SPORT SCIENCE

INCLUDED ON THE
**KS4 PERFORMANCE TABLES**

***Examiners' report***

**OCR Level 1/Level 2**

**Cambridge National in**

# Sport Science

**J828**

For first teaching in 2022 | Version 1

**R180 Summer 2025 series**

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Cambridge Nationals

OCR
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# Contents

# Introduction

Our examiners' reports are produced to offer constructive feedback on candidates' performance in the examinations. They provide useful guidance for future candidates.

The reports will include a general commentary on candidates' performance, identify technical aspects examined in the questions and highlight good performance and where performance could be improved. A selection of candidate responses is also provided. The reports will also explain aspects which caused difficulty and why the difficulties arose, whether through a lack of knowledge, poor examination technique, or any other identifiable and explainable reason.

Where overall performance on a question/question part was considered good, with no particular areas to highlight, these questions have not been included in the report.

A full copy of the question paper and the mark scheme can be downloaded from Teach Cambridge.

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# R180 series overview

R180: Reducing the risk of sports injuries and dealing with common medical conditions is the mandatory examination component for the OCR Level 1/Level 2 Cambridge National (J828) in Sport Science.

This component prepares candidates for how to prepare participants to take part in sport and physical activity in a way which minimises the risk of injuries occurring; prepare them to be able to respond to common injuries that can occur during sport and physical activity and to recognise the symptoms of some common medical conditions.

Candidates need to be prepared for a range of different question types so that they can respond equally well to:

- Multiple-choice style questions (MCQ) which may consist of:
  - selecting a single, correct response from a choice of four
  - matching responses in two columns (draw lines)
  - circle correct responses from a list of options
  - 'fill the gap' style words
- Short answer questions (ranging from a choice of command words such as identify, describe and explain)
- Scenarios accessible – so they can be understood by students and make sure they are based on contexts they will have likely encountered
- 'Extended levels' response Question 15.

Candidates who do well on this paper are able to apply knowledge and have a good understanding using practical examples from different sports and physical activities.

Centres are reminded that mark schemes are used as a basis for judgements and each examiner's professional judgement is used in finally deciding the marks credited based on a rigorous standardised procedure. Examiners use ticks to indicate the number of marks given for questions 1 – 14, as well as annotations of BOD (Benefit of doubt = mark credited) and VG (Vague = no mark credited).

The exam has two sections:

Section A: PO1 short answer questions of recall knowledge and show understanding of Sport Science concepts (25 marks)

Section B: A mixture of PO questions consisting of longer style questions that also require application as well as the level response question.

PO1: Recall knowledge and show understanding of Sport Science concepts (5 – 11 marks)

PO2: Apply knowledge and understanding of Sport Science concepts (24 – 28 marks)

PO3: Analyse and evaluate knowledge, understanding and performance (8 – 10 marks)

Question 15 is always the extended response. This is assessed against the 'levels' part of the mark scheme. The mark scheme for this final question has a number of criteria separated into three levels. These levels also include statements related to the quality of written communication. The levels scheme also includes indicative content and this content is taken into consideration when awarding marks, with examiners using the following annotations – KU = knowledge point, DEV = development of knowledge, EG = use of applied practical example.

Both Appendix B in the specification and the understanding the assessment guide contain the glossary of Command Words which will be used in our exams. The glossary tells you what we mean by each command word. Students will need to show their knowledge and understanding from the specification when they respond to this type of question. For example, 1.2 in the Breadth and Depth column states: To include:

How some individual variables (1.2.1) can influence other individual variables e.g. weight of a participant can influence their fitness levels.

Questions will cover all topic areas (TA):

- Different factors which influence the risk and severity of injury
- Warm up and cool down routines
- Different types and causes of sports injuries
- Reducing risk, treatment and rehabilitation of sports injuries and medical conditions
- Causes, symptoms and treatment of medical conditions.

Centres are also reminded about the terminal assessment rule:

- The exam must be taken in the final assessment series before qualification certification.
- The result from the exam taken in the final series will be the one that counts towards a student's overall grade.

The exam will always have 70 marks, across 15 mandatory questions to be answered. Section A will have 25 marks and Section B will have 45 marks.

If students require additional answer space, lined paper may be available at the end of the answer booklet in a live question paper. Remember the question number(s) must be clearly shown.

