior to the assessment.
  - Communicate fitness results or scores as information separate from the report-card mark.
  - Provide students with strategies to improve and maintain fitness.

For more information, refer to *Guidelines for Fitness Assessment in Manitoba Schools* (Manitoba Education, Citizenship and Youth).

### **Guidelines for GLO 3 – Safety**



*The student will demonstrate safe and responsible behaviours to manage risks and prevent injuries in physical activity participation and in daily living.*

#### ***Implementation Guidelines***

The following guidelines represent best practices when implementing learning activities related to safety.

### *Strand A: Physical Activity Risk Management*

- Use the criteria established by the Supreme Court of Canada to determine the necessary and appropriate standard of care within the context of physical education. (See discussion of Safety and Liability in the *Framework Overview* section of this document. For criteria related to school-based activities and non-school-based activities, refer to *OUT-of-Class Safety Handbook*, Manitoba Education, Citizenship and Youth.)
- For information related to school-based activities pertaining to supervision, teaching progressions, facilities/environment, equipment, and risk management, refer to *Safety Guidelines for Physical Activity in Manitoba Schools* (MPETA, et al.) and to *YouthSafe Manitoba: School Field Trip Resource* (Hanna, Quest Research and Consulting Inc., and YouthSafe Outdoors).
- For information related to non-school-based activities pertaining to supervision, teaching progressions, facilities/environment, equipment, and risk management, refer to *OUT-of-Class Safety Handbook* (Manitoba Education, Citizenship and Youth).
- Establish safety routines early in the year and reinforce them throughout the year (e.g., entering/exiting from the gymnasium, using change rooms, getting/holding/putting away equipment, storing valuables such as jewellery, taking washroom and water breaks).
- Establish safe playing rules related to indoor and outdoor facilities (e.g., remove any objects or furniture with sharp edges in the gymnasium that a student could run into, ensure adequate spacing between groups) and equipment (e.g., do not retrieve equipment that is not in a safe area, such as off the school grounds or in another student's playing space, especially in activities using racquets or other striking implements).
- Establish safety rules for distributing equipment and organizing circuits/station activities (e.g., stagger starting points, have students move through the circuit in an orderly fashion, provide enough stations to keep everyone active, have students put back equipment after use).
- Keep informed of current safety and student medical information (e.g., contraindicated exercises, equipment and its use, allergies).
- Analyze the inherent level of risk related to each physical activity, based on factors such as skill level, previous experience, teacher expertise, weather conditions, available facilities, and available equipment.
- When supervising, establish a position (e.g., keep the back to the wall) that keeps students in the line of vision as much as possible.

### *Strand B: Safety of Self and Others*

- Establish a safety code of conduct for the class and/or school to reinforce safe behaviours (e.g., walk in the hallways, demonstrate fair play in lunch-hour/intramural activities, get/stay away from bullying situations).
- Follow current school/division guidelines regarding factors such as depth and breadth of content, parental communication, and learning resources for implementing the student learning outcomes related to personal safety.
- Provide parents with information regarding learning activities related to safety education, where possible.
- Reinforce safety rules for protection at home (e.g., keep exterior doors locked) and for protection away from home (e.g., make sure someone always knows where you are).
- Reinforce rules for protection from sexual exploitation (e.g., what to do when encountering a sex-related Internet site).

### **Guidelines for GLO 4 – Personal and Social Management**




*The student will demonstrate the ability to develop self-understanding, to make health-enhancing decisions, to work cooperatively and fairly with others, and to build positive relationships with others.*

### **Implementation Guidelines**

The following guidelines represent best practices when implementing learning, teaching, and assessment strategies related to GLO 4 – Personal and Social Management:

- Choose a decision-making/problem-solving process and encourage students to use and practise the steps in daily situations.
- Make curricular connections with other subject areas (e.g., English language arts, social studies) where applicable.
- Change groups, squads, teams, and partner combinations regularly to promote inclusion and interpersonal skill development.
- Choose appropriate games and activities that promote sharing, cooperation, team building, and competing graciously.
- De-emphasize winning and losing in games and promote fair play.
- Be sensitive to family configurations, accidents or deaths involving family members, and home environments when addressing topics such as loss and grief, body image, body weight, and self-esteem.

## Guidelines for GLO 5 – Healthy Lifestyle Practices

 The student will demonstrate the ability to make informed decisions for healthy living related to personal health practices, active living, healthy nutritional practices, substance use and abuse, and human sexuality.

### *Implementation Guidelines*

The following guidelines represent best practices when addressing learning activities related to GLO 5 – Healthy Lifestyle Practices:

- Use *Eating Well with Canada's Food Guide* (Health Canada); however, this is not intended to suggest that it is the only guide that may be used, or to undermine nutrition guides or approaches used in other cultures or in specialized diets.
- Check with administrator on local policy for delivering potentially sensitive content related to personal safety/sexual exploitation, substance use and abuse prevention, and human sexuality, and provide a parental option prior to implementation where necessary.
- Be sensitive to family configurations, gender identification issues, religious and moral beliefs, illnesses or deaths of family members/friends, and family living conditions.
- Provide parents with information regarding the learning activities where applicable.
- Be sensitive to body size, weight, restricted or specialized diets, and availability of or access to healthy foods when addressing healthy eating and body image.
- Follow current school/division guidelines regarding factors such as depth and breadth of content, parental communication, and learning resources for addressing the student learning outcomes related to personal safety, substance use and abuse prevention, and human sexuality.
- Present sexual health information in positive, accurate, and developmentally appropriate ways (e.g., make curricular connections with courses such as Grade 11 Biology, Grade 11 Current Topics in the Sciences, Family Studies).

## Planning for Students with Exceptional Learning Needs

Manitoba Education, Citizenship and Youth is committed to fostering inclusion for all people. Inclusion is a way of thinking and acting that allows every individual to feel accepted, valued, and safe. An inclusive community consciously evolves to meet the changing needs of its members. Through recognition and support, an inclusive community provides meaningful involvement and equal access to the benefits of citizenship.

PE/HE programming can contribute to the development of responsibility, citizenship, community, and personal fitness through physical activity participation. All students, including those with exceptional learning needs, have opportunities to develop the knowledge, skills, and attitudes required for physically active and healthy lifestyles.

Inclusive PE/HE recognizes the inherent value of each student, the right to take risks and to make mistakes, the need for independence and self-determination, and the right of choice.

Inclusive PE/HE programming

- includes all students
- uses the provincial PE/HE curriculum as a base
- respects the learning needs and interests of individual students
- keeps students moving as much as possible, as sitting can result in behaviour problems
- involves planning and collaboration with others
- provides a range of learning and assessment experiences and supports
- requires planning for the availability of equipment needed for various activities and students
- considers the continuum of instructional supports for students with an individual education plan (IEP)
- personalizes learning activities as necessary
- sets realistic, yet challenging expectations
- makes rules simple and consequences immediate
- provides assistance only to the degree required
- respects and fosters a degree of risk and availability of choices, keeping in mind that students are often unwilling to take risks

For blank planning tools, refer to Appendix G: Common Planning Tools and Forms.

For additional information on planning for inclusion, refer to Appendix C: Programming for Students with Special Needs in *Senior 1 and Senior 2 Physical Education/Health Education: A Foundation for Implementation* (Manitoba Education, Citizenship and Youth).

## Fostering a Safe and Supportive Learning Environment for Potentially Sensitive Content

In teaching potentially sensitive content, it is essential to foster a safe and supportive learning environment that is inclusive, challenging, caring, engaging, and interactive, enabling students to feel comfortable sharing ideas and opinions and participating in activities and discussions if they choose to do so. Establishing ground rules or classroom guidelines helps provide a safe and supportive environment and helps prevent uncomfortable or embarrassing situations for the teacher and/or students.

To make informed choices, students need current and accurate information and a wide range of learning resources. Not only do students need to access the information, but they also need to learn how to interpret and make responsible decisions about the appropriateness of this information. By learning how to evaluate multiple perspectives, form their own opinions, and clarify their individual values, students develop life skills that facilitate independence and respect for self and others.

Due to the sensitive content discussed in class, it is possible that students may disclose personal information. It is suggested that teachers acknowledge what a student says and then speak to the student individually in a confidential setting. Common indicators of abuse and neglect are outlined in *Senior 1 and Senior 2 Physical Education/Health Education: A Foundation for Implementation (Overview-24)*. Teachers should be aware of their local policy regarding child abuse and protection.

### *Suggested Guidelines*

Based on *Human Sexuality: A Resource for Senior 1 and Senior 2 Physical Education/Health Education* (Manitoba Education, Citizenship and Youth 5), suggested guidelines for fostering a safe and supportive learning environment include the following:

- Provide a physical space that helps students feel comfortable and safe, and arrange seating to facilitate discussion.
- Organize classes for girls and boys separately or together. It is important, however, that girls and boys receive information about both genders.
- Ensure that resource information and help are made available or easily accessible to students, taking into account the need for confidentiality and/or anonymity.
- Help avoid difficult situations by having the class develop and post ground rules and reviewing them before each lesson begins (see Suggested Ground Rules).

