Cambridge National

Sport Science

R180/01: Reducing the risk of sport injuries and dealing with common medical conditions

Level 1/2 Cambridge National Certificate/Award/Diploma

Mark Scheme for June 2025

OCR (Oxford Cambridge and RSA) is a leading UK awarding body, providing a wide range of qualifications to meet the needs of candidates of all ages and abilities. OCR qualifications include AS/A Levels, Diplomas, GCSEs, Cambridge Nationals, Cambridge Technicals, Functional Skills, Key Skills, Entry Level qualifications, NVQs and vocational qualifications in areas such as IT, business, languages, teaching/training, administration and secretarial skills.

It is also responsible for developing new specifications to meet national requirements and the needs of students and teachers. OCR is a not-for-profit organisation; any surplus made is invested back into the establishment to help towards the development of qualifications and support, which keep pace with the changing needs of today's society.

This mark scheme is published as an aid to teachers and students, to indicate the requirements of the examination. It shows the basis on which marks were awarded by examiners. It does not indicate the details of the discussions which took place at an examiners' meeting before marking commenced.

All examiners are instructed that alternative correct answers and unexpected approaches in candidates' scripts must be given marks that fairly reflect the relevant knowledge and skills demonstrated.

Mark schemes should be read in conjunction with the published question papers and the report on the examination.

MARKING INSTRUCTIONS

PREPARATION FOR MARKING
RM ASSESSOR

1. Make sure that you have accessed and completed the relevant training packages for on-screen marking: *RM Assessor Online Training: OCR Essential Guide to Marking*.

2. Make sure that you have read and understood the mark scheme and the question paper for this unit. These are available in RM Assessor

3. Log-in to RM Assessor and mark the **required number** of practice responses ("scripts") and the **required number** of standardisation responses.

MARKING

1. Mark strictly to the mark scheme.

2. Marks awarded must relate directly to the marking criteria.

3. The schedule of dates is very important. It is essential that you meet the RM Assessor 50% and 100% (traditional 40% Batch 1 and 100% Batch 2) deadlines. If you experience problems, you must contact your Team Leader (Supervisor) without delay.

4. If you are in any doubt about applying the mark scheme, consult your Team Leader by telephone or the RM Assessor messaging system, or by email.

5. **Crossed Out Responses**
   Where a candidate has crossed out a response and provided a clear alternative then the crossed out response is not marked. Where no alternative response has been provided, examiners may give candidates the benefit of the doubt and mark the crossed out response where legible.

   Rubric Error Responses – Optional Questions
   Where candidates have a choice of question across a whole paper or a whole section and have provided more answers than required, then all responses are marked and the highest mark allowable within the rubric is given. Enter a mark for each question answered into RM assessor, which will select the highest mark from those awarded. *(The underlying assumption is that the candidate has penalised themselves by attempting more questions than necessary in the time allowed.)*

Multiple Choice Question Responses

When a multiple choice question has only a single, correct response and a candidate provides two responses (even if one of these responses is correct), then no mark should be awarded (as it is not possible to determine which was the first response selected by the candidate).

When a question requires candidates to select more than one option/multiple options, then local marking arrangements need to ensure consistency of approach.

Contradictory Responses

When a candidate provides contradictory responses, then no mark should be awarded, even if one of the answers is correct.

Short Answer Questions (requiring only a list by way of a response, usually worth only **one mark per response**)

Where candidates are required to provide a set number of short answer responses then only the set number of responses should be marked. The response space should be marked from left to right on each line and then line by line until the required number of responses have been considered. The remaining responses should not then be marked. Examiners will have to apply judgement as to whether a 'second response' on a line is a development of the 'first response', rather than a separate, discrete response. *(The underlying assumption is that the candidate is attempting to hedge their bets and therefore getting undue benefit rather than engaging with the question and giving the most relevant/correct responses.)*

Short Answer Questions (requiring a more developed response, worth **two or more marks**)

If the candidates are required to provide a description of, say, three items or factors and four items or factors are provided, then mark on a similar basis – that is downwards (as it is unlikely in this situation that a candidate will provide more than one response in each section of the response space.)

Longer Answer Questions (requiring a developed response)

Where candidates have provided two (or more) responses to a medium or high tariff question which only required a single (developed) response and not crossed out the first response, then only the first response should be marked. Examiners will need to apply professional judgement as to whether the second (or a subsequent) response is a 'new start' or simply a poorly expressed continuation of the first response.