When referring to the mark scheme it is recommended that some time is taken to familiarise yourself with the **Marking Instructions** that provide additional guidance on matters such as crossed out responses, contradictory responses as well as information relating to short and longer answer questions. It is also useful to look at the different annotations that can be used during the marking process which can be found on page 5 of the mark scheme.

| Candidates who did well on this paper generally: | Candidates who did less well on this paper generally: |
|---|---|
| **Section A:**<br>• were able to recall mental strategies (Q1)<br>• were able to recall the words (often through retrieval of complete acronym by showing workings) for DRABC (Q3 (a)), identify symptoms of epilepsy (usually those stated in specification) (Q3 (b)) and circled the common symptoms for asthma (Q3 (c))<br>• were able to describe different benefits of a warm up on the musculoskeletal system (Q4)<br>• could recognise specific terminology in the specification such as ACL (Q2), acute injuries (Q5) and chronic injuries (Q6 (a) and (b))<br>• were able to describe differences between open and closed fractures (Q7 (a) and Q7 (b)). | **Section A:**<br>• repeated similar mental strategies and/or gave one word responses linked to psychological factors but were too vague (VG) such as motivation and focus (Q1)<br>• were unable to use, recognise or confused key words to answer PO1 questions: Q2, Q4, Q5<br>• confused some of the words that make up the acronym of DRABC (Q3 (a)) and symptoms of asthma (Q3 (c))<br>• repeated similar responses (Q3 (b) and Q5)<br>• did not recognise specific terminology from the specification such as musculoskeletal (Q4)<br>• were unable to describe clear differences between open and closed fractures (Q7 (a)) |
| **Section B:**<br>• were able to describe how different environmental factors can cause injury (Q8)<br>• recognised that concussion was the type of head injury linked with dementia<br>• used relevant practical examples relating to the question (Q10 (a), Q11 (a), Q11 (d))<br>• used practical examples specific to the activity/performer (gymnastics/gymnast) in the question (Q12 (b), Q12 (c) and Q12 (d))<br>• gave responses that focused on the command words in the question in relation – for example, explain different ways (Q10 (b)) and justify how they can influence each other (Q12 (a))<br>• did not give responses that were already included in the stem – for example, did not repeat (REP) fracture (Q5), human interaction (Q8) and coach (Q10 (b))<br>• gave concise responses and clearly had the knowledge and application for specific questions (Q10 (a), Q12 (b) and Q15*)<br>• showed evidence of planning for Q15* and offered detailed discussion to both parts of the question and responded to all points in the advice 'Your answer should include'. | **Section B:**<br>• did not apply relevant practical examples relating to the question (Q10 (a), Q11 (a), Q11 (d))<br>• used practical examples not specific to the activity in the question: Q9 (b), Q10 (b), Q14 (b)<br>• did not follow the command words of the question and/or wording in question – for example, using different practical examples, describe how the following factors can help a coach reduce injury'<br>• gave responses (or equivalent) that were already included in the stem – for example, did not repeat (REP) fracture (Q5), human interaction (Q8) and coach (Q10 (b))<br>• gave responses that were often too vague and/or did not answer the question (NR = no response)<br>• did not offer responses for both parts of the level question 15* and did not follow the advice of 'Your answer should include:'<br>• |

# Section A

## Question 1

**1** Identify **three** mental strategies that can help reduce the risk of injury.

1 .....

2 .....

3 .....

**[3]**

More successful candidates tended to gain maximum marks for responses that are stated in the specification which are mental rehearsal, imagery and selective attention. Some additional responses that gained credit for mental strategies that can help reduce the risk of injury included meditation and positive self-talk.

Less successful candidates tended to give responses that simply identified psychological terms and/or the benefits of mental strategies such as increased motivation, concentration and controlled aggression. Such responses on their own were too vague (VG).

Skill rehearsal was a common incorrect response for a mental strategy which is taken from the components of a warm up and is a physical component rather than a mental strategy.

### Exam Guidance

When a question asks for a specific number of points, the numbers or response headings will always appear against the answer lines to show where candidates should write each part of their response.

Candidates will not gain credit for any additional responses they have offered underneath unless they have made it clear by crossing out other responses.

### Misconception

Candidates need to make sure they are familiar with the physical components of a warm up such as skill rehearsal compared to the mental strategies such as mental rehearsal.

## Question 2

**2** An ACL injury occurs in the knee.

What does ACL stand for?

..... **[1]**

A large number of candidates found this question difficult and were unable to recall the type of injury an ACL stands for which resulted in a number of no responses (NR). Many candidates were able to give the word 'ligament' as the letter 'L' in the term ACL but then demonstrated a limited amount of knowledge for the letters A and C. Less successful candidates used a wide range of incorrect responses usually taken from the specification for each of the letters 'A' and 'C'. These included:

A = Achilles, acute

C = Chronic, closed

Some candidates were given BOD (benefit of the doubt) and gained a mark for responses that were phonetically correct (or close to) such as anterior crucial ligament.

### Misconception

It is important that candidates are familiar with the key words in the specification.

### New Content

This area of content is a new addition to R180 from the legacy specification.