#### SUGGESTED GROUND RULES

- Everyone has the right to “pass” on activities/questions that feel uncomfortable.
- It is all right to feel embarrassed or not to know answers to everything.
- Everyone’s opinion is to be respected.
- All questions will be addressed appropriately.
- Be discreet about class discussions (i.e., no gossiping).
- Using personal names or asking personal questions is not permitted.
- Speak for yourself. Use “I messages” to state opinions or feelings.
- Respect others’ differences.

- Respect confidentiality, except where it is required by law to disclose information (e.g., child abuse, protection issues, sexual abuse, dangerous situations).
- Be prepared for varied responses from adolescent students in reaction to sexual material (e.g., interest level, sarcasm, uncontrollable giggling, embarrassment, shyness, bragging, making fun of others).
- Be aware of the attitudes and behaviours characteristic of adolescent students (e.g., interest in erotica, sexual innuendo, flirting, sexually explicit conversations, sexual jokes, affectionate and intimate interaction).
- Consult with parents, counsellors, and/or other professionals on staff if students display “warning behaviours” (e.g., sexual preoccupation/anxiety, interest in pornography, sexual aggression/obscenities, sexual graffiti, embarrassment of others with sexual gestures/references, violation of others’ body space, single occurrence of peeping or exposing with peers).
- Show an understanding for students who come from varied backgrounds (cultural, religious, moral) and sexual experiences (e.g., dealing with sexually transmitted infections [STIs], victims or offenders of sexual acts, teenage parents).

### *Teaching Tips*

Consider the following teaching tips when addressing sexual health topics in the classroom.

- Check with administration for school and division policy and procedures prior to implementation.
- Seek out school/division-supported teacher training and/or mentor, as required.
- Arrange to team teach (male and female team, if possible) to enhance personal and student comfort.
- Invite qualified members in the community (e.g., public health nurse, doctor, community health leader, religious leader) to support instruction (with administrative approval).
- Discuss with students the importance of learning about sexual reproductive health.
- Admit to feeling awkward about teaching sexual health topics, if applicable, to increase personal and student comfort.
- Be willing to look for information to address topics or questions that students raise.
- Know where and when to send students for help.
- When introducing a topic or lesson, determine what students know and want to know.
- Establish ground rules in the first lesson and reinforce them regularly to ensure a safe and respectful class atmosphere.



- Reinforce in lessons the universal values, including honesty and respect for the rights and feelings of others.
- Do not allow students to make fun of or to put down each other's opinions.
- Present information in an unbiased, non-judgmental way, and focus on helping students develop the knowledge, skills, and attitudes that will empower them to make health-enhancing decisions.
- Talk about topics and answer questions using factual statements rather than value statements.

*Examples of Value Statements:*

- Too many young people are having sex.
- It's wrong for people to be gay or lesbian.

*Examples of Factual Statements:*

- Some young people are having sex.
- Some people are gay or lesbian.

- Remind students that value-based questions are personal and influenced by our families, friends, school, the media, culture, and religion, and encourage students to discuss these types of questions with their parents.
- Encourage students to support their points of view, based on their values and beliefs. Remind students, however, that behaviours must be consistent with the laws of the land.
- Refer to Canadian laws if debates on controversial or emotional topics occur. In debates about human rights, remind students that it is illegal to discriminate on the basis of gender, culture, religion, sexual orientation, and so on.
- Use exact terms and definitions (not slang) when talking about sexual health topics.
- Use gender-neutral language such as "partner" instead of "boyfriend" or "girlfriend."
- Use "icebreakers" and humour to help students feel more comfortable.
- Be sensitive to non-verbal communication.
- Play "devil's advocate," if necessary, to ensure the expression of a range of views.
- Use age-appropriate case scenarios rather than personal or specific class examples during class discussion of difficult topics.
- Encourage students to ask questions and to use the Question Box strategy (see *Human Sexuality: A Resource for Senior 1 and Senior 2 Physical Education/Health Education 7*).

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**Reference:**

Planned Parenthood Federation of Canada. *Beyond the Basics: A Sourcebook on Sexual and Reproductive Health Education*. Ottawa, ON: Planned Parenthood Federation of Canada, 2001. 19–26.

## Yearly/Semester Planning

Before developing a yearly plan for Grades 11 and 12, decisions regarding the type of delivery model (i.e., percentage of IN-class and OUT-of-class time) to be used by the school must be determined. These decisions will determine the organization, pace, and focus of curriculum instruction. From here, preparation involves long-term planning (yearly/semester), which includes assessment and reporting procedures, and short-term planning (unit, lesson).

### NOTE

These suggestions for yearly/semester planning were written for an IN-class delivery model. Some of the information may not apply to the OUT-of-class delivery model.

A yearly/semester plan outlines the learning activities through which a student can achieve the general and specific learning outcomes. Yearly/semester planning provides direction and learning targets; however, it also needs to be flexible, allowing for adjustments in response to student learning requirements and/or other curricular demands. The learning activities can be organized in a variety of ways (e.g., by general learning outcomes, modules, physical activity categories, game themes) to ensure that all student learning outcomes are addressed within the year/semester.

In developing a yearly/semester plan, consider the following suggestions:

- Determine the number of classes for each group of students for the year/semester for PE and/or HE based on days per cycle, week, month, and/or term, considering the number of days for holidays, in-service sessions, or other commitments.
- Determine available resources (e.g., equipment, facilities in the school and community, teacher expertise, books, software, student materials, visual aids).
- Establish time blocks (number of classes) and schedule units/modules/themes for achieving the student learning outcomes for each grade with respect to reporting periods.
- Choose an organizer to ensure that all learning outcomes are addressed within the year/semester. (For samples of yearly planning tools, refer to Planning Tools for Kindergarten to Grade 10 at the following website: [www.edu.gov.mb.ca/k12/cur/physhlth/planning.html](http://www.edu.gov.mb.ca/k12/cur/physhlth/planning.html)).

Evaluation and reporting procedures are determined locally and are an important aspect of overall and yearly/semester planning. Plans include information about reporting periods, expectations, performance criteria, and a grading system or code that shows student progress and achievement in PE/HE.

In developing an evaluation/reporting plan for PE/HE, take into account the following considerations:

- Obtain information related to when reporting to parents occurs and what grading system or code the school uses.
- Develop personal timelines for preparing report-card information.
- Establish with other staff how PE/HE should be reported (e.g., procedures for sharing information where more than one teacher delivers and assesses the curriculum).
- Determine how this information will be communicated to students and parents on an ongoing basis.
- Determine components of the reporting system (e.g., knowledge, skills, and attitudes for each of the general learning outcomes).

## Unit Planning

A unit plan combines various learning/teaching strategies to address one or more general or specific learning outcomes, strands, sub-strands, skills, themes, topics, or physical activity categories. A well-planned unit shows evidence of an integrated approach and curricular connections.

Consider the following suggestions for unit planning:

- Develop a plan with the end in mind (i.e., “How will we know whether the student has achieved the desired results?” “What evidence would clearly show that the student knows and is able to do what is required?”).
- Examine specific learning outcomes for each grade and choose groups of learning outcomes that connect and can be assessed in one or two culminating activities or performance tasks.
- Determine the overarching “essential questions” that capture the essence of what students will learn based on clusters of learning outcomes.
- Identify corresponding performance criteria, learning/teaching strategies, and helpful learning resources that support an integrated and comprehensive programming approach.
- Choose learning/teaching strategies that are developmentally appropriate and promote active and interactive learning.
- Keep programming balanced by choosing a variety of learning activities (see Physical Activity Categories in Appendix G: Common Planning Tools and Forms) and a variety of strategies for differentiating instruction.
- Identify ways to integrate with other subject areas and make curricular connections where possible.

## Lesson Planning

In planning individual lessons, consider the following suggestions:

- Identify general and specific learning outcome(s) to be addressed.
- Identify student learning requirements.
- Choose learning/teaching strategies that require students to activate, acquire, and apply knowledge, skills, and attitudes.
- Assess the space/facility and equipment required for the lesson and check in advance for safety factors and adequate supplies.
- Plan class organization and formation changes so that transitions do not waste time.
- Establish key words or cues that contribute to the development of student understanding.
- Identify ways to make curricular connections across the general learning outcomes and with other subject areas.
- Identify assessment strategies and tools that will be used to determine the rate and extent of learning for each student.
- Include challenges, modifications, adaptations, or accommodations for students with exceptional learning needs, talents, or skills, based on student profiles as determined by the team.

A sample Grades 11 and 12 Lesson Planner template is available in Appendix G: Common Planning Tools and Forms. Also refer to the online Planning Tools for Kindergarten to Grade 10 at <[www.edu.gov.mb.ca/k12/cur/physhlth/planning.html](http://www.edu.gov.mb.ca/k12/cur/physhlth/planning.html)>.