6. Always check the pages (and additional objects if present) at the end of the response in case any answers have been continued there. If the candidate has continued an answer there, then add a tick to confirm that the work has been seen.

7. There is a NR (**No Response**) option. Award NR (No Response):

- if there is nothing written at all in the answer space
- OR if there is a comment which does not in any way relate to the question (e.g., 'can't do', 'don't know')
- OR if there is a mark (e.g., a dash, a question mark) which is not an attempt at the question.

Note: Award 0 marks – for an attempt that earns no credit (including copying out the question).

7. The RM Assessor **comments box** is used by your team leader to explain the marking of the practice responses. Please refer to these comments when checking your practice responses. **Do not use the comments box for any other reason.**
If you have any questions or comments for your team leader, use the phone, the RM Assessor messaging system, or e-mail.

8. Assistant Examiners will send a brief report on the performance of candidates to their Team Leader (Supervisor) via email by the end of the marking period. The report should contain notes on particular strengths displayed as well as common errors or weaknesses. Constructive criticism of the question paper/mark scheme is also appreciated.

9. For answers marked by levels of response:
   a. **To determine the level** – start at the highest level and work down until you reach the level that matches the answer
   b. **To determine the mark within the level**, consider the following

Descriptor	Award mark
On the borderline of this level and the one below	At bottom of level
Just enough achievement on balance for this level	Above bottom and either below middle or at middle of level (depending on number of marks available)
Meets the criteria but with some slight inconsistency	Above middle and either below top of level or at middle of level (depending on number of marks available)
Consistently meets the criteria for this level	At top of level

10. **Annotations**

Annotation	Meaning
✓	Correct response
✗	Incorrect response
BOD	Benefit of doubt
IRRL	Irrelevant
REP	Repetition
VG	Vague
?	Unclear
K	Knowledge and understanding – used when marking an 8-mark question
DEV	Development – used when marking an 8-mark question
EG	Example – used when marking an 8-mark question
S	Sub-max for question reached
L1	Level 1 – used at the end of an 8-mark question to state the level of the response
L2	Level 2 – used at the end of an 8-mark question to state the level of the response
L3	Level 3 – used at the end of an 8-mark question to state the level of the response
SEEN	Used for NR (no response)
BP	Blank page

Question			Answer	Mark	Guidance
1			**Three marks for:** 1. Mental rehearsal 2. Imagery / visualisation 3. Selective attention 4. (Positive) self-talk 5. Mental preparation	3	**Accept:** other relevant types of strategies e.g. Meditation = 1 Breathing exercises = 1 Planning / goal setting = 1 Negative thought stopping = 1 **Do not accept:** Psychological factors e.g. Motivation etc = VG Relaxation techniques / be relaxed or calm = VG Focusing / blocking out / concentration = VG **Accept:** Imagining skills = BOD Point 2 Positive mindset = BOD Point 4 Listening to music = BOD Yoga = BOD
2			**One mark for:** Anterior cruciate ligament	1	**Do not accept:** Responses with any part missing / incorrect **Accept:** phonetic spellings = BOD

<table>
<tr><th colspan="3">Question</th><th>Answer</th><th>Mark</th><th>Guidance</th></tr>
<tr><td>3</td><td>(a)</td><td></td><td>Two marks for:

<table><tr><td>D</td><td>DANGER</td></tr><tr><td>R</td><td>RESPONSE</td></tr><tr><td>A</td><td>Airway</td></tr><tr><td>B</td><td>Breathing</td></tr><tr><td>C</td><td>CIRCULATION</td></tr></table></td><td>3</td><td>Accept: Exact words only e.g. responsiveness = VG</td></tr>
</table>

Question			Answer	Mark	Guidance
3	(b)		**Three marks for:** 1. Tingling / pins and needles / numbness 2. Stiffness / rigidity 3. Jerking / seizures / fits / shaking / twitching / spasms 4. Loss of senses / blurred vision / strange smells / auras / nausea 5. Eyes fluttering / rolling back (in the head) / rapid eye movement 6. Staring (blankly) / vacant episode 7. Random noises / difficulty to communicate or speak / slurred speech / no response 8. Suddenly falling / losing awareness / loss of consciousness 9. Headaches / dizziness / light headed / memory loss / black out / confusion 10. Biting tongue or lip smacking / foaming at mouth / dribbling / chewing or swallowing / clenched jaw 11. Feeling events happened before / déjà vu 12. Sudden intense emotions (fear / joy) 13. Rubbing hands / fiddling with objects / fidgeting or picking at clothes 14. Loss of bladder / bowel control 15. Pale or bluish lips	3	**Accept:** other relevant symptoms and equivalents https://www.nhs.uk/conditions/epilepsy/symptoms/ https://www.epilepsy.org.uk/ **Do not accept:** Triggers e.g. flashing lights (on its own) = VG Shortness of breath = VG **Accept:** Eyes don't move = BOD 6 Fainting / passing out = BOD 8 Mouth wide open = BOD 10 Fatigue / tiredness = BOD
3	(c)		**Three marks for:**	3	