## Question 3 (a)

**3**

**(a)** DRABC can be used if a performer has become unconscious from a medical condition.

Complete the following table for the DRABC acronym.

| | |
|---|---|
| D | ..... |
| R | ..... |
| A | Airway |
| B | Breathing |
| C | ..... |

**[3]**

Most candidates scored at least one mark on this question with many being awarded two marks. The most common correct responses being credited were for 'DANGER' and 'RESPONSE' but fewer candidates were unable to recall the term 'CIRCULATION' as part of DRABC.

Some less successful candidates that did not score maximum marks were unable to recall some of the words for the correct acronym of DRABC and used a variety of other words taken from the specification and/or at simply used words just beginning with that particular letter such as:

D – Dial, death, direct

R – Rest, resuscitation, recovery

C – Conscious, chronic, concussion

**Specification Content - 4.2 Responses and treatment to injuries and medical conditions in a sporting context**

Candidates need to demonstrate an understanding of the acronyms in the specification such as 4.2.2 DRABC (Danger, Response, Airway, Breathing and Circulation).

**Exam Technique**

Some candidates wrote the actual acronym out in full at the side and used this to help them in answering the question.

## Question 3 (b

**(b)** Identify **three** symptoms of epilepsy.

1 .....

2 .....

3 .....

**[3]**

Many candidates scored at least one mark for this question with the most common symptoms being shaking/fits, stiffness, eyes rolling (to the back of the head) and staring blankly or equivalent.

Although the question did not ask for different parts of the body that can show symptoms, candidates that were able to recall symptoms of epilepsy for different body parts as stated in the specification generally scored maximum marks:

5.3.3 To include common symptoms for each of:

- Eyes – for example, staring blankly and fluttering
- Mouth – for example, biting tongue and random noises
- Limbs – for example, stiffness and jerking movements

Some candidates gave other symptoms not named in the specification but used within the NHS website such as strange smells and peeing unintentionally and were therefore credited.

Less successful candidates sometimes repeated (REP) the same symptom but in a different way such as shaking and spasms and therefore only scored one mark. The most common repeat tended to be for Point 3 in the mark scheme (MS) with seizures, shaking and jerking movements often being used as separate responses.

Other incorrect responses associated triggers such as flashing lights which is not a symptom of epilepsy and therefore did not gain any credit.

Some less successful candidates also demonstrated a lack of knowledge and confusion between symptoms for epilepsy and symptoms for other medical conditions on the specification such as coughing which is a symptom for asthma.

## Question 3 (c)

**(c)** Circle **three** common symptoms for asthma.

| | |
|---|---|
| Body temperature of 38 °C or above | Coughing |
| Cuts take a long time to heal | Nebuliser |
| Shivering | Slurred speech |
| Staring blankly | Tight chest |
| Unconscious | Urinating more often |
| Weight loss | Wheezing |

**[3]**

The majority of candidates gained maximum marks for this question and were able to recognise the three common symptoms of asthma that are stated in the specification as coughing, tight chest and wheezing.

A few less successful candidates, circled nebuliser which is a treatment of asthma and not a symptom and slurred speech which is a symptom for hypothermia.

A very small number of candidates did not circle any words and had a 'No Response' (NR).

**Exam Guidance**

No responses (NR) should never occur in 'forced' style questions where candidates are given a range of options to choose from for their answers.

'Forced' style questions include controlled responses, for example, multiple choice questions where students choose from a list of options or as for Q3 (c) choosing responses from a list.

## Question 4

**4** Describe **three** benefits of a warm up on the musculoskeletal system.

1 .....

.....

2 .....

.....

3 .....

.....

**[3]**

This was generally well answered with many candidates scoring at least two marks. The main benefits used by candidates were taken directly from the specification and included:

- Increase in muscle temperature
- Increase in flexibility of muscles and joints
- Increase in pliability of ligaments and tendons
- Increase in blood flow and oxygen to muscles
- Increase in the speed of muscle contraction.

Some candidates repeated an increase in blood flow and oxygen to the muscles which was only credited once. The most common error made by candidates was to give cardio-respiratory benefits such as increased heart rate and therefore they gained no credit. Candidates that developed cardio-respiratory responses such as describing an increase in heart rate which delivers more blood/oxygen to muscles, were given a mark.

Although the question did not require to reference the different components of a warm up, less successful candidates sometimes just listed the components of a warm up whereas more successful candidates used the component as a starting point and then described the benefit such as stretching allows muscles to be more flexible.

Common responses that were too vague (VG) included 'loosens muscles/joints'. Other less successful candidates also gave psychological benefits such as increased motivation.

Common errors that are a regular occurrence for similar questions describe a warm up as 'preventing the risk of injury', as warm ups can only 'help reduce the chances of injury' and a warm up helps to warm up muscles, which has simply reused the words within the question and is too vague.

### Specification Content

An understanding of the technical vocabulary that is stated in the specification is crucial if candidates are to perform well in this examination. The specification states in the breadth and depth:

2.2. To include: • Compare and contrast the warm up components and the benefits on the cardio-respiratory and musculoskeletal systems.