## Part B: Planning for Assessment

Assessment involves collecting information or data on student performance in relation to the learning outcomes to assist with future planning and communicating student progress and achievement. Teachers are encouraged to involve students in the process and ensure that they are familiar with the performance expectations and assessment criteria.

The following planning steps for designing or planning assessment strategies are outlined in the *Framework* (see Appendix A: Assessment, Evaluation, and Reporting, 196):

- Identify what the student should know, be able to do, and value (i.e., choose a specific learning outcome or a cluster of outcomes and/or attitude indicators to be assessed).
- Identify the expected performance or product and its elements (i.e., What are its key characteristics?).

- Identify the criteria/performance descriptors that will help determine how well the student has achieved the specific learning outcome(s) (i.e., How will you know the student has achieved the outcome?).
- Select an assessment method or tool for collecting information related to the specific learning outcome(s) (e.g., performance assessment task, authentic assessment, anecdotal records, checklists, rating scales, rubrics).
- Select a learning experience best suited to observe and measure achievement (e.g., game, learning log, portfolio, research project).
- Decide who will assess the performance (e.g., teacher, peer, student, others).
- Decide on implementation strategies, considering relevant factors (i.e., the time the learning activities take, class organization, documentation method).
- Decide how this information will be used (i.e., formative, summative, diagnostic) and who the target audience will be (e.g., student, teacher, parent, administrator, general public).

For additional information related to Grade 11 assessment and reporting, see Overview of Grade 11 Active Healthy Lifestyles. Also see Appendix F: Sample Assessment Tools and Checklists.

### **Part C: Additional Planning**

The following are further suggestions for consideration in planning the implementation of PE and/or HE (Tenoschok 32):

- Develop an *Emergency Plan* for situations such as a fire or an unexpected illness/accident involving self or others. Include information such as location of fire exits, class lists, class leaders' names, safety rules, class organization and management routines, and lesson plans for a substitute for unexpected absence due to illness or an emergency.
- Establish a *Medical Procedure Plan* that includes a process for obtaining student medical information (e.g., a student's individual health care plan) on an ongoing basis; procedures and alternative strategies for students who need to be excused from participating due to illness or injury; medical procedures to be used in case of an injury or accident.
- Develop *Alternative Lesson Plans* in situations when the weather may prevent the class from going outdoors or when the gymnasium is used for another event.
- Develop with school staff an *Individual Education Plan* for students with exceptional learning needs and make modifications, adaptations, and accommodations where necessary. (See Planning for Students with Exceptional Learning Needs earlier in this appendix. Also see Appendix C: Programming for Students with Special Needs in *Senior 1 and Senior 2 Physical Education/Health Education*.)

- Establish a *Safety Check Plan* for checking the facilities and equipment and determine procedures for making maintenance requests. Refer to *Safety Guidelines for Physical Activity in Manitoba Schools* (MPETA, et al.).
- Establish an *Inventory Checklist* along with a *Purchasing Plan* for ordering equipment and supplies related to budgeting, prioritizing equipment needs and wants, and filling out purchase orders.
- Establish a *Storage Plan* for proper storage, care, and use of equipment, including signage where needed for outdoor users.
- Establish a *Code of Conduct* to promote safety in active play spaces at the school, including outdoor alternative teaching spaces.
- Develop with school staff a *Special Events Plan* for events (e.g., intramural activities or clubs, Olympic days, “Gym Blasts”) that could be conducted during the year.
- Develop a *Checklist for OUT-of-School Activities* in accordance with school/division policies. Refer to *YouthSafe Manitoba* (Hanna, Quest Research and Consulting Inc., and YouthSafe Outdoors).
- Outline *Responsibilities of Substitutes*, in accordance with school/division policies.
- Determine ways to support physically active and healthy lifestyles for all students through a *School Health Promotion Plan* that promotes family and community involvement and provides health instruction, support services, and a safe environment.

## APPENDIX E: ACTIVE LEARNING STRATEGIES

This appendix describes a variety of active learning strategies that may be used to implement the instructional and assessment strategies suggested in this document:

- Carousel Brainstorming
- Find the Facts
- Jigsaw: A Cooperative Learning Strategy
- Opinion Corners and Opinion Lines
- Partner Paraphrasing
- People Search
- Rotating Reel
- Scavenger Hunt
- Talk Show
- Think and Link
- Think-Pair-Share
- What's Behind You?

## Carousel Brainstorming

Carousel Brainstorming activates students' prior knowledge of a topic (or topics) through movement and conversation, which provides scaffolding for learning new information and ideas. Students move and rotate around the classroom in small groups, stopping at various stations for a designated length of time. Students can move in different ways (e.g., walk, run, hop, shuffle-step) and for various time allotments (set amount of time or number of laps). At each station, students generate ideas on different topics or different aspects of a single topic through conversation with peers. Ideas are posted at each station for all groups to read.

### *Procedure*

1. Introduce the topic.
2. Divide the class into small groups.
3. At various locations around the room, place markers and blank posters/sheets, each identified with a category of the topic. (The number of posters/sheets should correspond with the number of groups.)
4. Each group starts at one of the posters and writes down any ideas team members have about a given topic.
5. On a given signal, students move around the room in a predetermined direction to the next poster and write down their ideas.
6. Students continue this process until they have visited all posters.

## Find the Facts

Find the Facts allows students to demonstrate their knowledge in an active way by moving around the room or area searching for the facts that have been posted.

### *Procedure*

1. The teacher or students make up questions and prepare answers or facts for each question.
2. Put the list of questions on one master sheet. Put each answer or fact on a separate sheet for posting around the room or area. Teachers may wish to use plastic protective sleeves to prevent the signs from tearing.
3. Students work individually, in pairs, or in teams to find the posted answer or fact to match each question on the master sheet.
4. Students correct their own work upon completion of this learning strategy.



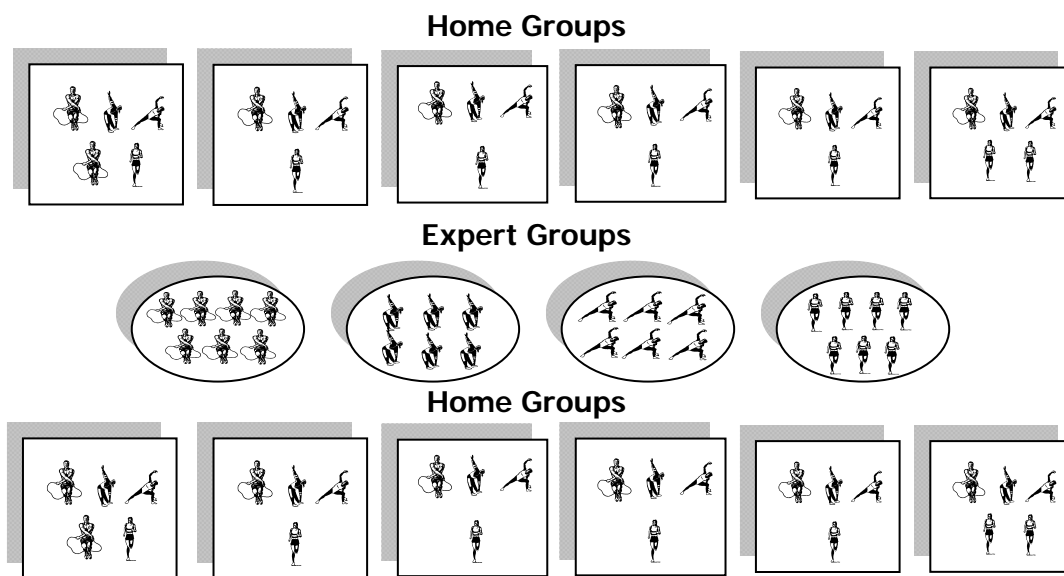
## Jigsaw: A Cooperative Learning Strategy

Jigsaw (Aronson et al.) is a cooperative learning strategy that enables students to become experts on part of a topic (determined by the teacher), which they share within their group.

### *Procedure*

1. Arrange students in small home groups, with a minimum of three in each group. Provide students with a specific topic or task (e.g., discuss how movement skill patterns transfer from one activity to another).
2. **Home group:** Each student within a group selects and explores a different component of the specified topic or task. (Ensure that the same sub-topics are selected in each group.)
3. **Expert group:** After completing the assigned task, each team member joins students from other teams who have chosen the same sub-topic, forming an expert group. Students share their information, synthesize group discussions, and expand on ideas.
4. **Home group:** Students return to their original home groups and share their “expertise” with each other.

A graphic representation of the Jigsaw strategy follows.



## Opinion Corners

The Opinion Corners strategy helps students to recall information and to express opinions. It involves movement, decision making, responsible social behaviours, and use of communication skills and styles in a safe environment. Students respond to questions by moving to a designated area.

