

SPORT SCIENCE

Examiners' report

INCLUDED ON THE
KS4 PERFORMANCE TABLES

OCR Level 1/Level 2

Cambridge National in Sport Science

J828

For first teaching in 2022 | Version 1

R180 January 2024 series

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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 answers 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 unit for the OCR Level 1/Level 2 Cambridge National (J828) in Sport Science.

This unit prepares candidates on 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 candidates 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 (5 – 11 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 that and this content is taken into consideration when awarding mark 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. Candidates will need to show their knowledge and understanding from the specification when they respond to this type of question. This may include appropriate symptoms listed in the relevant NHS guidance – this will be indicated in the specification where relevant (TA 5.1 for this example).

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 candidate'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 candidates 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.

Candidates who did well on this paper generally:	Candidates who did less well on this paper generally:
<ul style="list-style-type: none"> • Section A: able to recall and use specific terminology taken directly from the specification to answer PO1 questions: Questions 3, 6 and 7 • recognised the words that make up the acronym of SALTAPS: Question 2 (b) • able to recognise the difference between individual variables and extrinsic factors: Question 5 • recognise specific terminology in the specification such as lateral epicondylitis or rotator cuff tendonitis: Questions 7 and 14 • Section B: used relevant and different specific, sporting examples relating to the question: Questions 9 (b), 10 (a), 11 (a), 11 (b), 11 (c), 13 and 14 • some candidates used relevant sporting examples even if the question did not ask for them • gave responses that focused on the command words in the question in relation – state the purpose of SALTAPS (Question 2 (a)), describe how extrinsic factors can cause injury (Question 11 (a)), describe different footwear and different way it helps reduce injury (Question 11 (c)), explain the influence (Question 12), describe ways to reduce concussion (Question 13 (b)) and describe different sporting situations (Question 14) • offered alternative responses other than those given in the question and therefore did not repeat wording: Questions 5, 8, 10 (b), 11 (a), 11 (b), 11 (c) and 13 (a) • gave concise responses and clearly had the knowledge and application for specific questions: Questions 11 (a), 12, 13 (b) and 15* • used acronyms and other workings to help recall information such as SALTAPS (Question 2 (b)) • showed evidence of planning for the level Question 15* and offered detailed discussion to both parts of the question and responded to all points in the advice 'your answer should include'. 	<ul style="list-style-type: none"> • Section A: unable to use, recognise or confused key words to answer PO1 questions: Questions 3, 6 and 7 • confused some of the words that make up the acronym of SALTAPS: Question 2 (b) • confused individual variables with extrinsic factors: Question 5 • gave benefits or examples of a warm up rather than identifying the actual components: Question 6 • do not recognise specific terminology from the specification such as lateral epicondylitis or rotator cuff tendonitis: Questions 7 and 14 • Section B: did not apply relevant or use different specific, sporting examples relating to the question • did not follow the command words of the question – for example, no explanation of how each individual variable influences injury (Question 12) • repeated answers or offered equivalent responses to those already given in question or question stem: Questions 5, 8, 10 (b), 11 (a), 11 (b), 11 (c) and 13 (a) • repeated answers within same context or similar symptoms: Question 8 • unable to use descriptions other than repeating the wording in some questions: Question 14 (repeating getting cut rather than describing the sporting situation on how they could occur) • responses were often too vague and/or did not answer the question (NR = no response) • did not offer responses for both parts of the level Question 15* and did not follow the advice of 'your answer should include' • causes and symptoms of sprains and strains • how PRICE therapy can be used to treat sprains and strains • the use of different practical examples throughout the answer.

Section A overview

- Section A (Q1 – 7) contained a total of 25 marks, made up of MCQ style questions and a number of short to medium response questions.
- Section A questions will only assess Performance Objective 1 (PO1) – Recall knowledge and show understanding of Sport Science (without contextual application).

Question 1

- 1 Identify **three** different types of skin damage that can be caused when playing sport.