## Exemplar 1

1 increases heart rate

2 Increases blood flow

3 increases flexibility ~~tw~~

This response was awarded one mark for the last answer 'increases flexibility'. The candidates' first response is linked to the cardiorespiratory system and is therefore incorrect. The second response was VG as it did not state an increase in blood flow **to muscles**.

## Question 5

**5** Other than a fracture, identify **three** different acute injuries that can occur to the head when playing sport.

1 .....

2 .....

3 .....

**[3]**

Most candidates scored at least one or two marks on this question. The most common acute injuries used included concussion, cuts and bruises which are acute injuries stated in the specification.

Some less successful candidates repeated the injury of 'fracture' and others repeated similar injuries such as cuts and lacerations, bruises and contusions or abrasions and grazes which would only be credited once. Some candidates also gave injuries that could not occur at the head such as 'dislocations' and 'pulled hamstrings' which indicates these candidates did not read the question properly.

Other responses that did not gain any credit included symptoms of a head injury such as headaches, swelling and brain damage and/or how these injuries could occur such as being hit in the head.

### Exam Technique

It is important to read the question properly as this may rule out some responses. This question has three different things to consider:

1. The first part of the question states 'Other than a fracture, …….'
2. The injuries also states 'acute' injuries.
3. The question also relates to a specific part of the body.

## Question 6 (a)

**6**

**(a)** Identify **two** chronic injuries that affect the elbow.

1 .....

2 .....

**[2]**

This was very well answered with many candidates scoring maximum marks. More successful candidates tended to give the specific terminology of lateral epicondylitis and medial epicondylitis whereas some candidates tended to use tennis elbow and golfers elbow, but still scored the two marks available.

Some other responses that were credited included tendonitis and stress fractures.

Some less successful candidates gave acute injuries that could affect the elbow.

### Exam Technique

The command word in this question was 'identify'. As a result candidates did not need to describe/explain the chronic injuries.

## Question 6 (b)

**(b)** Name a chronic injury that affects the shins.

..... **[1]**

Many candidates demonstrated good knowledge and were able to give shin splints as the correct response.

Some candidates once again often confused acute injuries with chronic injuries.

### Misconception

Candidates often confuse acute and chronic injuries. Chronic injuries are those that occur due to overuse and repetitive sporting actions and include epicondylitis, tendonitis and shin splints.

Candidates need to know the difference between acute and chronic injuries.

## Question 7 (a)

**7**

**(a)** Describe **two** differences between open and closed fractures.

1 .....

.....

2 .....

.....

**[2]**

The majority of candidates were able to score one mark for this question. The most common difference described open fractures as the bone pierces the skin/skin or tissue damage or bone is visible **and** closed fractures as the bone not piercing the skin/less skin or tissue damage or bone not visible.

Many responses that scored one mark described the difference across both of the numbered points available, for example:

1. Open fractures the bone is sticking through the skin

2. Closed fractures the bone has not pierced the skin

Not all responses made clear the differences between open and closed fractures and therefore gained no credit. Responses that were implied were credited such as 'open fractures may have a **longer** recovery time'.

**Exam Technique**

Candidates are reminded to understand the need to pay attention to the command words and what is required from the question.

## Question 7 (b)

**(b)** Name a type of fracture that is a chronic injury.

..... **[1]**

A large number of candidates were able to score a mark for 'stress' or 'hairline' fractures as a type of fracture that is a chronic injury.

Less successful candidates tended to name parts of body that could suffer from a fracture such as the leg and arm which gained no credit.

Once again, some candidates demonstrated a lack of knowledge between the difference of acute and chronic injuries and were giving responses such as cuts and bruises.

# Section B overview

Section B (Q8 – 15*) contains a total of 45 marks across different question types including:

- short answer
- closed response
- extended constructed response
- extended constructed response using images.

Section B questions allow us to assess the following Performance Objectives:

- PO1 – Recall knowledge and show understanding of Sport Science concepts (5 – 11 marks)
- PO2 – Apply knowledge and understanding of Sport Science concepts (24 – 28 marks)
- PO3 – Analyse and evaluate knowledge, understanding and performance (8 – 10 marks)

Most Section B questions will relate to a contextualised sentence. The scenario will always be introduced at the start of the question. The format of context may change depending on the question requirements.

Section B will have one level of response (LOR) question worth 8 marks that needs an extended written response. This question will assess:

- PO3 – Analyse and evaluate knowledge, understanding and performance.

The level of response question may also be evaluative, requiring a decision or judgement from the student. The requirements will be made clear in the question. The question topic may be drawn from any relevant aspect of the unit teaching content. Students should answer all elements of the question when forming their response, using practical sporting examples to support their response.

This will always be an 8 mark question, and this will be the last question on the exam.