### *Procedure*

1. Have students stand in the centre of the room or sit at their desks.
2. Make four signs, each indicating a response (e.g., “Strongly Agree,” “Agree,” “Disagree,” and “Strongly Disagree”).
3. Post one sign in each corner of the room.
4. Ask questions to which the students can agree or disagree.
5. Students move to the appropriate corner to match their response.

**Variation:** Opinion Lines (see below)

## Opinion Lines

The Opinion Lines strategy is a variation of the Opinion Corners strategy.

### *Procedure*

1. Have students line up in the centre of the teaching space (e.g., classroom, gym, blacktop).
2. Have one side of the area represent “Agree,” another side “Disagree,” and a third side “Neutral” or “Unsure.”
3. Ask questions to which students can agree, disagree, or remain neutral about or unsure of. Students move to the area that represents their opinion, at which time they may be asked to justify their opinion/answer to the class.
4. Students return to centre line after every response.

## Partner Paraphrasing

Partner Paraphrasing is a strategy that helps students increase accuracy in note-taking.

### *Procedure*

1. Have students take notes during a lecture segment (15 to 20 minutes).
2. Following the segment, organize students into pairs and have the partners work together to combine and refine notes to clarify major and minor points.

## People Search

People Search involves movement, conversation, and questioning, and activates prior knowledge of a topic. Students find other students who can answer statements on a grid (e.g., Bingo card, questionnaire, chart). The teacher confirms the required responses.

### *Procedure (for a Bingo Card)*

1. Make a list of 25 statements.

*Example:*

Find someone who . . .

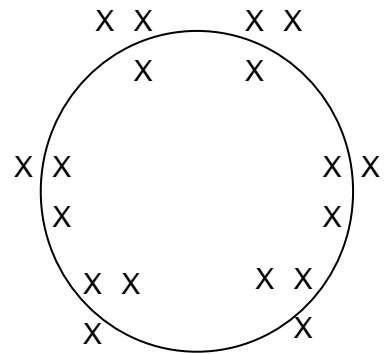
- eats a minimum of two servings of dairy products daily
  - belongs to a “fitness club”/team
  - ate a minimum of five servings of fruit/vegetables yesterday
  - exercised for a minimum of one hour yesterday
2. Place each statement on one square of a five-by-five-square grid.
  3. Provide each student with a grid/card.
  4. Students obtain the signatures of other students who can answer the statements on the grid.
  5. Play until someone fills one row, forms the letter *T* or *X*, or completes the entire grid with signatures.

## Rotating Reel

Rotating Reel helps students to recall information and discuss it in small- and large-group settings. This strategy involves movement, communication, discussion, and responsible social behaviours. Questions are posed and small-group members rotate in a circular fashion, sharing their answers with the new group.

### Procedure

1. Have students form groups of three, and assign each person a number (e.g., 1, 2, 3).
2. Have students in each small group distribute themselves evenly on a large circle.
3. Ask the class a question and have each group discuss it to determine a small-group answer.
4. Choose a number and ask the person with that number to move in a specific direction (e.g., clockwise, counter-clockwise, skip a group) to the next group.
5. The moving person shares the answer with the new group, thereby generating discussion.
6. Students present the answer to the large group.
7. Clarify the answer to ensure that all groups have the correct response.
8. Continue the sequence of asking and answering a question, selecting a number to identify the “messenger” who should move in a specified direction to the next group, and sharing the answer.



## Scavenger Hunt

A Scavenger Hunt activates students' prior knowledge of a topic (or topics) through movement, critical thinking, problem solving, and conversation (if done in pairs or groups). Students move around to find objects, cards, symbols, and colours, and sort them into categories.

### Procedure

1. Make cards containing the information related to a given topic (e.g., food groups, safety symbols, rules of a specific game such as badminton).
2. Spread cards around a designated area indoors or outdoors (e.g., turned over, placed under pylons, posted on a wall).
3. Prepare a recording sheet for students.
4. Have students walk/run to find the cards and record the card information on the sheet.
5. Upon completion, check students' results. Alternatively, have students check their own results.

## Talk Show

This learning strategy provides an opportunity for students to ask questions and to make comments in an enjoyable and entertaining manner. This game is more effective when the instructional content is conversational or opinion oriented (e.g., laws about drinking and driving, banning junk food).

### *Procedure*

1. Have students work in groups of three or four, with one person taking the role of the talk show host and the others assuming the role of guests.
2. Ask students to choose a topic, prepare interview questions, and prepare a list of key points or responses that should be shared as part of the interview.
3. Students plan how they will present their talk show and the order in which the guests will speak. The format for the talk show may involve a panel, or it may involve having students being interviewed individually, similar to the format of popular talk shows on television.
4. Provide an opportunity for the audience to ask questions following the show or presentation.

## Think and Link

The purpose of Think and Link is to engage students in using or applying the information they already know by sorting or linking the information based on particular criteria (e.g., by category, by definition).

### *Procedure*

1. Provide students with information to sort. Different formats could be used (e.g., lists, cards, sticky notes).
2. Working individually or in groups, students think about each item on the list or card and make the required link.
3. Students discuss their reasons for their decisions.

## Think-Pair-Share

The Think-Pair-Share strategy (McTighe and Lyman) engages students to think about a topic or question individually, and then share information first with another person (working in pairs) and then with the class. The questions can be used to check students' prior knowledge, brainstorm ideas, summarize information, or work together to create a better answer.

### *Procedure*

1. Provide students with a topic or question. Have students, working individually, think about what they know or want to say about the topic or question for a set period of time (e.g., two to three minutes). Teachers may decide to have students record or not record their thoughts before sharing information with a partner.
2. Organize students in pairs. Encourage students to pair up with different students by using different strategies such as the following:
  - Find a partner who has a birthday in the same month as you.
  - Choose someone whose telephone number ends with an even (or odd) number.
  - Choose a person sitting beside (or behind, in front of) you.
3. Randomly choose pairs of students to share their comments or answers with the class.

## What's Behind You?

What's Behind You? helps students recall or activate prior knowledge of a topic (or topics) through conversation, clarification, and encouragement. Students work in pairs, taking turns asking each other questions and assessing each other's answers. Teachers can provide the questions or students may generate their own.

### *Procedure*

1. Place a poster/sign on the wall or display it on an overhead screen.
2. Have pairs of students stand facing each other, with one student having his or her back turned to the poster/screen.
3. Have students take turns asking each other questions based on the information on the poster/screen. The person facing the poster/screen asks the questions, while the other person answers the questions without turning around to look.
4. Students switch roles after each question/answer.

## APPENDIX F: SAMPLE ASSESSMENT TOOLS AND CHECKLISTS

This appendix provides information and resources for planning assessment of the Grades 11 and 12 Physical Education/Health Education curricula. The following assessment tools and checklists are included:

- Sample Teacher Checklist for Assessment of Final Complete/Incomplete Designation
- Sample Student Tracking Form for Module Completion
- Sample Fitness Portfolio Reflection Sheet
- Sample Portfolio Rubric
- Sample Physical Activity Practicum: Student-Teacher Conference Report
- Assessment Tool Kit
- Seven Intelligences – Seven Ways to Be Smart

## Sample Teacher Checklist for Assessment of Final Complete/Incomplete Designation

Student Name \_\_\_\_\_ Date \_\_\_\_\_ Class \_\_\_\_\_

**Key:** ✓ Meets Expectations (Complete)    - Needs Improvement (Incomplete)

Module A: Physical Activity Practicum	Module B: Fitness Management	Module C: Mental-Emotional Health	Module D: Social Impact of Sport	Module E: Substance Use and Abuse Prevention
GLO 1—Movement GLO 2—Fitness Management GLO 3—Safety	GLO 2—Fitness Management	GLO 5—Healthy Lifestyle Practices	GLO 4—Personal and Social Management	GLO 4—Personal and Social Management
<input type="checkbox"/> Physical Activity Log and Reflections	<input type="checkbox"/> RM 1–13 FM <input type="checkbox"/> SMART Goals	<input type="checkbox"/> RM 1–6 MH <input type="checkbox"/> Rotating Reel	<input type="checkbox"/> RM 1–4 SI	<input type="checkbox"/> RM 1–11 SU <input type="checkbox"/> KWL*
<input type="checkbox"/> 55 Hours of Moderate to Vigorous Physical Activity				
<input type="checkbox"/> Physical Activity Plan	<input type="checkbox"/> Think-Pair-Share	<input type="checkbox"/> Brainstorming	<input type="checkbox"/> Opinion Corners	<input type="checkbox"/> Jigsaw
<input type="checkbox"/> Safety and Risk-Management Plan				
<input type="checkbox"/> Parent and Student Declaration Forms	<input type="checkbox"/> Three-Point Approach*	<input type="checkbox"/> Rich Performance Task* (e.g., Role Play)	<input type="checkbox"/> Think-Pair-Share	<input type="checkbox"/> DECIDE Model
<input type="checkbox"/> Student–Teacher Conferences				
<input type="checkbox"/> Achieved Student Learning Outcomes	<input type="checkbox"/> Achieved Student Learning Outcomes	<input type="checkbox"/> Achieved Student Learning Outcomes	<input type="checkbox"/> Achieved Student Learning Outcomes	<input type="checkbox"/> Achieved Student Learning Outcomes
<b>Final Assessment:</b> _____ Complete    _____ Incomplete				

\* For more information on these and other strategies, refer to the following resources:

Manitoba Education and Training. *Senior Years Science Teachers' Handbook: A Teaching Resource*. Winnipeg, MB: Manitoba Education and Training, 1997.