1

2

3

[3]

This was very well answered by most candidates. The most common responses were cuts, blisters and bruises which were taken directly from the specification. Some candidates gave 'open fracture' which was too vague as this is damage to the bone which then causes damage to skin in the form of an open wound so the candidate would need to state laceration/cut to gain credit.

New Content

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

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

Question 2 (a)

2

(a) State the purpose of SALTAPS as a response to injury.

..... [1]

Many candidates were able to state the purpose of SALTAPS. The most common responses were linked to an on-field assessment routine, allows to see the severity of the injury or to see if the performer is able to continue to perform. Some candidates were too vague with responses of 'to see if they are ok' or 'if it is safe'.

Question 2 (b)

(b) Circle the **three** words used as part of the SALTAPS response to an injury.

Supervision	Touch	Acute
Plan	Safety	Protection
Active	Stretch	Look

[3]

This was quite well answered with most candidates gaining marks on this question although some candidates did not attempt the question which was then marked as NR (No Response). Those candidates who were not given maximum marks usually gave a mixture of incorrect responses from the other words available.

There was evidence of some candidates' thought processes with some writing to the side the correct words for SALTAPS and then using this information to correctly circle the three correct words – active, touch and look. If candidates change their mind on responses it is important they make it clear which responses they want to offer as their answers.

Exam Guidance

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

Question 3

- 3 Identify **three** psychological factors that begin with the letter 'A' and can influence injury when playing sport.

1

2

3 [3]

This was generally well answered with many candidates scoring maximum marks and recalling the three psychological factors stated in the specification – arousal, anxiety and aggression. Those candidates who were not given maximum marks gave a variety of other words taken from the specification beginning with the letter 'A' such as agility, age, ability, acute, ask and active. Some candidates also offered responses that did not start with the letter 'A' indicating they had not read the question properly.

Question 4

- 4 Identify **two** symptoms of hypothermia.

1

2 [2]

This area of content is a new addition to Unit R180 from the legacy specification and again many candidates showed a very good knowledge of hypothermia symptoms. Candidates scoring maximum marks often used the symptoms stated in the specification of shivering, blue lips or skin, slurred speech, tiredness or confusion and slow breathing.

Some candidates were not given maximum marks for their symptom responses as they gave actual causes rather than symptoms of hypothermia such as being wet or a body temperature below 35 which were marked as too vague.

Some candidates also gave responses linked to specific symptoms for other medical conditions such as epilepsy (e.g. seizures) and diabetes (e.g. going to the toilet lots) and therefore gained no marks.

New Content

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

Question 5

- 5 Other than age and gender, identify **three** individual variables that can influence the risk and severity of injury.

1

2

3

[3]

Many candidates showed good knowledge of individual variables. Some candidates were not given maximum marks as they simply repeated 'age' or 'gender' (in question). There was also some confusion between extrinsic factors such as environment and equipment and individual variables.

The most common correct responses were experience, weight, fitness and nutrition. Psychological factors such as anxiety and aggression were accepted but for 1 mark only.

Height was a common individual variable that was too vague as an influence on the risk and severity of injury.

Misconception



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

Exam Guidance

This is an example of a question that contains specific instructions for candidates to follow in their responses. No marks were given for answers that stated 'age' or 'gender', as the question asks for individual variables other than these to be given. Candidates need to be careful not to repeat facts given in the question in their answers.

Question 6

6 Identify the **four** components of a warm up.

- 1
- 2
- 3
- 4

[4]

Many candidates were able to recall the four components in the specification. A common error with candidates not scoring maximum marks was due to responses being about the benefits of a warm up such as increasing breathing rate, increased levels of flexibility rather than the identification of the actual components – pulse raiser, stretching, mobility and skill rehearsal.

Another common error was that some candidates gave actual examples such as jogging rather than the actual component. There was often a repetition of the answer of responses with dynamic stretching and static stretching (BOD) being a repetition of stretching and would only be given 1 mark.

Some candidates could not offer all four with pulse raiser and (dynamic) stretching the two components being used the most. The component of mobility tended to be the one component candidates often did not include.