<table>
<tr><th colspan="3">Question</th><th>Answer</th><th>Mark</th><th>Guidance</th></tr>
<tr><td></td><td></td><td></td><td>
<table>
<tr><td>Body temperature of 38°c or above</td><td>Coughing</td></tr>
<tr><td>Cuts take a long time to heal</td><td>Nebuliser</td></tr>
<tr><td>Shivering</td><td>Slurred speech</td></tr>
<tr><td>Staring blankly</td><td>Tight chest</td></tr>
<tr><td>Unconscious</td><td>Urinating more often</td></tr>
<tr><td>Weight loss</td><td>Wheezing</td></tr>
</table>
</td><td></td><td></td></tr>
<tr><td>4</td><td></td><td></td><td>Three marks for:

1. Increases muscle / body temperature
OR preparing the body / muscles for physical activity</td><td>3</td><td>Accept: Other relevant benefits of a warm up.

Do not accept: Cardio-respiratory benefits or long-term benefits</td></tr>
</table>

Question			Answer	Mark	Guidance
			2. **Increases** flexibility / elasticity / pliability (of muscles) **OR increases** flexibility / range of movement / mobility (of joints) 3. **Increases** flexibility / pliability of **tendons / ligaments** **4. Helps to** lubricate joints / synovial fluid secreted (around joints) / allows smoother movement 5. **Increases** / **more** / **faster** blood (flow) / oxygen to **muscles** **6. Increases** speed / strength **of contractions** **7. Reduces** risk of injury		**Do not accept: Prevent** injury or equivalent **Do not accept:** Warmer blood / muscles warmed up = VG Enough / helps with blood or oxygen flow to muscles = VG (needs to be **more** or equivalent) Relaxes / stretches / loosens on its own = VG Points 2 and 3 (needs flexibility or equivalent) **Accept:** Delay onset of lactic acid = 1 Increases flexibility of muscles (Point 2) and tendons / ligaments (Point 3) = 2 marks Responses that include cardio-respiratory as a lead into musculo-skeletal e.g. Increase HR to increase blood flow to muscles as one attempt = 1 Credit responses on same line e.g. Muscles more flexible so less likely to pull = 2 marks
5			**Three marks for:** 1. Cuts / lacerations 2. Bruises / contusions 3. Abrasions / grazes	3	**Do not accept:** Fractures / breaks (in question) = X Scratches = VG **Symptoms of** concussion e.g. headache = VG Brain damage = VG

Question			Answer	Mark	Guidance
			4. Concussion 5. Blister		Crack your head = VG

Question			Answer	Mark	Guidance
6	**(a)**		**Two marks for:** 1. Lateral epicondylitis / Tennis elbow 2. Medial epicondylitis / Golfers elbow 3. Tendonitis 4. Stress fractures	2	**Accept:** Phonetic spellings
6	**(b)**		**One mark for:** Shin splints / stress fracture / (tibialis anterior) tendonitis	1	

7	**(a)**		**Two marks for:** 1. Open fractures the bone pierces the skin / skin or tissue damage / bone is visible **and** closed fractures bone does not pierce the skin / less skin or tissue damage / bone not visible 2. Open fractures may have blood present **and** closed fractures will have no blood 3. Open fractures have a high risk of infection **and** closed fractures have a low risk of infection	2	Responses must show a difference or use a comparative word e.g. open fractures have a **higher** risk of infection (implies more than closed) = 1 / closed fractures take **less** time to heal (generally) = 1 / open fractures can have **more** bacteria (generally) = 1 Descriptions must also be linked to the fractures e.g. bone can be seen and bone cannot be seen = VG **Accept:** Open fracture treatment can be complex / surgery required / recovery time can be long / more serious (generally) **and** closed fracture treatment is not always complex / surgery not always required / recovery time can be short / less serious (generally)