---. *Success for All Learners: A Handbook on Differentiating Instruction: A Resource for Kindergarten to Senior 4 Schools*. Winnipeg, MB: Manitoba Education and Training, 1996.



## Sample Student Tracking Form for Module Completion

Student Name \_\_\_\_\_ Date \_\_\_\_\_ Class \_\_\_\_\_

**Key:** ✓ Meets Expectations (Complete)    - Needs Improvement (Incomplete)

Student Name	Module A: Physical Activity Practicum				Module B: Fitness Management				Module C: Mental-Emotional Health				Module D: Social Impact of Sport				Module E: Substance Use and Abuse Prevention				Final Grade
1.																					
2.																					
3.																					
4.																					
5.																					
6.																					
7.																					
8.																					
9.																					
10.																					
11.																					
12.																					
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21.																					
22.																					
23.																					
24.																					

## Sample Fitness Portfolio Reflection Sheet

Name \_\_\_\_\_ Reflection No. \_\_\_\_\_ Date \_\_\_\_\_

What behaviours/influences are helping/preventing me from achieving my fitness goals?

START	STOP	CONTINUE
-------	------	----------

1. What do I need to **start** doing (or revise) to help me reach my fitness goals? Why?
2. What do I need to **stop** doing that is preventing me from reaching my fitness goals? Why?
3. What do I need to **continue** doing to help me reach my fitness goals? Why?
4. **This week I am very proud of . . .**

## Sample Portfolio Rubric

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Section \_\_\_\_\_

	4	3	2	1
<b>Contents</b>	___ Portfolio contains all the required material.	___ Portfolio contains most of the required material.	___ Portfolio contains some of the required material.	___ Portfolio contains little of the required material.
<b>Evidence of Learning— Sample Selection</b>	___ Samples show student progress and knowledge of active healthy lifestyle practices.	___ Samples show student progress and some knowledge of active healthy lifestyle practices.	___ Samples show some student progress and some knowledge of active healthy lifestyle practices.	___ Samples are not connected to student progress. No knowledge of active healthy lifestyle practices is displayed.
<b>Organization</b>	___ Portfolio is completely and neatly organized. A reader can easily find things.	___ Portfolio is well organized. A reader has little difficulty finding things.	___ Portfolio is fairly well organized. A reader may have a little difficulty finding things.	___ Portfolio shows some attempt at organization. A reader has difficulty finding things.
<b>Mechanics</b>	___ There are no errors in spelling, punctuation, or grammar. All samples are neat.	___ There are few errors in spelling, punctuation, or grammar. Most samples are neat.	___ Errors in spelling, punctuation, or grammar are evident. Some samples are neat.	___ Errors in spelling, punctuation, or grammar are numerous. No samples are neat.
<b>Meaningful Personal Reflections</b>	___ All reflections include personal reactions that are descriptive and insightful and relate to the stated principle.	___ Most of the reflections include personal reactions that are descriptive and insightful and relate to the stated principle.	___ Some of the reflections include personal reactions that are descriptive and insightful and relate to the stated principle.	___ Few of the reflections include personal reactions that are descriptive and insightful and relate to the stated principle.
<b>Portfolio Presentation</b>	___ Student spoke clearly, made appropriate eye contact* with audience, and confidently answered questions.	___ Student spoke relatively clearly, made appropriate eye contact* with audience, and answered questions.	___ Student spoke relatively clearly most of the time, made eye contact* with audience, and was able to answer some questions.	___ Student spoke unclearly, seldom made appropriate eye contact* with audience, and had difficulty answering questions.
<b>Overall Portfolio Impact</b>	___ The portfolio clearly demonstrates the student's knowledge and skills regarding active healthy lifestyle practices.	___ The portfolio helps to demonstrate the student's knowledge and skills regarding active healthy lifestyle practices.	___ The portfolio does little to demonstrate the student's knowledge and skills regarding active healthy lifestyle practices.	___ The portfolio does not demonstrate the student's knowledge and skills regarding active healthy lifestyle practices.

\* Consider cultural appropriateness.

Score: \_\_\_/28

Final Assessment: \_\_\_ Complete \_\_\_ Incomplete

## Sample Physical Activity Practicum: Student-Teacher Conference Report

Student \_\_\_\_\_ Date \_\_\_\_\_

1. How many hours have you completed so far towards the physical activity practicum?  
\_\_\_\_\_
2. Using your Fitness Portfolio Reflection Sheets, answer the following questions:
  - a. Discuss your thoughts on whether your physical activity plan is helping you achieve your fitness goals.
  - b. Do you anticipate or are you currently experiencing any difficulties completing the required 55 hours for the physical activity practicum? Discuss.
3. Next Steps:
  - \_\_\_\_\_ a. Continue with the original physical activity plan.
  - \_\_\_\_\_ b. Revise the physical activity plan.
4. The following revisions will be made to the physical activity plan:
  - a.
  - b.

Teacher Comments	Student Comments

An additional student-teacher conference is necessary:

\_\_\_\_\_ No

\_\_\_\_\_ Yes Date of next student-teacher conference: \_\_\_\_\_

\_\_\_\_\_  
Teacher Signature

\_\_\_\_\_  
Student Signature

## Assessment Tool Kit\*

Method	Description
<b>Gathering Information</b>	
Questioning	asking focused questions in class to elicit understanding
Observation	systematic observations of students as they process ideas
Homework	assignments to elicit understanding
Learning conversations or interviews	investigative discussions with students about their understanding and confusions
Demonstrations, presentations	opportunities for students to show their learning in oral and media performances, exhibitions
Quizzes, tests, examinations	opportunities for students to show their learning through written response
Rich assessment tasks	complex tasks that encourage students to show connections that they are making among concepts they are learning
Computer-based assessments	systematic and adaptive software applications connected to curriculum outcomes
Simulations, docudramas	simulated or role-playing tasks that encourage students to show connections that they are making among concepts they are learning
Learning logs	descriptions students maintain of the process they go through in their learning
Projects and investigations	opportunities for students to show connections in their learning through investigation and production of reports or artifacts
<b>Interpreting Information</b>	
Developmental continua	profiles describing student learning to determine extent of learning, next steps, and to report progress and achievement
Checklists	descriptions of criteria to consider in understanding students' learning
Rubrics	descriptions of criteria with gradations of performance described and defined
Reflective journals	reflections and conjecture students maintain about how their learning is going and what they need to do next
Self-assessment	process in which students reflect on their own performance and use defined criteria for determining the status of their learning
Peer assessment	process in which students reflect on the performance of their peers and use defined criteria for determining the status of their peers' learning
<b>Record-Keeping</b>	
Anecdotal records	focused, descriptive records of observations of student learning over time
Student profiles	information about the quality of students' work in relation to curriculum outcomes or a student's individual learning plan
Video or audio tapes, photographs	visual or auditory images that provide artifacts of student learning
Portfolios	systematic collection of their work that demonstrates accomplishments, growth, and reflection about their learning
<b>Communicating</b>	
Demonstrations, presentations	formal student presentations to show their learning to parents, judging panels, or others
Parent-student-teacher conferences	opportunities for teachers, parents, and students to examine and discuss the student's learning and plan next steps
Records of achievement	detailed records of students' accomplishment in relation to the curriculum outcomes
Report cards	periodic symbolic representations and brief summaries of student learning for parents
Learning and assessment newsletters	routine summaries for parents, highlighting curriculum outcomes, student activities, and examples of their learning

\* Source: Earl, Lorna M., Steven Katz, and Manitoba Education, Citizenship and Youth. *Rethinking Classroom Assessment with Purpose in Mind: Assessment for Learning, Assessment as Learning, Assessment of Learning*. Winnipeg, MB: Manitoba Education, Citizenship and Youth, 2006. 17. Available online at <[www.edu.gov.mb.ca/k12/assess/publications.html](http://www.edu.gov.mb.ca/k12/assess/publications.html)>.