Other too vague responses included for the skill rehearsal component was performing an activity. Mental rehearsal was another common response that was too vague.

Misconception



Dynamic stretching is a component for a warm up and static stretching is a component for a cool down.

Question 7

7 State what injury, lateral epicondylitis is more commonly known as.

..... [1]

Many candidates gave a range of incorrect responses with acute injuries such as ACL, pulled muscle and sprain.

Many candidates were not given this mark as they gave golfers elbow which is medial epicondylitis. Other common misconceptions included responses of chronic injury (on its own) which was too vague along with the use of legacy specification terminology such as scoliosis/osgood schlatters which is incorrect but also no longer in the specification.

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 and that epicondylitis is an example of a chronic injury and that lateral epicondylitis occurs on the outside of the elbow and medial epicondylitis on the inside of the elbow.

Question 8

8 Complete the table to show the missing medical condition, symptoms and treatment.

Medical condition	Symptoms	Treatment
(a)	Increased thirst (b)	Insulin
Dehydration	(c) (d)	(e)

[5]

Most candidates were given at least 1+ marks on Questions 8 (a) to (e).

Candidates who were not given maximum marks on these questions usually did the following:

- repeated responses for dehydration such as headaches and dizziness which would have been given 1 mark only
- mixed up their knowledge between different medical conditions and their treatment.

Section B overview

Section B 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. 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 candidate. The requirements will be made clear in the question. The question topic may be drawn from any relevant aspect of the unit teaching content. Candidates 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 candidates to build their confidence throughout the exam before they start this question
- prevent candidates taking too long to complete this question and not leaving enough time for others.

Question 9 (a)

9

(a) Which **one** of the following can be a treatment for sudden cardiac arrest (SCA)?

Tick (✓) the correct answer.

(a) Insulin injections

(b) Lifestyle changes

(c) Nebulisers

(d) Wrap in blankets

☐
☐
☐
☐

[1]

This was a question that differentiated between candidates with a number not having the knowledge of the treatment for sudden cardiac arrest (SCA). Many incorrect responses gave nebulisers as the treatment for SCA which is a treatment for asthma.

Question 9 (b)

(b) An Emergency Action Plan (EAP) could be used when treating someone with sudden cardiac arrest (SCA).

For each of the following give an example of each EAP component:

Emergency personnel:

Emergency communication:

Emergency equipment:

[3]

Candidates either answered this question well or gave descriptions to the words rather than actual examples of the different components of the Emergency Action Plan (EAP).

Exam Guidance

It is important that where questions ask for just one example/response that candidates use the response they are most confident with as responses will be marked left to right with the first response being the one the candidate is offering as their response.

Question 10 (a)

10 Performers should cool down after exercise.

(a) Complete the table to:

- Identify the **two** different cool down components.
- Identify a practical example for each cool down component.

Cool down component	Practical example
1
2

[4]

Some candidates were unable to correctly identify the correct cool down components and gave descriptions of the benefits of the component instead such as lowering breathing rate. This demonstrates a lack of understanding between components and actual examples. Many candidates gave more than one example and, in this case, it was only their first response that was marked.

Other responses that were marked too vague included dynamic stretching which is associated with a warm up rather than a cool down and ways to cool down such as cold bath, drinking water and even cryotherapy.

Misconception



Components are the different parts that make up the cool down. These are not the actual benefits of the cool down.

Question 10 (b)

(b) Other than reducing the risk of injury, describe another physiological benefit of a cool down.

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

Most candidates were given the mark available for this question with the most common response being gradually decreasing heart rate.

Candidates who were not given maximum marks either did not include the key word 'gradually' for reducing heart rate, breathing rate and body temperature and/or stated a cool down 'prevents' lactic acid build up rather than 'removes' (or equivalent). This was a common error made in the legacy specification.

Candidates tended not to repeat the benefit given to them in the stem of the question (reducing the risk of injury) which means they were reading the question properly. Other candidates not scoring the mark gave psychological benefits and not physiological benefits.

