

sports podiatrist who diagnosed my injury as plantar fasciitis (a common overuse injury) and he offered me four recommendations: consider purchasing foot supports (orthotics), do leg flexibility exercises, run fewer, and slower miles. I followed the recommendations and continued to chart daily, monthly, and yearly.

In Table 1 is listed my yearly mileage from the years 1975-1984 starting from September through August. In Table 2 is presented my best 10K race time on the same certified race course and my mileage per year for the last four years. Chart 1 displays these same data.

**Table 1**  
**Running Mileage per Year**

Year(SP-AG)	Mileage
1975-76	2253.75
76-77	1971.25
77-78	2184.25
78-79	2080.00
79-80	2405.00
80-81	2588.00
81-82	2498.00
82-83	1807.25
83-84	1565.35

**Table 2**  
**Best 10-K Race Time**  
**on the Same Certified Course**  
**and Running Mileage Per Year**

Date (D,M,Y)	Best 10K Time	Yearly Mileage
26/7/81	34:50	2588.00
19/9/82	35:22	2498.00
18/9/83	37:40	1807.25
16/9/84	36:15	1565.35

The Big Discovery: I was able to run 39% less mileage in 1984 than in 1981 and still do a 10K time which was only 4% slower than my best 10K time, which I ran in September, 1981!

Incidentally, notice how much more obvious this interpretation is as a consequence of a visual examination of data presented on Chart 1 as compared to the same data when presented in Table 2.

Some of the beneficial consequences of this discovery arrived at through P.T. measurement procedures are: less time and work result in almost the same pay-off, thereby, helping the charter "to work smarter not harder"; and the savings in time and energy can be used for other interests (e.g. family, writing, etc.). These are two reasons why I say, "Precision Running is a Real Shortcut!"

**REFERENCES**

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Lindsley, O. R. (1970, May). Invited presentation at the Nebraska Psychiatric Institute. Omaha, NB.

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**TWO-YEAR CHART**

**Karen Nelson and Carole Peterson**  
SIMS Secondary Center

Tom entered the SIMS Secondary Center, a program for severely learning and language disabled seventh and eighth graders, as a 13-year-old non-reader who still could not say letter sounds. He had a kindergarten reading level on standardized tests. The SIMS staff introduced him to the SIMS Reading Program, a phonetically-based reading curriculum which utilizes Precision Teaching techniques to monitor student progress. Simultaneously, he participated in an oral language class where part of the curriculum included reading and defining functional words. These functional words consisted of **School Words** such as Office and Principal, **Road Signs** such as Yield and No Turn on Red, **Building Signs** such as Closed and No Loitering, and **General Information Signs** such as Inflammable and No Lifeguard on Duty.

Daily and monthly probes were charted to monitor his progress in both of these curriculum areas. It is interesting to note that Tom refused to make errors, choosing instead to skip unknown words.

Upon examining his monthly charts at the end of seventh grade, the staff noted that he made minimal progress on the phonetic curriculum while showing steady and significant gains in pace on the functional words curriculum. The latter is displayed in Chart 1. The staff felt that Tom's progress on these functional words was partly due to the teaching of the definitions of those words prior to his learning to read them. Consequently, these words were in his vocabulary and were relevant to his life as opposed to the phonetic curriculum which he referred to as "full of baby words."

The first monthly probe in eighth grade showed Tom maintaining his pace on the functional words, but not on the SIMS phonetic curriculum. Therefore, the SIMS staff decided to place more emphasis on these functional words by teaching and monitoring them in reading class as well as periodically in his written language class. Note the steady progress from October, 1984 - January, 1985. At that time, the staff decided that Tom should read only the functional words and do multiple practices in his reading class. Note the jump in pace in February, 1985. It is also interesting to note that the teacher who conducted the monthly probes was not the reading tutor who practiced with him.

In viewing Tom's two-year chart, three conclusions are evident:

1. Tom made gains in reading pace when the reading curriculum was relevant (functional) to his daily living environment.
2. Tom's learning picture shows a perfect "jaws", with corrects steadily increasing and skips steadily decreasing.
3. The staff decision to emphasize functional reading vocabulary was appropriate.

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## CELERATION AND RITALIN

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and

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The use of Methylphenidate (Ritalin) has been a popular method for combating hyperactivity with elementary school children. Estimates have placed the incidence rate at 1.19 percent of the elementary school population (Lambert, Sandoval and Sassone, 1978). Because of this high incidence rate, there has been an increasing interest in alternative methods for controlling hyperactive children (O'Leary, 1980).

Recent research indicates that direct contingency management tactics have equalled or surpassed the effects of drug therapy (Rapport, Murphy and Bailey, 1982). Also, response cost systems along with psychostimulant medication have also been reported to be an effective intervention for increasing on task behavior and academic performance for hyperactive children (Rapport, et al, 1982).