This is to:

- allow students to build their confidence throughout the exam before they start this question
- prevent students taking too long to complete this question and not leaving enough time for others.

## Question 8

**8** Other than human interaction, identify and describe how **three** different environmental factors can cause injury when playing sport.

Environmental factor 1: .....

How it can cause injury:

.....

.....

Environmental factor 2: .....

How it can cause injury:

.....

.....

Environmental factor 3: .....

How it can cause injury:

.....

.....

**[6]**

Candidates that scored well on this question were able to recall the different environmental factors (other than human interaction) from the specification:

- Weather conditions
- Temperature conditions
- Playing surface (natural and artificial)
- Surrounding area

Candidates scoring maximum marks often demonstrated their knowledge by using the environmental factors as listed above and did not repeat (REP) human interaction or examples of human interaction such as coach and officials.

This question produced a range of responses from NR (No response) to the maximum six marks. Many candidates generally answered this question reasonably well with responses taken direct from the specification and/or equivalent wording or examples such as rain for weather and ground/pitch for playing surface which were awarded benefit of doubt (BOD) and credited with the mark.

Some candidates referred to medical conditions rather than injuries, in particular, in relation to temperature conditions with heat exhaustion, hypothermia and dehydration common medical conditions linked to temperature conditions and such responses were also awarded a BOD.

Some candidates who did not score maximum marks often repeated similar environmental factors such as rain and fog (both weather examples) and/or hot and cold (temperature conditions). It is important to realise that the question asked for 'different' environmental factors.

Less successful candidates did not read the question properly and gave types of human interaction which is in the question.

This question also caused some candidates difficulties as their responses referred to other extrinsic factors such as equipment and footwear rather than focusing on the environmental factors.

Some candidates also confused intrinsic factors/individual variables as environmental factors such as age/gender and therefore scored no marks.

**Exam Technique**

Many candidates did not give adequate enough detail for their responses and did not describe '**how**' the factor could cause injury. For example, an uneven surface on its own is too vague as it does not describe '**how**' it can cause injury when playing sport. This type of response required a description of 'an uneven surface that causes the performer to fall or trip' or equivalent to be given the mark.

## Question 9

**9** Dementia can be linked to head injuries.

State a type of head injury that could be linked with dementia.

..... **[1]**

This was well answered by the majority of candidates.

Some less successful candidates gave symptoms or causes of head injuries such as brain damage or being hit in the head which did not gain any credit.

## Question 10 (a)

**10**

**(a)** Using different practical examples, describe how the following factors can help a coach **reduce** the chance of injury occurring during a session.

Knowledge of techniques:

.....

.....

.....

Communication:

.....

.....

.....

Supervision:

.....

.....

.....

**[3]**

Candidates found this question a little more difficult with fewer candidates scoring maximum marks. There were a number of common errors that prevented candidates scoring maximum marks which included:

1. The most common error that made responses VG were candidates simply reusing the words of the factors: knowledge of techniques, communication and supervision.
2. Another common error was that the use of practical examples was limited. It is recommended that in responses where practical examples are required candidates choose a selected sport and apply the example to that sport by referring to a skill such as tackling in rugby.
3. Some responses were based around causing injury which were VG as the question was not answered as it required a response around reducing the chances of injury.

### Exam Technique

Candidates are reminded that when a description is required, single word answers will unlikely be awarded any marks. The command word 'describe' requires candidates to:

1. Give an account including all the relevant characteristics, qualities or events.
2. A number of candidates simply repeated the wording of the factor without describing how they could help a coach reduce injury.
3. Many candidates did not give practical examples to support the factors or gave responses that described how injury could be **caused** rather than **reducing** the chances of injury.

## Question 10 (b)

**(b)** Other than a coach, state **two** types of human interaction and explain different ways they can **cause** injury.

Human interaction type 1: .....

Explanation:

.....

.....

.....

Human interaction type 2: .....

Explanation:

.....

.....

.....

**[4]**

Many candidates did not correctly identify different types of human interaction and instead were describing how the injury could occur such as a tackle or aggression on the 'human interaction' response line. Candidates were credited if they did not secure the mark in their example response line and they had identified a type of human interaction within each response as a whole. Candidates are reminded to make sure they are aware of what each separate response line is asking for before answering the question.

The specification clearly states the following as different forms of human interaction; other performers /participants, officials, spectators.

Credit was also given to responses that identified referees/fans etc, as other forms of human interaction.

Some candidates offered two identical types of human interaction, which was usually in the form of a player or performer, and how they can cause injury, which could only score a maximum of two marks.

Some responses repeated the way they could cause injury which could only be awarded once.

Other less successful responses were too vague as they simply referred to people, others, someone or equivalent. No marks could be given if there was no mark for human interaction.