7	**(b)**		**One mark for:** Stress / hairline (fracture)	1	

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<tr>
<td>8</td>
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<td>Six marks for:

<table>
<tr><th>Environmental factor</th><th>Description of how can cause injury</th></tr>
<tr><td>1. Weather (conditions)</td><td>Frozen / icy ground causes hard surface OR rain can cause a slippery pitch OR fog affects vision leading to collisions OR being struck by lightning OR wind causing debris to hit a player</td></tr>
<tr><td>2. Temperature (conditions)</td><td>Heat can cause sunstroke or dehydration OR cold can cause hypothermia causing players to collapse or pass out</td></tr>
<tr><td>3. (Playing) surface</td><td>Pot holes / uneven / equipment left / litter can cause trips OR a wet or slippy area can cause falls OR concrete courts give hard landings OR court too small can cause collisions</td></tr>
<tr><td>4. Surrounding area</td><td>Players can collide into advertising boards / fences / goalposts</td></tr>
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</td>
<td>6</td>
<td>Do not accept: human interaction or examples
e.g. other players / coach etc (in question) = X
Responses must describe how the factor causes injury. Read factor and cause together.

Accept: Lighting conditions = BOD Weather
Accept: Relevant examples as factors:
Sun / rain / wind / fog etc = BOD 1 (Weather)
(Too) cold / hot etc = BOD 2 (Temperature)
Grass / floor / concrete etc = BOD 3 (Surface)
Fences / boards etc = BOD 4 (Surrounding area)

Accept as causes:
Rolling ankle as falling / tripping = BOD
Putting foot in a hole = BOD (cause for surface)
Accept: Heat = dehydration / heat exhaustion and Cold = hypothermia on own = BOD (Weather/temp)
Examples of too hot / too cold under weather / temperature once

Accept: Climate = weather / temperature once
Slippy surface = 2 marks (Point 3 and description)
Accept: If factor VG / REP = credit any relevant different factor if evident in example
Do not accept as factors:
Litter / debris etc (on its own) = VG
Wildlife / animals = VG
Accept any other relevant examples and causes.</td>
</tr>
</table>

9			**One mark for:** Concussion	1	Fractured skull = VG
10	**(a)**		**Three marks for:** 1. If a coach has knowledge of techniques they could demonstrate / explain / teach the skill correctly to players 2. If a coach communicates then players will understand / know the drills / tactics / rules OR telling them not to perform dangerous tackles 3. If a coach shows supervision they can monitor any fouls / safety / incorrect technique / poor behaviour performed by players	3	Responses must link to **how** it may **reduce** injury **and** give an appropriate **different** example **Accept:** Responses that demonstrates basic terminology that links to coaching sessions: Skills / players / drills / training / tactics / move etc Some responses may also refer to specific sporting terminology **Do not accept:** Coach for practical example (in question) = VG Technique for knowledge of techniques = VG **Do not accept:** Responses that describe ways that can **cause** injury e.g. A fight takes place between players because the football coach was not watching a dangerous tackle = VG

10	**(b)**		**Four marks for:** 1. (Other) performers / participants / players 2. Commit tackles / fouls **/** collisions / impact / acts of aggression / fighting **OR** wearing inappropriate footwear / using unsafe equipment that hits another player 3. Officials / umpires / referees 4. Poor knowledge of rules **OR** poor awareness of the game **OR** not punishing fouls causes dangerous game play / fouls 5. Spectators / crowd / fans / supporters 6. Throwing objects at a player due to frustration **OR** chanting (abuse) that makes players aggressive OR coming onto the pitch and punching players / players colliding due to sliding tackle that takes them off the pitch	4	**Do not accept:** Coach or equivalent = X (in question) **Do not accept:** Explanations without a mark being awarded for human interaction = VG **Accept:** Credit examples of human interaction within explanation response lines = BOD If relevant human interaction given, credit can be given for 'explanation' if given in Human Interaction Type response line = BOD **Accept:** Other relevant **different** ways injury can be **caused** **Accept:** teams / opposition = 1 (Point 1) **Accept:** Aggression / violence only once as cause **but** credit different examples of acts of aggression **Do not accept**: Friends / people / each other / someone etc = VG Winding up / taunting / distracting (on its own) = VG