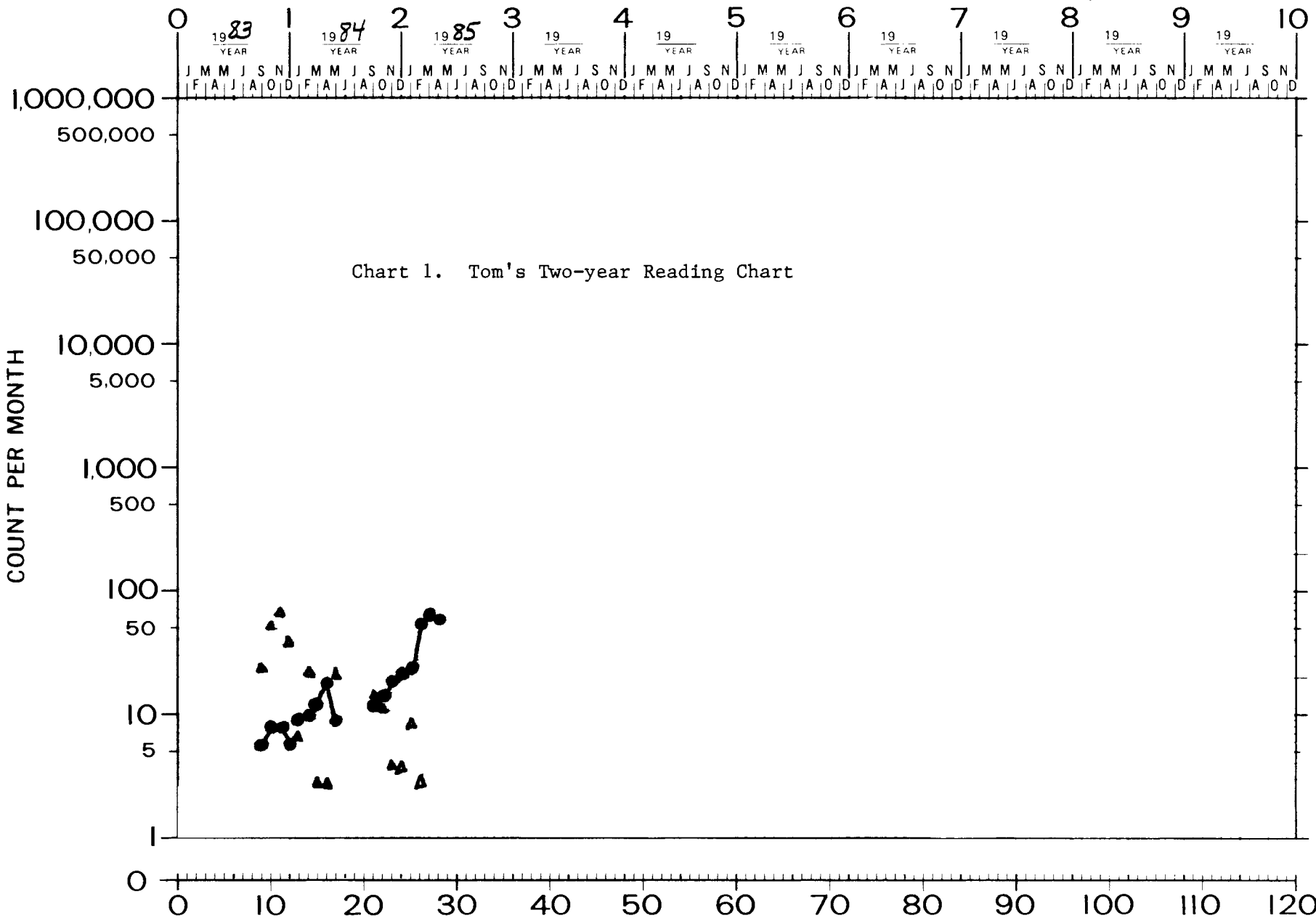
Although, studies have reported increased academic performance and improved social behavior, no study has related the rate of learning when students are on or off Ritalin. The data presented here displays the celerations of two students who were on Ritalin and their subsequent celerations when Ritalin was no longer dispensed to them. The data were collected within a natural classroom setting. No attempt was made to isolate variables other than Ritalin and academic tasks, which were varied simultaneously. The constants were schedules of reinforcement, teachers, and time and place that timings were administered.

The two subjects were part of the University of Florida's Multidisciplinary Diagnostic and Training Program (MDTP). This program is a joint project between the Departments of Special Education and Pediatrics. One service that this project provides is a diagnostic classroom for children (K - 6) who are exhibiting some maladaptive behaviors within their classroom setting. Children who attend the Diagnostic Classroom,



MONTHLY BEHAVIOR CHART (MCM-2EN)  
 6 CYCLE — 120 MONTHS (10 YEARS)  
 BEHAVIOR RESEARCH CO  
 BOX 3351 — KANSAS CITY KANS 66103

CALENDAR YEARS



*K. Nelson*

*C. Peterson*

SUCCESSIVE CALENDAR MONTHS

*Tom*

*7-8*

reads functional words

ADVISER

MANAGER

BEHAVIOR

AGE

COUNTED

SIMS Secondary Center Minneapolis, Minnesota

*C. Peterson*

*Tom*

*C. Peterson*

AGENCY

TIMER

COUNTER

CHARTER