## Seven Intelligences – Seven Ways to Be Smart\*

(Ways to Prepare Lessons Using Different Intelligences)

Intelligences	Teaching Activities (Examples)	Teaching Materials (Examples)	Students Learn by (Examples)
<b>Verbal / Linguistic</b> (using and responding to written and spoken words)	large- and small-group discussion, choral reading, storytelling, poetry reading, lectures, writing, word games, brainstorming, Readers Theatre	books, tape recorders, journals, word games, books on tape, word processors, talking books, manuals	reading, writing, telling, listening, speech making, following directions, journal writing, taping own and others' thoughts and ideas
<b>Logical / Mathematical</b> (using scientific thinking and problem solving)	science experiments, mental calculation, number games, solving pattern problems, using formulas, critical thinking, logical problem-solving exercises, analytical thinking	calculators, science games, science equipment, mathematics games, logic puzzles, mathematics manipulatives	analytical thinking, categorizing, classifying, quantifying, critical thinking, conceptualizing, logical-sequential presentation of material
<b>Visual / Spatial</b> (using the sense of sight and the ability to make mental images)	visual presentations, mind mapping, using graphic organizers, visualization, imagination games, making connections and patterns, painting word pictures, creating metaphors, field trips	films, videos, art materials, pictures, slides, graphs, maps, charts, collages, posters, models, optical illusions, overhead projector, computer graphics and design software, CD-ROMs, cameras, telescopes, microscopes	mind mapping, colouring, seeing, drawing, visualizing, diagramming, seeking visual patterns, creating, designing, imagining
<b>Body / Kinesthetic</b> (learning and expressing by doing)	all types of hands-on learning, science and mathematics experiments, drama, dance, sports that teach, role playing, charades, field trips, mime, games, body language communication, cooking, gardening, real-life activities	mathematics manipulatives, real-life materials, virtual reality software, science labs	interacting through space and with objects, tactile experience—touching, building, fixing, manipulating materials, learning by doing
<b>Musical / Rhythmic</b> (using and reacting to rhythmic and tonal patterns)	playing music, using live music, group rapping, chanting, using tonal patterns, singing, humming, sound appreciation activities, using rhythms, listening to and identifying environmental sounds	musical instruments, tapes, music software	hearing music in the environment, responding to and associating sounds, creating music and rhythmic patterns, singing
<b>Interpersonal</b> (interacting with and learning about others)	peer tutoring, collaborative learning, conflict mediation, group brainstorming, community involvement, club activities, social construction of knowledge	board games, simulation games, interactive software	interacting with and learning about others, interviewing, sharing, observing others, teaching, debating, discussing
<b>Intrapersonal</b> (understanding self)	individualized instruction, independent study, providing options in course study	journals, individualized work materials	reflecting, making connections to personal life and feelings, having own space

### References:

- Armstrong, Thomas. *Multiple Intelligences in the Classroom*. Alexandria, VA: Association for Supervision and Curriculum Development, 1994.
- Gardner, H. *Frames of Mind: The Theory of Multiple Intelligences*. New York, NY: Harper and Row, 1983.
- Hewitt, Jean D. *Playing Fair: A Guide to the Management of Student Conduct*. Vancouver, BC: EduServ, 1992.
- Lazear, David. *Seven Ways of Knowing: Teaching for Multiple Intelligences*. 2nd ed. Palatine, IL: Skylight, 1991.

\* Source: Manitoba Education and Training. *Success for All Learners: A Handbook on Differentiating Instruction: A Resource for Kindergarten to Senior 4 Schools*. Winnipeg, MB: Manitoba Education and Training, 1996. 4.14.

## APPENDIX G: COMMON PLANNING TOOLS AND FORMS

This appendix provides information and resources for planning implementation of the Grades 11 and 12 Physical Education/Health Education curricula. The following planning tools and forms are included:

- Sample School Questionnaire for Planning to Implement Grades 11 and 12 Physical Education/Health Education
- Treatment of Potentially Sensitive Content (includes a chart on Potential Decision Areas for School/Division Planning)
- Summary of Options for Students with Exceptional Learning Needs and/or Special Health Care Needs
- Planning for Inclusion in Physical Education/Health Education
- Outcome Planner
- Visual Planner for Inclusion in Physical Education/Health Education
- Grades 11 and 12 Lesson Planner
- Physical Activity Categories

Teachers are also encouraged to use the planning tools provided on the Manitoba Education, Citizenship and Youth website at [www.edu.gov.mb.ca/k12/cur/physhlth/curriculum.html](http://www.edu.gov.mb.ca/k12/cur/physhlth/curriculum.html).

## Sample School Questionnaire for Planning to Implement Grades 11 and 12 Physical Education/Health Education

Use this questionnaire to help determine the current status and use of resources in your school and to brainstorm potential use of the resources for implementing the Grades 11 and 12 PE/HE credits.

### School Profile

Name of School \_\_\_\_\_

Name of Principal \_\_\_\_\_

Contact Information \_\_\_\_\_

PE/HE Staff (full-time equivalent) \_\_\_\_\_

	Grade 9	Grade 10	Grade 11	Grade 12
Student Population by Grade				
Number of Bused Students by Grade				

### Current Status in PE and HE Course Offerings

School-Initiated Courses (SICs) \_\_\_\_\_

### Current Scheduling Model

Continuous \_\_\_\_\_ Non-Semester \_\_\_\_\_

Number of Periods/Day \_\_\_\_\_ Length of Periods \_\_\_\_\_

PE Class Composition (e.g., co-ed, male, female) \_\_\_\_\_

*Continued*



## School Inventory

School Inventory of Existing and Potential Resources		
Resource Area	Current Use	Potential Use
<p>Total Number of Sections/Semester</p> <p>(Take total number of students, divide by class size = number of sections per year. Divide this by 2 if school is on a semester schedule.)</p>		
<p>School Facilities Inventory</p> <ul style="list-style-type: none"> <li>▪ Gymnasium(s)</li> <li>▪ Weight Room(s)</li> <li>▪ Stage</li> <li>▪ Multi-purpose Room(s)</li> <li>▪ Classroom(s)</li> <li>▪ Computer Lab(s)</li> <li>▪ Outdoors</li> <li>▪ Other _____</li> </ul>		
<p>Available Instructional Space Per Time Slot</p>		
<p>Access to Community Facilities</p> <ul style="list-style-type: none"> <li>▪ Walking Distance</li> <li>▪ Transportation Required</li> </ul>		
<p>School-Sponsored Physical Activities/Sports—Intramurals/Clubs</p>		
<p>School-Sponsored Physical Activities/Sports—Interschool</p>		
<p>Equipment for Traditional Sports</p>		

*Continued*

**School Inventory of Existing and Potential Resources *(Continued)***

Resource Area	Current Use	Potential Use
Equipment for Recreational Physical Activities (e.g., cross-country skis)		
Other Physical Activity/Sport Opportunities (e.g., field trips)		
Considerations for Students with Exceptional Learning Needs and/or Special Health Care Needs		
Policy Regarding Course Fees		
Staffing (Qualifications/Special Skills/Certification)		
Joint Use Agreement		
Transportation Resources		
Other (e.g., volunteers/fee for service)		

## Treatment of Potentially Sensitive Content

In Kindergarten to Grade 10, the student learning outcomes in two strands, *Substance Use and Abuse Prevention* and *Human Sexuality* (in GLO 5—Healthy Lifestyle Practices) as well as in the *personal safety* (prevention of sexual exploitation and abuse) sub-strand (in GLO 3—Safety) may be potentially sensitive to some students and their parents/families and/or communities. This sensitivity may be based on family, religious, and/or cultural values. This may also apply to the learning outcomes in the Grade 11 Core module, Substance Use and Abuse Prevention, and in the Grade 12 Core module, Healthy Relationships.

Potentially sensitive content must be treated in ways that are appropriate for the local school and community context. Greater cooperation and coordination among the home, school, and public health systems will contribute to the health and well-being of students.

Schools are required to

- determine local policy related to potentially sensitive content using the school/division planning process
- seek parental involvement as part of the planning process
- provide a parental option prior to implementation of potentially sensitive content
- make decisions related to treatment of potentially sensitive content, as outlined below

<b>Potential Decision Areas for School/Division Planning</b>	
<b>A. Potentially Sensitive Content</b>	<p>The <i>Framework</i> identifies the following content areas as potentially sensitive:</p> <ul style="list-style-type: none"> <li>▪ Human Sexuality</li> <li>▪ Substance Use and Abuse Prevention</li> <li>▪ Personal Safety</li> </ul> <p>These areas require school/divisions to use a planning process (that includes parental involvement) to determine programming details.</p>
<b>B. Depth/Breadth Treatment of Content</b>	<p>Decisions related to the depth and breadth of coverage of potentially sensitive content include the choice of appropriate content, instructional strategies, assessment/reporting strategies, and learning resources.</p> <p>Decisions regarding the depth/breadth treatment of specific learning outcomes in the strands/sub-strands identified as potentially sensitive in the <i>Framework</i> can include</p> <ul style="list-style-type: none"> <li>▪ more—use with greater depth/breadth than what appears in the <i>Framework</i></li> <li>▪ at—use with the same depth/breadth</li> <li>▪ less—use with less depth/breadth</li> <li>▪ none—no use</li> </ul>

