

Cambridge **NATIONALS LEVEL 1/2**



SPORT SCIENCE

Combined feedback on the January 2018 exam paper (including selected exemplar candidate answers and commentary)

Unit R041 – Reducing the risk of sports injuries

Version 1

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INTRODUCTION


This resource brings together the questions from the January 2018 examined unit (Unit R041), the marking guidance, the examiners comments and the exemplar answers into one place for easy reference.

We have also included exemplar candidate answers with commentary for questions 9, 10 and 15.

The marking guidance and the examiner's comments are taken from the Report to Centre for this question paper.

The Question Paper, Mark Scheme and the Report to Centre are available from:

<https://interchange.ocr.org.uk/>

OCR <small>Oxford Cambridge and RSA</small>	
Friday 12 January 2018 – Afternoon LEVEL 1/2 CAMBRIDGE NATIONAL IN SPORT SCIENCE R041/01 Reducing the risk of sports injuries	
Candidates answer on the Question Paper. OCR supplied materials: None Other materials required: None	Duration: 1 hour 
Candidates Surname: <input type="text"/>	Candidates Forename: <input type="text"/>
Centre number: <input type="text"/>	Candidate number: <input type="text"/>
INSTRUCTIONS TO CANDIDATES <ul style="list-style-type: none"> Write your name, centre number and candidate number in the boxes above. Please write clearly and in capital letters. Use black ink. HB pencils may be used for graphs and diagrams only. Answer all the questions. Read each question carefully. Make sure you know what you have to do before starting your answer. Write your answer to each question in the space provided. If additional space is required, you should use the lined page(s) at the end of this booklet. The question number(s) must be clearly shown. Do not write in the barcodes. 	
INFORMATION FOR CANDIDATES <ul style="list-style-type: none"> The number of marks is given in brackets [] at the end of each question or part question. The total number of marks for this paper is 60. The quality of your written communication will be assessed in your answer to the question marked with an asterisk (*). This document consists of 8 pages. Any blank pages are indicated. 	
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Cambridge National Sport Science
Unit R041: Reducing the risk of sports injuries Level 1/Level 2
Mark Scheme for January 2018
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Level 1/2 Cambridge National Award in Sport Science J802 Level 1/2 Cambridge National Certificate in Sport Science J812
OCR Report to Centres January 2018
<small>Oxford Cambridge and RSA Examinations</small>

GENERAL EXAMINER COMMENTS ON THE PAPER

Centres are reminded that marking schemes are used as a basis for judgements and each examiner's professional judgement is used in finally deciding the marks awarded based on a rigorous standardised procedure.

The 'levels' part of the mark scheme' relates to the final question – Q15. The mark scheme for this final question has a number of criteria separated into levels. These levels also include statements related to the quality of written communication. The levels scheme also includes indicative content that is expected in the question and this content is taken into consideration when awarding marks. Examiners use ticks to indicate the number of marks given for questions 1 – 14.

Most candidates showed that they had been well prepared for the examination. There are however still too many candidates who are not well prepared or who are not at the level of ability to attempt this examination, for example a small minority of candidates answer only a few questions on the paper and consequently do not reach a pass mark.

Resources which might help address the examiner comments:

From the link below, you'll find 'The OCR guide to examinations' (along with many other skills guides)

<http://www.ocr.org.uk/i-want-to/skills-guides/>

Question 1

Answer **all** questions.

- 1 (a) Rearrange the letters below in the correct order to give a way of responding to an injury or medical condition.

A, A, S, S, L, P, T

One mark for:
SALTAPS

.. [1]

- (b) Choose **two** of the letters in part (a) and for each write the word it stands for and describe its meaning in terms of responding to injuries.

- (i) Word: **Four marks from:**

Meaning:
.....
.....

.. [2]

- (ii) Word:

Meaning:
.....

.. [2]

1. See
2. Did you see injury occur/what happened
3. Ask
4. Ask the player what happened/how they feel/questions about the injury/where the pain is coming from/if it hurts/are they in pain
5. Look
6. At injury/at injured limbs for obvious signs of injury/compare to other limbs
7. Touch
8. The injured site/gently palpate to find source of pain/feeling for tenderness
9. Active
10. Can the player move the limb (with or without pain)/non-weight bearing movement
11. Passive
12. **Coach/physio/medic** moves the limb/joint to full extent (note reaction)/taking movement further than active movement or see if you can move the limb/joint for the performer
13. Strength
14. Can they hold/apply their own weight or is the player able to get up/provide resistance against injured part/stand-up or can they stand-up following injury or can they play on/carry on playing/walk on it.

Mark Scheme Guidance

Question 1(b):

Max of **two** marks for key words.

Max of **two** marks for descriptions.

One mark per correct word (odd numbers) and one per correct meaning (even numbers).

Meaning must match the word for second mark.

If word incorrect then nil marks for meaning.

Pt1 See – what type of injury it is = Too vague. Pt1 See – if you can see a cut = Too vague.

Pt1 See – look at injury = Too vague.

Pt4 Ask – ask if they are ok? = Too vague.

Pt4 Ask – does it hurt? = Benefit of doubt 1 mark awarded

Pt5 Look – is it a serious injury/how bad it looks = 1 mark

Pt12 – must have sense of someone else moving the limb to gain a mark

Examiner comments

Question 1(a) – Most candidates scored the mark for SALTAPS, although a few forgot to put the final 'S' on the end.