Exemplar 1

slows heart rate back down.
..... [1]

The candidate has stated 'slows heart rate back down' which is too vague as heart rate will decrease after exercise regardless of whether a cool down has been performed. One of the physiological benefits of a cool down is that it decreases heart rate gradually.

Misconception



Candidates need to understand the differences between physiological and psychological benefits.

Exam Guidance

1. Candidates need to ensure they use the word 'gradually' or equivalent when referring to a cool down helps to lower heart rate, breathing rate and body temperature.
2. Candidates need to be more precise in their descriptions such as a cool down does not **prevent** lactic acid build up as it will still build up during exercise but it does help to remove it.
3. There is nothing on the specification requiring candidates to know psychological benefits of a cool down as psychological benefits are for the warm up only.

Question 11 (a)

11 Boxing is a sport that can cause injury to performers.



Use the photographs to help answer the following questions:

- (a) Other than equipment, clothing and footwear, identify **three** different extrinsic factors that can cause injury.

Use practical examples to describe how each extrinsic factor can cause an injury when boxing.

Extrinsic factor 1:

Practical example that can cause injury:

.....
.....

Extrinsic factor 2:

Practical example that can cause injury:

.....
.....

Extrinsic factor 3:

Practical example that can cause injury:

.....
.....

[6]

The most common reasons why candidates were not given maximum marks was due to the repeating of environmental extrinsic factors such as human interaction/official/opponent/crowd or equivalent followed by playing surface/ring which are both environmental.

Some responses used equipment such as gloves and headguard which was incorrect as this was already in the stem question. Other responses that did not gain any marks were based on how injury can be prevented rather than causing the injury and the use of individual variables instead of extrinsic factors. Some candidates also focused their responses on the listing of injuries such as concussion and cuts rather than the use of practical examples that can cause injury.

Exemplar 2

- (a) Other than equipment, clothing and footwear, identify **three** different extrinsic factors that can cause injury.

Use practical examples to describe how each extrinsic factor can cause an injury when boxing.

Extrinsic factor 1: Environment

Practical example that can cause injury:

If it is within a slippery environment it can lead to an injury.

Extrinsic factor 2: Medical attention

Practical example that can cause injury:

Within the breaks the boxers might not get the correct attention they need.

Extrinsic factor 3: ~~weight~~

Practical example that can cause injury:

.....
.....

[6]

This response was given 1 mark for identifying the 'environment' as an extrinsic factor that can cause injury. The practical example is too vague as they have simply added the word 'slippy' before environment. The practical example requires some reference to the activity, which may have been in the form of a boxer slipping over when moving around the ring.

Responses that demonstrate applied links to boxing (e.g. hitting/striking) as well as specific terminology (jabs/uppercuts) were accepted. Reference to specific boxing terms are not required (e.g. boxing coach showing incorrect technique would be accepted).

No mark was given for medical attention. The candidate had crossed out 'weight' which was annotated as SEEN but worthy of no mark as this is an individual variable/intrinsic factor.

Misconception



Candidates need to learn the different extrinsic factors that can influence injury as well as the different ways each factor can influence injury. For example, environmental factors can be separated under weather/temperature, playing surface/surrounding area and human interaction but all are environmental factors.

Exam Guidance

This question used an image as a stimulus only. This helps to bring the question alive and helps candidates to visualise the sport. When candidates answer such questions, it is important that they demonstrate their knowledge and understanding of different extrinsic factors from the specification content, linking their examples to those extrinsic factors.

Question 11 (b)

- (b) Other than high top boxing boots, state **two** pieces of protective equipment that can be used to reduce the chances of injury in boxing.

1

2

[2]

This question was very well answered with gloves, headguard and gumshield as the most common correct responses. Some candidates gave helmet which was marked too vague as helmets are protective headwear that have a hard outer casing and are not used in boxing. Correct responses needed to focus on head wear made from softer material as in headguard or equivalent.

Misconception



Candidates need to understand the differences between different examples of protective equipment. For example, a helmet is a hard case covering that protects the head and used for sports such as cycling, rock climbing and cricket whereas headguards are made from softer material and used in sports such as rugby and boxing.