*Continued*

**Potential Decision Areas for School Division Planning (Continued)**

C. Parental Option	<p>There must be an inclusion of a parental option related to the potentially sensitive content. A parental option means that parents may choose one of the following options for delivery of potentially sensitive content:</p> <ul style="list-style-type: none"> <li>▪ school-based delivery</li> <li>▪ alternative delivery</li> </ul> <p>Parents have the right to opt for alternative delivery (e.g., home, professional counselling) for their child where the content is in conflict with family, religious, and/or cultural values.</p>
D. Scheduling of Instruction	<p>Decisions related to scheduling of potentially sensitive content may include the following options:</p> <ul style="list-style-type: none"> <li>▪ within physical education/health education</li> <li>▪ integrated in various subject areas (e.g., science, language arts)</li> <li>▪ in separate units and/or blocks of time (e.g., theme weeks)</li> <li>▪ a combination of within, integrated, and/or separate</li> </ul>
E. Parental Communication	<p>Ways to inform parents of school-based programming and to determine the parents' choice (i.e., school-based and/or alternative delivery) need to be established. Means of communication may include</p> <ul style="list-style-type: none"> <li>▪ letters</li> <li>▪ meetings</li> <li>▪ permission forms</li> <li>▪ websites</li> <li>▪ brochures</li> <li>▪ newsletters</li> </ul> <p>Parents may use departmental resources when choosing alternative delivery.</p>
F. Teacher Training Requirements	<p>Decisions for identifying requirements for training (e.g., number of days and types of training) related to potentially sensitive content for school staff and others such as parents, community volunteers, and peer educators need to be made.</p>
G. Staff Assignments	<p>Staff assignments could include use of staff, parents, peer educators, and community volunteers to enhance programming related to potentially sensitive content.</p>

**Reference:**

For more background information, lesson plans, instructional and assessment strategies specific to Grades 9 and 10, refer to the following support document:

Manitoba Education, Citizenship and Youth. *Human Sexuality: A Resource for Senior 1 and Senior 2 Physical Education/Health Education* Winnipeg, MB: Manitoba Education, Citizenship and Youth, 2005. Available online at <[www.edu.gov.mb.ca/k12/cur/physhlth/curriculum.html](http://www.edu.gov.mb.ca/k12/cur/physhlth/curriculum.html)>.

## Summary of Options for Students with Exceptional Learning Needs and/or Special Health Care Needs\*

Options	Definition	Application	Reporting Requirements
Modifications	Changes in the number or the content of the learning outcomes a student is expected to meet in the provincial curriculum, made by the teacher or school team.	For a student identified as having significant cognitive disabilities.	Refer to <i>Towards Inclusion: A Handbook for Modified Course Designation, Senior 1–4</i> and <i>Individual Education Planning: A Handbook for Developing and Implementing IEPs, Early to Senior Years</i> .
Adaptations	Changes made in the teaching process, materials, assignments, or student products to help a student achieve the expected learning outcomes.	To facilitate a student's achievement of the expected learning outcomes.	Follow regular grading practices and reporting procedures. Refer to <i>Individual Education Planning: A Handbook for Developing and Implementing IEPs, Early to Senior Years</i> .
Accommodations	The adjustment of physical skill-based specific student learning outcomes or the substitution of other student learning outcomes in order to make them achievable by students with identified physical limitations including sensory impairments.	For student learning outcomes which the student cannot achieve due to a physical disability or, in exceptional cases, for students with physical limitations and/or special health care needs.	Follow regular grading practices and reporting procedures. Information about accommodations is included as part of the anecdotal reporting and the student completes a regular credit.
Rescheduling	The process of completing the requirements for credit in an alternate semester, trimester, or year.	For Senior Years students who cannot achieve the required credit due to a temporary physical limitation.	Follow regular grading practices and reporting procedures.
Substitution	The process of replacing part or all of the physical education/health education credit with another credit.	For Senior Years students who, because of exceptional circumstances, cannot achieve the required credit due to a physical limitation.	Documentation is required to explain the medical reason for the substitutions when recording student marks and credits at the local level. Substitution of credits must be reported when submitting marks to the Department.

\* Source: Manitoba Education and Training. *Kindergarten to Senior 4 Physical Education/Health Education: Manitoba Curriculum Framework of Outcomes for Active Healthy Lifestyles*. Winnipeg, MB: Manitoba Education and Training, 2000. 14.

## Planning for Inclusion in Physical Education/Health Education

Name \_\_\_\_\_ Grade \_\_\_\_\_ Room \_\_\_\_\_

Process	Notes
Contribute to Individual Education Plan (IEP)	
Obtain Information Related to Student-Specific Needs(s)	
Identify Supports	
Define Safety Concerns	
Assess Skills	
Provide Suggestions for <ul style="list-style-type: none"> <li>▪ Adaptations (AD)</li> <li>▪ Accommodations (AC)</li> <li>▪ Modifications (M)</li> </ul>	
Set Appropriate Expected Learning Outcomes/Student-Specific Outcomes	
Select Learning Activities/Strategies	
Implement and Assess	
Process	

## Outcome Planner

Name \_\_\_\_\_ Grade \_\_\_\_\_ Unit \_\_\_\_\_

Special health care needs and safety considerations for a student with \_\_\_\_\_:

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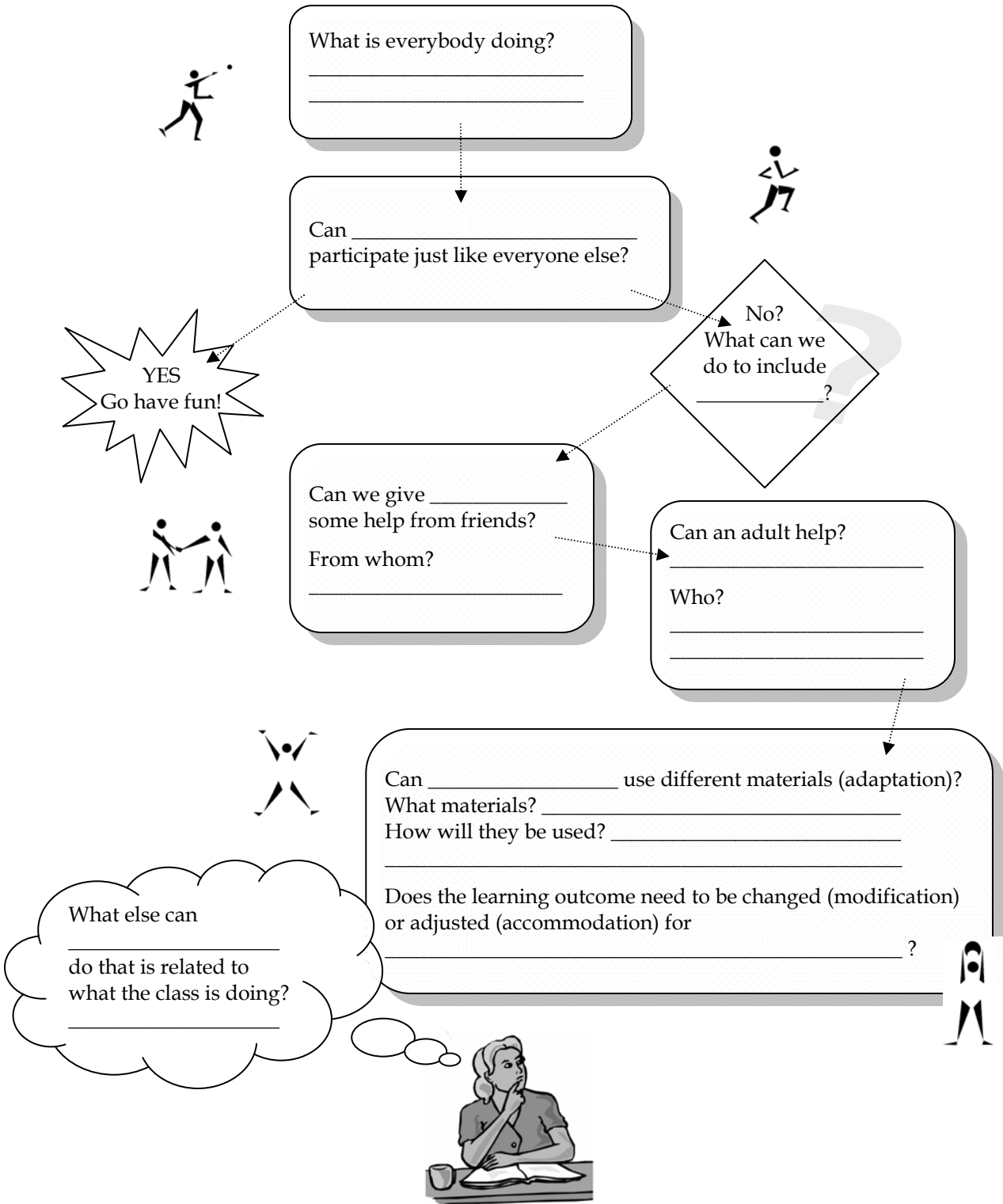


