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a) i) Iron deficiency and bone density can dramatically affect a female athlete's participation in sport. This is because lowered ~~reserves~~ levels of iron can cause a female athlete to feel tired, fatigued, lethargic, breathless, and less energetic. Feelings such as this ultimately affect a female's participation in sport. Sport can also cause females to develop a condition known as sports anaemia and intense exercise for prolonged ~~periods~~ periods of time can cause iron reserves in the blood to be drained. A lowered level of iron <sup>can also</sup> mean that there is also a ~~reduced~~ reduced ~~the~~ count of red blood cells as iron is found in blood. This means that the female athlete will be receiving less oxygen to her working ~~muscles~~ muscles which means she will tire a lot quicker and fatigue a lot quicker. As such a reduced level of iron will result in a female athlete ~~reduced~~ reduced performance. To avoid this a female athlete should ensure that she is receiving the right amount of iron in her diet which is anywhere between 12-18mg of iron per day. Bone density can also affect a female athlete. This is ~~also~~ because a reduced bone density results in a female athlete having

weaker more brittle bones that are more susceptible to fractures. A lowered bone density also means that a female athlete's bones will not be able to withstand the pressures of sport if placed under pressure or ~~when~~ upon contact with an ~~opponent~~ opponent. To avoid this a female athlete should ensure that her oestrogen and calcium levels are sufficient and that she is consuming calcium rich foods whilst meeting her daily requirements of calcium which is ~~1000~~ 1000mg and 1100mg for post menopausal ~~women~~ women.

ii) children and young athletes have a number of medical conditions that sports medicine must account for and they include diabetes, epilepsy and asthma. Children and young athletes who suffer from ~~any~~ any of these ~~medical~~ medical conditions will have to take a number of precautions and actions to prevent themselves from being harmed and enhance their wellbeing. A child who suffers from epilepsy must ensure that they take their medication if they require medication and that if ~~they~~ <sup>they</sup> suffer from a ~~severe~~ severe form of epilepsy where seizures and fits are of a frequent occurrence they

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Steer clear of sports on or around water and contact sports. Also if an epileptic child were to have a fit ~~during~~ during sport they must be left to have the fit where objects and players are moved away from them. However, if the fit lasts longer than 10 minutes an ambulance must be called. ~~A diabetic~~ A child who is diabetic should ensure that they take their medication if they require medication and that they are prepared ~~for~~ <sup>for</sup> if they have blood sugar levels were to drop. Coaches and parents must ensure that they monitor children to check for signs of ~~fatness~~ <sup>and</sup> dizziness to ensure that if a child were to become hypoglycaemic they would be treated immediately with lollies or soft drink. A child who is asthmatic should always have their puffer on them when playing sport and take their puffer before sport as ~~advised~~ <sup>advised</sup> by a doctor. If a child has an asthma attack during sport then they should be sat down and given four puffs from their puffer preferably using a spacer, then another four puffs in the next four minutes. If there is no improvement in the child's condition then they ~~an~~ ambulance should be called and the child should continue to receive four puffs from their puffer every four minutes.

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