11	**(a)**		**One mark for example & one mark for description of influence on type of injury:** (Practical example): Contact or team sport / physical / collisions with players or goalposts / tackling (Type of injury) (Contact) Cuts / lacerations / bruises / contusions / abrasions / grazes / concussion / fractures / dislocations / sprains / strains	2	Accept other relevant descriptions. **Accept:** Acute injuries = BOD **Accept:** Rough = BOD
11	**(b)**		**Two marks for:** 1. Provide rules or protocols / disciplinary procedures / punish dangerous tackles 2. Provide training or coaching or refereeing courses / qualifications / education 3. Provide different age groups / ability groups / gender / formats of the game (e.g. non contact / tag etc) 4. Promote fair play / etiquette 5. Develop / create policies and initiatives 6. Use of technology e.g. smart mouth guards	2	**Accept:** Other relevant strategies and examples of strategies that would help **reduce** injury e.g. tackle below waist = Point 1 e.g. make them wear or recommended use of headgear = Point 1 Training sessions = BOD Point 2 **Do not accept:** Use of helmets / wear more padding = VG Protective equipment on its own = VG Introduce more protection = VG Check that everyone is well enough to play the game = VG Support clubs / players with health screening / medicals = VG Strategies a club may use e.g. move advertising boards back / risk assessments = VG

11	**(c)**		**Three marks for:** See: What happened / how the injury occurred / did anyone see the tackle (that caused the injury) Touch: Feel around injured limb for pain / swelling / deformation / temperature Active: Can the injured player move the limb / injury **themselves** or **without assistance** or **on their own**	3	**Accept** Any other reasonable descriptions. Look at the injury / look for swelling etc = VG (See) **Accept:** Touch the injured area to see how they respond = BOD (Touch) Can you feel anything broken / wrong etc = BOD (Touch) **Do not accept:** Can the player move the injury = VG (Active) Ask them how much they can move the injury = VG (Active) They would move injury = VG (not clear who is moving the injury - the player or the first aider?) **Accept:** Ask **them** to move the injury = BOD (Active)

11	**(d)**		**Three marks for:** (Rest): Stop taking part in physical activity / don't use or move the injured limb / not putting weight on injury / try to avoid or limit moving injury / use crutches / slings / don't return to play too soon (Compression): Use a bandage / apply pressure (Elevate): Raise the injury / lift leg up onto a chair	3	**Accept:** Any other relevant examples. Question is asking for e.g. so no need for how it helps treat Lay them down / sit on chair on its own = VG (Rest) Wrist support / press against = BOD (Compression) Plaster = VG (Compression) Elevate above heart level = BOD

Question			Answer	Mark	Guidance
12	(a)		**Two marks for individual variables and two marks for justification:** Gender / Age / Experience / Weight / Fitness levels / Technique or ability / Nutrition or hydration / Medical conditions / Sleep / Previous or recurring injuries / Psychological (factors)	4	Two marks for **any two** named individual variables. One mark for how they may influence each other and one mark for effect (cause / help prevent) on injury **Do not accept:** Effect without response linking the two variables together. **Accept:** Ways of injury instead of 'more or less likely to get injured' e.g. landing awkwardly / slipping / falls = BOD (likely to result in injury) NB - Only accept this if a mark is given for linking. **Accept:** Examples of psychological factors - Motivation / Arousal / Stress / Confidence / Concentration / Attitude etc = BOD **Accept:** Examples of fitness components e.g. flexibility etc and medical conditions e.g. asthma etc = BOD **Accept:** Diet for nutrition Skill level for ability Tiredness / fatigue = BOD (Sleep)

<table>
<tr><th colspan="3">Question</th><th>Answer</th><th>Mark</th><th>Guidance</th></tr>
<tr><td></td><td></td><td></td><td>
<table>
<tr><th>Justification</th><th>Effect on injury</th></tr>
<tr><td>1. Males generally stronger than females because of greater muscle mass (Gender / Fitness)</td><td>Males less likely</td></tr>
<tr><td>2. Elderly performers may have more experience / better technique than children because they have
been practicing longer (Age / technique / experience)</td><td>Elderly less likely</td></tr>
<tr><td>3. Elderly are more likelihood of diabetes because of physiological changes (Age / Medical conditions)</td><td>Elderly more likely</td></tr>
<tr><td>4. Less experienced performer can have poor technique because they have not been playing as long (Experience / Technique)</td><td>Less experienced more likely</td></tr>
<tr><td>5. Unfit performer may be overweight / fat because they do not exercise (Fitness / weight)</td><td>Unfit more likely</td></tr>
<tr><td>6. Some medical conditions / diabetes can cause a lack of sleep so become tired</td><td>Medical conditions more likely</td></tr>
</table>
</td><td></td><td>Do not accept: reference to younger / older on its own for age.