Some responses referring to a referee not stopping the game only gained credit for the type, as the injury has already occurred. The most common responses for the types of human interaction included:

- other players: Tackles and collisions
- referee: Not giving fouls causing retaliation or reckless tackles due to frustration
- spectators: Throwing objects at players and distracting / causing players to become more aggressive due to comments

Some responses were VG as they stated 'fans shouting and causing players to do things'

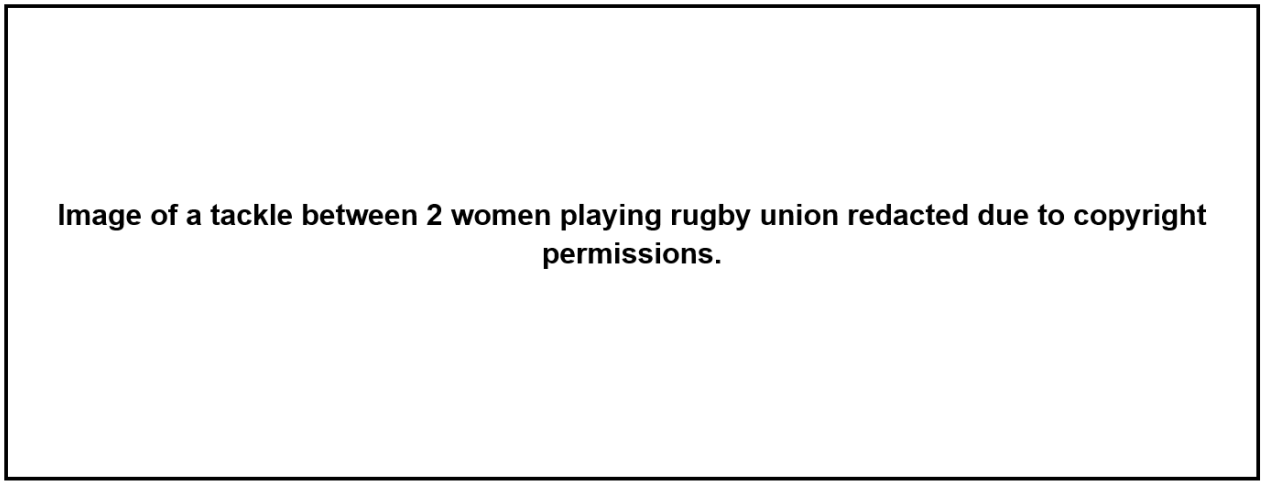
## Exam Technique

It is essential that candidates read questions properly and use the scaffolding of response lines to help them answer the question. This question is clearly separated into two parts with a response line for human interaction and response lines for the explanation.

## Question 11 (a)

**11**

**(a)** The type of activity can influence injury in different ways. The image below shows a game of rugby union.




Using a practical example, describe how a game of rugby union can influence the type of injury.

.....

.....

.....

.....

**[2]**

This was a well answered question. The most common descriptions for the game of Rugby Union consisted of it being a contact sport and/or consists of tackling between players and the most common injuries included were concussion, fractures and dislocations.

Some candidates did not use a practical example and/or did not reference the type of injury a game of rugby union can influence.

## Exam Guidance

This question used an image as a stimulus only. This helps to bring the question alive and helps candidates to visualise the activity/sport. When candidates answer such questions it is important that they demonstrate their knowledge and understanding of the type of activity (in this case Rugby Union) using practical examples.

## Question 11 (b)

**(b)** The Rugby Football Union (RFU) is the national governing body (NGB) that is responsible for player welfare in rugby.

State **two** strategies the RFU could use to help reduce risk of injuries to players.

1 .....

2 .....

**[2]**

This was well answered with a number of candidates scoring one mark. Providing rules or protocols/disciplinary procedures/punish dangerous tackles and providing different age groups/ability groups/gender/formats of the game were the most common strategies given on how the RFU could help reduce the risk of injuries to players.

Some responses used specific rugby terminology such as harsher punishments for fouls such as spear tackles. Many responses had some relevant links to the RFU and were therefore credited including reference to players, tackling, hitting, fouls, decision making, rules etc.

Less successful candidates were often too vague in terms of how the RFU could reduce the risk of injuries to players.

A number of responses simply repeated examples of rules that could be introduced, such as making it compulsory to wear protective headgear and gumshields which only scored one mark.

## Question 11 (c)

**(c)** SALTAPS is an on-field assessment routine that can be used in Rugby Union to assess an injury.

Describe how a first aider would check the following stages of SALTAPS on an injured player.

See: .....

.....

Touch: .....

.....

Active: .....

.....

**[3]**

The majority of candidates scored at least 1 mark on this question.

- See: responses that gained a mark described seeing how the injury occurred or what happened to cause the injury or equivalent.
- Touch: most common correct responses based on feeling around the injured area for pain/abnormalities/swelling.
- Active: responses needed to make it clear it was the injured performer moving the injury by describing 'moving the injury **themselves**' to be given the mark. Many responses were not specific enough and it was unclear as to who was actually moving the injury - was it the first aider moving the limb/injury or was it the actual player?