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Adaptations (AD) Required for Specific Learning Outcomes	Student-Specific Outcomes for Student Requiring Accommodations (AC) or Modifications (M)	Equipment, Materials, and Personnel	Comments	
			Achievement	Progress

# Visual Planner for Inclusion in Physical Education/Health Education

Name \_\_\_\_\_ Grade \_\_\_\_\_ Unit \_\_\_\_\_





## Grades 11 and 12 Lesson Planner

Module \_\_\_\_\_ Lesson \_\_\_\_\_

Date \_\_\_\_\_ Grade \_\_\_\_\_ Class \_\_\_\_\_

### Specific Learning Outcomes

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Lesson Components	Learning/Teaching Strategies	Teacher Notes <small>(e.g., equipment, safety rules, organization, key points, curricular connections)</small>
Activating Activities ▪ Entry Activity ▪ Warm-up Time: _____		
Acquiring Activity Time: _____		
Applying Activity Time: _____		
Closure Time: _____		
Assessment Strategies		



## Physical Activity Categories

The following activities contribute to the development of skills related to the five general learning outcomes. The categories and activities are provided as general suggestions and others may be added where suitable. In some cases, activities/sports are listed twice since they may relate tactically to more than one category. When planning, choose activities that are safe and age/developmentally appropriate.

 <b>Individual/ Dual Sports/ Games</b>	 <b>Team Sports/Games</b>	 <b>Alternative Pursuits</b>	 <b>Rhythmic/ Gymnastic Activities</b>	 <b>Fitness Activities</b>
<p><b>Basic Movement Activities</b></p> <ul style="list-style-type: none"> <li>▪ hoop</li> <li>▪ beanbag</li> <li>▪ ball</li> <li>▪ station</li> <li>▪ hopscotch</li> <li>▪ kick-sack</li> <li>▪ juggling</li> <li>▪ rope jumping</li> <li>▪ scooter</li> <li>▪ scoop</li> <li>▪ balloon</li> </ul> <p><b>Athletics (Track and Field Activities)</b></p> <ul style="list-style-type: none"> <li>▪ running events</li> <li>▪ jumping events</li> <li>▪ throwing events</li> </ul> <p><b>Combatives</b></p> <ul style="list-style-type: none"> <li>▪ martial arts</li> <li>▪ self-defence</li> <li>▪ wrestling</li> <li>▪ fencing</li> <li>▪ pulling/pushing activities</li> </ul> <p><b>Innovative</b></p> <ul style="list-style-type: none"> <li>▪ creative or novel games</li> <li>▪ cooperative challenges</li> </ul> <p><b>Net/Wall</b></p> <ul style="list-style-type: none"> <li>▪ tennis</li> <li>▪ badminton</li> <li>▪ table tennis</li> <li>▪ paddle tennis</li> <li>▪ handball</li> <li>▪ racquetball</li> <li>▪ squash</li> </ul> <p><b>Target</b></p> <ul style="list-style-type: none"> <li>▪ archery</li> <li>▪ bocce</li> <li>▪ bowling</li> <li>▪ golf</li> </ul>	<p><b>Lead-up Games/Activities</b></p> <ul style="list-style-type: none"> <li>▪ tag</li> <li>▪ dodge-ball-type</li> <li>▪ station</li> <li>▪ relays</li> <li>▪ cooperative</li> <li>▪ parachute</li> <li>▪ team building</li> <li>▪ modified sports/games</li> </ul> <p><b>Striking/Fielding</b></p> <ul style="list-style-type: none"> <li>▪ softball</li> <li>▪ cricket</li> <li>▪ golf</li> <li>▪ touch football</li> <li>▪ ultimate</li> <li>▪ kinball</li> </ul> <p><b>Territory/Invasion</b></p> <ul style="list-style-type: none"> <li>▪ soccer</li> <li>▪ basketball</li> <li>▪ touch football</li> <li>▪ hockey (field, floor, ice)</li> <li>▪ team handball</li> <li>▪ lacrosse</li> <li>▪ rugby</li> <li>▪ ultimate</li> <li>▪ bandy</li> </ul> <p><b>Net/Wall</b></p> <ul style="list-style-type: none"> <li>▪ volleyball</li> <li>▪ pickleball</li> <li>▪ Sepak Takraw</li> </ul> <p><b>Target</b></p> <ul style="list-style-type: none"> <li>▪ curling</li> <li>▪ basketball</li> <li>▪ soccer</li> <li>▪ hockey (field, floor, ice)</li> </ul> <p><b>Multicultural Games</b></p> <ul style="list-style-type: none"> <li>▪ Aboriginal</li> <li>▪ African</li> <li>▪ Asian</li> <li>▪ Caribbean</li> <li>▪ other cultures</li> </ul>	<p><b>Aquatics</b></p> <ul style="list-style-type: none"> <li>▪ water adjustment</li> <li>▪ survival techniques</li> <li>▪ stroke development</li> <li>▪ skills application</li> <li>▪ snorkelling</li> <li>▪ water games</li> <li>▪ synchronized swimming</li> <li>▪ underwater games</li> </ul> <p><b>Land-Based</b></p> <ul style="list-style-type: none"> <li>▪ hiking</li> <li>▪ backpacking</li> <li>▪ wall climbing</li> <li>▪ camping</li> <li>▪ orienteering</li> <li>▪ snowshoeing</li> <li>▪ skiing (cross-country, downhill)</li> <li>▪ snowboarding</li> <li>▪ skating</li> <li>▪ in-line skating</li> <li>▪ walking</li> <li>▪ tobogganing</li> <li>▪ cycling</li> </ul> <p><b>Water-Based</b></p> <ul style="list-style-type: none"> <li>▪ canoeing</li> <li>▪ rowing</li> <li>▪ kayaking</li> <li>▪ sailing</li> <li>▪ sailboarding</li> <li>▪ water skiing</li> </ul>	<p><b>Rhythmics</b></p> <ul style="list-style-type: none"> <li>▪ singing and clapping games</li> <li>▪ aerobic dance</li> <li>▪ lummi sticks</li> <li>▪ tinkling</li> </ul> <p><b>Creative Activities</b></p> <ul style="list-style-type: none"> <li>▪ interpretive</li> <li>▪ modern</li> </ul> <p><b>Multicultural Activities</b></p> <ul style="list-style-type: none"> <li>▪ folk and square dances</li> <li>▪ round dance</li> <li>▪ hoop dance</li> </ul> <p><b>Aboriginal Activities</b></p> <ul style="list-style-type: none"> <li>▪ Métis reel</li> <li>▪ First Nations round dance</li> </ul> <p><b>Contemporary Activities</b></p> <ul style="list-style-type: none"> <li>▪ line</li> <li>▪ jive/swing</li> <li>▪ partner</li> <li>▪ jazz</li> <li>▪ hip hop</li> <li>▪ funk</li> </ul> <p><b>Ballroom/Social Activities</b></p> <ul style="list-style-type: none"> <li>▪ waltz</li> <li>▪ foxtrot</li> <li>▪ polka</li> <li>▪ mambo</li> <li>▪ cha-cha</li> <li>▪ jive</li> </ul> <p><b>Rhythmic Gymnastics</b></p> <ul style="list-style-type: none"> <li>▪ hoop</li> <li>▪ ball</li> <li>▪ ribbon</li> <li>▪ club</li> <li>▪ scarf</li> <li>▪ rope</li> </ul> <p><b>Acrobatic Gymnastics</b></p> <ul style="list-style-type: none"> <li>▪ tumbling</li> <li>▪ pyramids</li> <li>▪ stilts</li> <li>▪ trampoline</li> <li>▪ tightrope</li> </ul> <p><b>Artistic Gymnastics</b></p> <ul style="list-style-type: none"> <li>▪ floor exercises</li> <li>▪ uneven bars</li> <li>▪ parallel bars</li> <li>▪ high bar</li> <li>▪ vault box</li> <li>▪ pommel horse</li> <li>▪ rings</li> <li>▪ balance beam</li> </ul>	<p><b>Training Programs</b></p> <ul style="list-style-type: none"> <li>▪ group fitness (boxercise, boot camp)</li> <li>▪ rope jumping</li> <li>▪ jogging</li> <li>▪ lap swimming</li> <li>▪ cycling</li> <li>▪ use of exercise equipment</li> <li>▪ weight training</li> <li>▪ bench stepping</li> <li>▪ interval training</li> <li>▪ scooter activities</li> <li>▪ circuits</li> <li>▪ yoga</li> <li>▪ cross-country skiing</li> <li>▪ relaxation exercises</li> </ul> <p><b>Movement Arts</b></p> <ul style="list-style-type: none"> <li>▪ tai chi</li> <li>▪ yoga</li> </ul>



# BIBLIOGRAPHY



## B I B L I O G R A P H Y

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