Question 11 (c)

(c) Other than boxing, use **two** different named sports of your choice to answer the following:

- describe a different type of footwear used by performers in each named sport
- describe a different way the footwear helps to reduce the chances of injury.

Sport 1:

Description of type of footwear:

Description of the way the footwear helps to reduce the chances of injury:

.....

.....

Sport 2:

Description of type of footwear:

Description of the way the footwear helps to reduce the chances of injury:

.....

.....

[4]

Most candidates were given marks on this question by referencing 'football or rugby boots with studs that help give performers grip' the most common responses.

Responses that were too vague tended to do:

- focus on how footwear can cause injury rather than reduce it
- linked to protective equipment such as shin pads and gumshields rather than footwear
- focused on performance outcomes rather than how reduces chances of injury
- repeated similar types of footwear and/or how they help to reduce the chances of injury.

Exemplar 3

(c) Other than boxing, use **two** different named sports of your choice to answer the following:

- describe a different type of footwear used by performers in each named sport
- describe a different way the footwear helps to reduce the chances of injury.

Sport 1: Football.....

Description of type of footwear: Football ~~studs~~ boots.....

Description of the way the footwear helps to reduce the chances of injury:

Football boots can reduce the risk of injury because they have better grip than trainers so they are less likely to slip.

Sport 2: Ice skating.....

Description of type of footwear: Ice skates.....

Description of the way the footwear helps to reduce the chances of injury:

If an ice skater falls, they are more likely to cut themselves due to the sharp blades of the ice skates.

[4]

The candidate has crossed out 'studs' and replaced it with boots. 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. If the candidate had used 'studs' in how the footwear helps to reduce chances of injury, then they would have been given an additional mark as BOD (Benefit of Doubt) for the description of type of footwear. The response for ice skates is actually around how ice skates can cause injury rather than helping to reduce injury.

Exam Guidance

1. Candidates need to be aware of when questions ask for 'different' that their responses are different. This question required candidates to describe a **different** type of footwear and a **different** way each type of footwear helped to prevent injury.
2. Some questions will ask candidates to choose a sport/activity to focus their response on, as in this example. Responses to these questions should be applied to the sporting activity chosen.

Question 12

- 12** A 50 year old is taking part in their first rugby session and is about to make a tackle on a 20 year old who has been playing competitive rugby for a few years.

In the above scenario there are two individual variables.

Identify the **two** individual variables and explain how each could influence the risk of injury to the rugby players during the tackle.

Individual variable 1:

Explanation:

.....
.....
.....

Individual variable 2:

Explanation:

.....
.....
.....

[4]

This was a question that gave candidates a scenario. Some candidates were able to identify the two individual variables of age and experience from the scenario and gain maximum marks for the explanation as well. These candidates had obviously been well prepared by centres using the variables listed in the specification and to have an understanding of how scenarios could be presented.

Some candidates misunderstood the nature of the scenario and commented about individual variables such as nutrition or sleep whereas other candidates offered responses such as the environment or equipment which are clearly extrinsic factors.

Some responses were too vague in their identification as they simply repeated '50 year old man' rather than stating age as the individual variable.

Some responses were too vague in their explanation, for example the 50 year is older and more chance of injury gained no credit as there needs to be some explanation as to why being older could cause injury such as being weaker. Other responses did not always make it clear who the injury could influence by stating which player is at more risk and why; such as the 'younger or 20 year old' has less chance of injury as they are more familiar with tackling technique or are generally stronger so less chance of getting injured or vice versa.

Exam Guidance

Candidates need to understand the use of command words. The command word 'explain' means:

- give reasons for and/or causes of
- use words or phrases such as 'because', 'therefore' or 'this means that' in answers.

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 candidates should approach the question and understand its demand.

Question 13 (a)

13 National Governing Bodies (NGBs) such as The FA, are introducing policies to help reduce the chances of concussion.

(a) Other than football, identify **two** different sports where concussion is a common injury. For each named sport, describe a different practical example of how concussion can occur to a performer.