Other reasons why some candidates did not score maximum marks on this question were:

- repeating the part of SALTAPS as their response (such as 'seeing the injury' or 'touch' the injury on its own is VG). The description would need to give the reason we are touching the injury such as for swelling or abnormalities.
- mixed up their knowledge between SEE and LOOK and ACTIVE and PASSIVE.

Some less successful candidates stated procedures such as calling emergency services.

## Exemplar 2

See: recognise the area of injury to decide what to do next

Touch: touch the injured area to see if there is pain

Active: see if the player can move it themselves

This response scored two marks for 'Touch' and 'Active' The 'See' stage of SALTAPS was VG as it has not stated 'what happened or how the injury occurred (or equivalent)'.

The 'Active' response has scored a mark as it is clear it is the player moving the injury themselves.

## Question 11 (d)

**(d)** Sporting injuries are common in Rugby Union.

Use an example to complete the missing parts of PRICE therapy that can be used to treat different injuries.

| PRICE | Example |
|---|---|
| Protect | Use a sling to help prevent further harm for a dislocated shoulder |
| Rest | ..... ..... ..... |
| Ice | Apply an ice pack to a sprained ankle for 20 minutes |
| Compression | ..... ..... ..... |
| Elevate | ..... ..... ..... |

**[3]**

This question was generally well answered with the majority of candidates scoring at least one mark.

Candidates that did not score maximum marks on these questions usually simply repeated wording for PRICE. For example, performers need to 'rest' the injury for REST, performers need to compress the injury for COMPRESSION and performers need to elevate the injury for ELEVATE. These responses are too vague and did not gain any credit.

Some common misconceptions such as using elevate to raise a fractured leg were awarded a BOD as the essence of the 'Elevate' example is correct, although you would not elevate a leg if you knew it was fractured.

## Question 12 (a)

**12**

**(a)** Identify **two** different individual variables and justify how they can influence each other to have an effect on an injury to a gymnast.

Individual variable 1: .....

.....

Individual variable 2: .....

.....

Justification:

.....

.....

.....

.....

**[4]**

A number of candidates showed good knowledge of individual variables and scored two marks for identifying these but then struggled to make the justification. The most common correct responses were age, gender, experience, weight, fitness and nutrition. Psychological factors such as anxiety and aggression were accepted but for one mark only.

Many candidates were too vague in their justification as they simply described the individual variables they identified such as gender - males are generally stronger than females.

Less successful candidates also gave extrinsic factors such as equipment or examples of human interaction such as the coach. There were a number of no responses.

### Exam Guidance

Candidates need to understand the use of command words. The command word 'justify' means 'give good reasons for offering an opinion or reaching a conclusion'.

Refer to the table in Appendix B: Command Words in the Specification. This table shows the command words that will be used in exam questions. They show what is meant by the command word and how students should approach the question and understand its demand.

It is important to note that when describing age candidates need to be specific either by giving age ranges such as 10 year olds and/or specific age groups such as adults to children and the elderly.

### Misconception

Candidates often confuse individual variables (intrinsic factors) with extrinsic factors.

## Exemplar 3

Individual variable 1: ~~P~~ ~~Nutrition~~ ~~Nutrition~~ Skill Level

Individual variable 2: ~~St~~ ~~Sleep~~ ~~Previous Injuries~~ Age

Justification:

~~People to~~ ~~yo~~ Young people are more likely to get injured as ~~they~~ ~~tey~~ have a lower skill level ~~whilst older~~ but they heal quickly while older people are less likely to get injured as they have more skill but take longer ~~to~~ to to heal.

**[4]**

This response scored two marks for identifying 'skill level' and 'age' as the individual variables. The justification has not linked the two individual variables together and has simply stated 'young people are more likely to get injured as they have a lower skill level but they heal quicker'. The justification for these two individual variables would have required reference to 'children not having the level of experience/practice to develop their skill levels/technique and are therefore more likely to become injured'.

The response also states that 'while older people are less likely to get injured as they have more skill but take longer to heal' which would have needed reference to 'adults having more experience/practice to develop ability/skill level and therefore less likely to become injured'.

## Question 12 (b)

**(b)** A gymnast will benefit psychologically from doing a warm up before they complete a routine.

Using practical examples, describe how the following psychological benefits of a warm up can be useful for a gymnast.

Confidence:

.....

.....

Concentration:

.....

.....

**[2]**

This was another question that candidates were too vague on, with many responses lacking an application of practical examples and/or did not describe how the benefit could be useful for a gymnast.

Other vague responses simply reused the wording of confidence and concentration.

Some less successful candidates applied their examples to other sports which were VG as were not linked to how the gymnast benefits. e.g. taking better penalties.