A good sleep may reduce injury (1) because of good techniques due to not being tired (1) (Sleep / Technique)

High fitness levels could lead to recurring overuse injuries (1) because of overtraining (1) (Fitness / Recurring injuries)

Underweight performers may have increased risk of recurring injuries (1) because they lack strength (1) (Weight / Recurring injuries / Fitness)

Accept opposites: E.g. Children will have less experience than adults so technique may be incorrect (1) causing injury (1)

Accept: Other relevant justifications and effects of links between individual variables</td></tr>
</table>

Question			Answer	Mark	Guidance
12	(b)		**Two marks for:** 1. The gymnast will be thinking positively / greater self-belief / good feeling / more committed / in the zone / not worried or anxious **so they** have more chance of landing well when somersaulting / trying new vaults / gaining more marks from judges / not getting injured 2. The gymnast will have more attention / focus on their floor routine / gymnasts **so they** have less chance of making a mistake on the apparatus / poor landing or becoming injured / improve technique	2	**Do not accept:** Responses that are **not** of use to the gymnast e.g. low confidence and fracture arm trying to land a somersault Responses need to describe **how** confidence / concentration can be useful **and** linked to a practical example. **Accept:** Responses that demonstrates basic terminology that links to warm up / gymnastics: Skills / performance / fitness components e.g. flexibility / falling / landing / balances / goals / winning / training / exercise / examples of warm up components e.g. stretching / moves / crowd / exercise etc Some responses may also refer to specific sporting terminology e.g. cartwheels / somersaulting etc **Do not accept:** Gymnast / warm up / routine on its own = VG (in question)

Question			Answer	Mark	Guidance
12	(c)		**Two marks for:** (Arm mobility exercises): Arm swings or circles / windmills (Benefit): Provides increased range of movement / increase flexibility or elasticity / helps to lubricate joints	2	**Do not accept:** Examples of mobility exercises for other body parts e.g. Open and close the gate = X **Accept for exercises:** Shoulder or wrist rotations = BOD Swinging arms = 1 **Do not accept:** Increases mobility = VG Loosens or relaxes joints = VG **Prevents** injury = VG **Accept:** Credit correct benefit if no mark for exercise **Accept for benefits:** Reduce the risk of injury = BOD **Accept:** Other relevant exercises and benefits of **arm** mobility.
12	(d)		**One mark for:** (Forward or backward) rolls / balances / handstand / headstand / vaulting / cartwheel / somersaults / splits / head and hand springs	1	**Accept:** Other relevant skills. **Accept:** Bars = BOD **Accept:** Flips = 1
13			**One mark for:**	1	**Do not accept:** Musculo-skeletal benefits

Question			Answer	Mark	Guidance
			1. **Gradually** lowers heart rate 2. Circulates blood / oxygen 3. **Helps** prevent blood pooling 4. **Gradually** lowers breathing rate		**Prevents** blood pooling = VG Lowers heart rate / breathing rate on its own = VG **Accept:** Equivalent wording for Points 1 and 4 e.g. slowly / steadily etc instead of gradually
14			**Three marks for:** (Personnel): Coach / manager / first aider / first responder / paramedic / doctor / physiotherapist (Communication): (Calling) emergency services / 999 / 111 / NHS Direct **OR** (Use of) phone / mobile / walkie talkie / radio **OR Contact numbers** for home / next of kin / parents / doctors / emergency contact numbers / first aid staff (Equipment): Defibrillator / first aid kit / evacuation chair / stretcher / nebulisers / ice pack	3	**Do not accept:** **Personnel:** Parents = VG **Communication:** 911 = BOD Parents etc (on its own) = VG **Equipment:** Chair = VG First aid equipment = VG Ambulance (on its own) = VG (All components) **Accept:** **Personnel:** Medical team medically trained / medical professionals / official / teacher = BOD **Equipment:** Evac chair = 1 **Accept:** Relevant medications e.g. AEDs etc **Accept:** Other relevant examples

Discuss the causes, symptoms and treatment of Type 1 and Type 2 diabetes. Describe how a performer needs to manage their diabetes when participating in sport.