Sport 1:

How concussion can occur:

.....
.....

Sport 2:

How concussion can occur:

.....
.....

[4]

This question was answered correctly by most candidates - many of which cited rugby, boxing, football and cricket as sports where concussion is a common injury. The sport given by the candidate would also determine if a mark could be given for how concussion could occur as the named sport and reason did need to match, for example getting hit by a racket would be too vague if hockey was the named sport.

Most common responses used boxing and getting punched in the head and rugby with either clashing heads in tackle or hitting the head on the floor after contact has been made.

Some candidates did not give an adequate description of how concussion occurs in the sport named and/or gave a response that referred to just tackling, colliding or falling on the ground without being specific. Responses required a link to be made to a head injury or an equivalent such as a clash of heads, hitting their head on the ground after a tackle or being punched in the head for combat sports.

Other responses used football, which was used in the stem of the question and repeated similar sporting scenarios and therefore gained no marks.

Exam Guidance

Candidates need to read questions properly. This question clearly states, 'other than football'.

Question 13 (b)

(b) Describe **three** ways in which The FA could reduce the chances of concussion from occurring in football.

- 1
- 2
- 3

[3]

This was new content in the specification. Many candidates scoring on this question by using a range of different measures that could reduce the risk of concussion occurring in football. The most common responses that gained credit included limiting headers, using specialist headgear, head height rules, introducing lighter footballs and a focus on rules that limits the risk of head injuries.

Responses that included reference to concussion protocols such as returning to play or having medical staff nearby were too vague as the question was concerning reducing the concussion so having medical staff to treat them would indicate that the concussion/head impact has already occurred.

New Content

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

Question 13 (c)

(c) State **one** medical condition that is linked with repeated concussion over a long period of time.

..... [1]

This question provided a mixed response by candidates. Some candidates gave epilepsy which was accepted. Many candidates struggled with the spellings of dementia or Alzheimer and therefore phonetic spellings were credited.

New Content

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

Question 14

14 Describe a different sporting situation where each of the following injuries may occur.

Blisters

.....

.....

Cut

.....

.....

Rotator cuff tendonitis

.....

.....

Dislocation

.....

.....

[4]

Many candidates were given maximum marks on this question. Candidates that were not given marks on one or more of these injuries were too vague in their responses, did not read the question properly and/or did not use a different sporting situation for each injury.

Vague responses were evident for 'blisters' when candidates just described footwear being too small without application to a sporting situation and/or the friction/rubbing to form a blister in that particular situation.

Vague responses were evident for 'cuts' with many candidates repeating 'getting cut' rather than describing the sporting situation on how cuts could occur in a sporting situation.

The injury that most candidates were not given marks for was for rotator cuff tendonitis and it was clear that these candidates were not aware of how the injury can occur and the part of the body that is affected.

Exam Guidance

Candidates need to read the exam questions properly. This question required **different** sporting situations.

Question 15*

15* Discuss the causes and symptoms of acute sports injuries of sprains and strains and the use of PRICE therapy to treat them.

Your answer should include:

- causes and symptoms of sprains and strains
- how PRICE therapy can be used to treat sprains and strains
- the use of different practical examples throughout your answer.

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..... [8]

This question is marked using a levels mark scheme and the quality of written communication is taken into consideration. Many candidates demonstrated a fluent and 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 by the question. The better responses tended to make reference to all parts of the question:

- Your answer should include':
 - causes and symptoms of sprains and strains
 - how PRICE therapy can be used to treat sprains and strains
 - the use of different practical examples throughout the answer.

Many candidates impressed through their knowledge and understanding of this part of the specification. The lower scoring responses confused sprains/strains and the connective tissue that becomes damaged as well as referring to chronic injuries or focused on other acute injuries such as fractures. Many candidates were also using the term 'evaluate' rather than elevate for PRICE. These weaker responses were also too vague and rarely developed their points or used different practical examples throughout their response.

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Question 11: Hi Res image of boxer and coach, [New York , United States - 30 April 2022; Katie Taylor, right, with...](#)
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