**Body System Stations**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Station 1: System \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| **Activity** | **Number of Pulses in 1 minute**1 pulse = toothpick moving back & forth | **Change in Pulse** Up / Down /No change |
| Rest |  |  |
| Slowly walking for 1 minutes |  |  |
| After 30 jumping jacks |  |  |

1. How else could you raise your heart rate?
2. Why does your heart rate change with exercise?

**Station 2: System \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| **Activity** | **Number of fists you can make in 30 seconds** | **Change in Pulse** Up / Down /No change |
| Trial #1 |  |  |
| Trial #2 |  |  |
| Trial #3 |  |  |
| Trial #4 |  |  |

1. When did you start to feel tired?
2. Which of the “Try These” challenges could you do?

**Station 3: System \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| **Location** | **Measurement** |  |
| Finger-tip to finger-tip |  | Are they the same? |
| Height |  |
| Head |  | X 7 = Is this your height? |
| Around closed fist |  | Are they close to the same number? |
| Length of foot |  |
| Elbow to wrist |  |

**Station 4: System \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| **Activity** | **Breaths**1 breath = in and out |  |
| Resting |  |  |
| Slowly walking for 1 minutes |  |  |
| After 30 jumping jacks |  |  |

|  |  |
| --- | --- |
| **Type of Breath** | **Size of bag****(cm)** |
| Regular breath |  |
| Deep breath |  |



1. How does exercise affect breathing? Why do you think so?

**Station 5: System \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. Where were the hollow areas? **Mark them** on the diagram.
2. Why do you think there are hallow areas?

**Station 6: System \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- |
| **Activity** | **Observation** | **Dominant Side**Left or right |
| Hands together | Which thumb is on top?How does it feel when you switch them? |  |
| Arms folded | Which arm is on top? |  |
| Right eye closed | Did the object jump? |  |
| Left eye closed | Did the object jump? |

1. How would you test someone’s dominant ears, sides of the face and tongue?