Your answer should include:

- **Compare the differences between Type 1 and Type 2 diabetes**
- **How to manage diabetes when participating in sport**
- **Use of different examples for treatments and managing diabetes when participating in sport**

Question			Answer	Mark	Guidance
15*			**Levels of response** All level descriptors describe the TOP of the level. **Level 3 (7-8 marks)** A strong balanced discussion which demonstrates detailed discussion on diabetes. The discussion uses appropriate context about Type 1 and Type 2. Knowledge points are developed and supported with a range of practical examples on managing diabetes when playing sport. **Level 2 (4-6 marks)** A discussion which shows some discussion on diabetes. Some use of appropriate context about Type 1 and Type 2 diabetes. Some knowledge points are developed and supported with practical examples on managing diabetes when playing sport. **Level 1 (1-3 marks)** A basic discussion which shows limited discussion on diabetes. Limited use some appropriate context about Type 1 and Type 2 diabetes. Knowledge points are not developed and/or supported with limited practical examples on managing diabetes when playing sport.	8	**Guidance:** **Level 3 (7-8 marks)** A thorough discussion which: - shows detailed knowledge and understanding - analyses the points made, showing logical reasoning throughout - reaches a justified conclusion (where one is required) - consistently uses appropriate terminology. **Level 2 (4-6 marks)** A response adequate discussion: - shows sound knowledge and understanding - analyses the points made, may show some logical reasoning - uses some appropriate terminology. **Level 1 (1-3 marks)** A basic discussion: - shows limited knowledge and understanding - limited analysis of points made; may lack logic - limited or no use of appropriate terminology. 0 = nil response or no response worthy of credit. **Indicative content:** Candidate responses are likely to include: (relevant responses not listed should be acknowledged) **Numbered points** = knowledge / understanding (KU) **Bullet points** = likely to be development of knowledge (DEV) **e.g.** = examples (EG)
					0 = nil response or no response worthy of credit.

KU Symptoms (Accept other relevant symptoms and causes)

Urinating often / going to the toilet lots, (Extreme) tiredness, increased thirst, weight loss / gain, cuts take a long time to heal, headaches / feeling dizzy / high or low blood sugar levels, odd behaviour / confusion, pale or cold or sweaty skin, nausea, blurred vision, itchy skin, abdominal pain, feeling hungry, trembling, convulsions, red or swollen gums, shallow or rapid breathing, a higher heart rate than usual, fruity breath odour

Credit any relevant development points (DEV) for symptoms e.g. thirsty as you need to replace fluids lost through frequent urination or tiredness as high blood sugar levels affect the body's ability to get glucose from blood to cells to meet energy demands etc

KU – Causes	**DEV – Developed points relating to causes or symptoms / Treatment** **Accept any other relevant development points.**	**EG - Managing diabetes in sport EG** **Accept any other relevant examples**
Type 1 1. Genetic / usually diagnosed in childhood 2. Not affected by lifestyle	• Type 1 – the body is unable to produce insulin • Issues with pancreas that stop it from making insulin • Hypoglycaemia / hypos - low **blood** sugar levels • Hyperglycaemia / hypers - high **blood** sugar levels • Blood glucose levels return to normal (after insulin)	e.g. Inform coach of medical condition / check first aider easily available e.g. Monitoring levels of glucose by using a Continuous Glucose Monitor (CGM) / finger prick testing / SMART watch e.g. Monitoring blood sugar levels before / during / after exercise e.g. Insulin dose may need to change when exercising e.g. Rest if feeling tired e.g. Manage any cuts carefully e.g. Eat sugary snacks / sweets - if blood sugar levels are low e.g. Use (sugar free) drinks / water to remain hydrated Credit any other relevant ways of managing diabetes.
	• Monitoring blood sugar levels • Use of insulin - plaster / pumps / injections or shots • Glucose tablets	
Type 2 3. Usually diagnosed over 40 2. Affected by poor diet / overweight / sedentary lifestyle	• Type 2– the body does not produce enough insulin • Type 2 - insulin does not work properly / insulin resistance • Issues with pancreas that mean insulin does not work properly • Hypoglycaemia / hypos - low **blood** sugar levels • Hyperglycaemia / hypers - high **blood** sugar levels	
	• Lower blood pressure • Lower cholesterol levels • Maintain healthy weight / weight loss • Eating a healthy diet / avoiding high sugar drinks or food / carb counting • Regular physical exercise such as jogging	

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