**Exam Guidance**

Candidates need to ensure they follow the instructions and use **practical examples** and/or **describe how** the psychological benefits of confidence and concentration can be **useful** for a gymnast.

## Question 12 (c)

**(c)** Name a mobility exercise a gymnast could perform for their arms and describe a benefit for a gymnast performing mobility exercises in their warm up.

Mobility exercise for arms:

.....

Benefit of mobility:

.....

.....

**[2]**

This question was well answered by the majority of candidates. Most candidates were able to gain credit for a correct mobility exercise for the arms of a gymnast. There were a wide range of common exercises that were awarded a mark and included examples such as arm or shoulder circling/rotations and windmills.

Less successful candidates gave vague responses for the benefit of performing mobility exercises that included loosens joints and prevents injury.

## Question 12 (d)

**(d)** Suggest a skill a gymnast could perform as part of their skill rehearsal phase.

..... **[1]**

Most candidates scored a mark on this question with flips/somersaults, cartwheels, balances, rolls and headstands as some of the most common responses for skills a gymnast could perform as part of their skill rehearsal phase.

**Exam Technique**

Candidates are reminded that when specific activities are given in a question their responses must match the given activity, in this case a gymnast.

Some responses may refer to specific sporting terminology e.g. cartwheels/somersaulting etc, but also responses demonstrate basic terminology that link to warm up/gymnastics such as skills/performance/landing/balances etc.

## Question 13

**13** Describe **one** benefit to the cardio-respiratory system whilst completing a cool down.

.....

..... **[1]**

This question produced mixed responses with some candidates demonstrating the knowledge and including the key word 'gradually' (or equivalent).

Some less successful candidates gave responses that included examples of a cool down, such as gentle jogging and stretching, which are the components of a cool down but the question was describing the benefits and therefore gained no marks.

Other candidates gave musculoskeletal benefits of a cool down which were not credited.

### Specification Content –

An understanding of the technical vocabulary that is stated in the specification is crucial if candidates are to perform well in this examination. The breadth and depth column states:

2.4. To include: • Compare and contrast the cool down components and the benefits on the cardio-respiratory and musculoskeletal systems.

### Exam Technique

Heart rate and breathing rate decrease even if a performer did not perform a cool down so the key word is 'gradually' decreases heart or breathing rate or equivalent.

## Question 14

**14** Complete the table below, give a practical example for each part of an Emergency Action Plan (EAP).

| Personnel | Communication | Equipment |
|---|---|---|
| **(i)** ..... ..... | **(ii)** ..... ..... | **(iii)** ..... ..... |

**[3]**

The majority of candidates scored at least 1 mark for this question with most gaining the mark for a practical example of personnel.

Most common responses that were awarded a mark included:

- personnel: Coach, first aider
- communication: Call 999 or call emergency services
- equipment: Defibrillator, first aid kit

Some less successful candidates confused 'Communication' with the 'Ask' stage of SALTAPS and gave responses such as 'asking the performer if they are hurt'.

Other candidates that did not score a mark for 'Equipment' confused equipment with clothing and footwear. Other responses that were too vague included 'first aid' on its own for 'Equipment'.

## Question 15*

**15*** Describe the causes, symptoms and treatments of Type 1 and Type 2 diabetes. Discuss how a performer could manage their diabetes when participating in sport.

Your answer should include:

- the causes and symptoms of Type 1 and Type 2 diabetes
- use of different treatments for Type 1 and Type 2 diabetes
- how to manage diabetes when participating in sport.

**[8]**

This question is marked using a levels mark scheme and the quality of written communication is taken into consideration. Many candidates showed a fluent and reasonably well-planned response, others less so and showed a lack of overall structure and grammatical/spelling accuracy.

It is important for candidates to carefully read the question and identify exactly what is required. This can also be done via the bullet points within the question. Some candidates demonstrated good planning and used a checklist of ticks once they had covered that particular area.

Candidates that constructed a plan at the start, or at least bullet points (e.g. list of causes and symptoms of diabetes etc), often performed better than those that did not make a plan. This is often due to the fact that the plan enables candidates to attempt a response on all parts of the question. Less successful candidates often leave out parts of the question.

Stronger candidates showed a very good understanding of Type 1 and Type 2 diabetes and had obviously been well prepared by their centres using the causes/symptoms/treatment as listed in the specification, although many stronger responses also referenced development outside of it.

Less successful responses often confused Type 1 and Type 2 diabetes (insulin production and causes) or responses were not clear as to which type of diabetes they were writing about. Other common errors also included candidates giving symptoms for other medical conditions, such as coughing and/or confusing types of treatment for other medical conditions such as nebulisers which is a treatment for asthma not diabetes.

Level 1 responses often only responded to the first part of the question and did not include references to how to manage diabetes when playing sport.

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