Question 1(b) – Most could write two of the relevant words and give a relevant description for each. This was well done by the majority of candidates.

Questions 2 and 3

2 Give an example of each of the following parts of an Emergency Action Plan.

Emergency personnel:	Three marks from: 1. (Emergency personnel) – first responder/first aider/coach/doctor/medic/nurse/medical team 2. (Emergency communication) – telephone 999/call emergency numbers/emergency services. 3. (Emergency equipment) – first aid kit /evacuation chair/wheelchair/stretchers/defibrillator/inhaler/bandages/ice pack/sling
.....	
Emergency communication:
.....	
Emergency equipment:
.....	

[3]

3 Indicate whether each of the following statements is true or false. Circle your chosen option.

- | | | |
|--|---------------------------------------|------------|
| (a) A sprain is an example of a contusion. | True / <input type="checkbox"/> False | [1] |
| (b) Open and closed are two types of fracture. | <input type="checkbox"/> True / False | [1] |
| (c) R.I.C.E. stands for Rest, Ice, Compress, Evaluate. | True / <input type="checkbox"/> False | [1] |

Mark Scheme Guidance

Question 2:

Mark first response only.

Pt1 person in charge = Too vague

Pt2 phone/phone someone = Too vague

Pt2 ambulance (on its own) = Too vague

Pt2 call ambulance/999 = Benefit of doubt (1 mark)

Pt3 first aid/ambulance = Too vague

Pt3 ambulance and stretcher = Too vague (mark first response)

Examiner comments

Question 2 – Many candidates could identify an example for each of the Emergency Action Plan points. Some candidates only gave 999 for emergency communication when calling 999 was required – there needed to be some method of communication here.

Question 3 – Many candidates gave the correct response on these true/false questions, apart from c. where many seemed to misread the word 'evaluate' which meant that this was false and not true.

Questions 4, 5 and 6

- 4 Explain why a person with Type 1 diabetes is insulin-dependent and a person with Type 2 diabetes is not usually insulin-dependent.

Two marks for two from:

(Type 1 diabetes)

1. The body (pancreas) cannot produce insulin or doesn't have any insulin (regardless of lifestyle/its genetic)

Or

2. It can only be controlled through taking (regular) insulin (injections)

(Type 2 diabetes)

1. Insulin is not always required/already has (some) insulin/has some insulin but not enough or only if the disease has progressed is insulin required.

Or

2. Can be **controlled** through diet and exercise/good lifestyle

.....
.....
.....
..... [2]

- 5 Complete the table below by putting the words/phrases provided in the correct box.

- Give the individual a sugary drink
 Body shaking
 Keep them calm
 Lip smacking
 Coughing
 Move objects out of the way

Medical condition	Symptoms	Treatment/Response
Asthma	Coughing	Keep them calm
Diabetes	Body shaking	Sugary drink
Epilepsy	Lip smacking/Body shaking	Move objects

[6]

- 6 Give another example of how to treat the following medical conditions, other than those in question 5:

Epilepsy **Two marks for:**

1. (Epilepsy) Let them fit or don't hold/restrain them/support or cushion the head/ medication/recovery position after fit

..... [1]

Asthma ..

..... [1]

Mark Scheme Guidance

Question 4:

One mark max for type 1 and one mark max for type 2.

Type 1 – being born with it/genetic = Too vague

Type 2 – caused by diet/obesity/poor lifestyle = Too vague

Question 5:

Max 6 marks

One mark per correct answer.

Accept body shaking for symptoms of diabetes **and** epilepsy.

Question 6:

Pt1 – Call 999 and give medication = Benefit of doubt (1 mark)

Do not accept:

Examples from Q5: move objects; keep them calm (for treatment) call 999 = Too vague

(Epilepsy) – keep warm or move people or elevate head = Too vague

(Asthma) – deep breaths/sit them down/give drink = Too vague

Examiner comments

Question 4 – Most candidates scored poorly on this question showing a lack of knowledge on the differences between Type 1 and Type 2 diabetes. Some merely repeated what was in the question, others got the two types mixed up. Repeating the question is not a creditable response.

Question 5 – Most candidates scored at least 5 marks for this question showing good knowledge of symptoms and treatments.

Question 6 – Many candidates did not read the question carefully enough and simply repeated the treatments that were in Question 5. Those that came up with different and relevant treatments scored well.

Questions 7, 8 and 9

7 Give an example for each of the following.

(a) Performance equipment: **One mark for:**
 (Performance equipment) – hockey stick/ball/racquet/bat posts
 (football/rugby/hockey/netball)/puck/shot/discus/javelin or
 ice skates or trampoline or examples of gym equipment [1]

(b) Protective equipment: **One mark for:**
 (Protective equipment) – gum shield/goggles/helmet/scrum
 cap/shin pads/box/shoulder pads/gloves/post protectors/knee
 pads(cricket/football/boxing)/cricket box/cup/chest guard/ [1]
 body armour/boots (football/hockey etc)/trainers/socks

8 Explain the difference between performance equipment and protective equipment.

Two marks for:
 (Performance equipment) – a piece of equipment that is needed to **play** a particular sport/
 activity
 (Protective equipment) – a piece of equipment that you are required to wear/use to prevent
 injury or stops you getting hurt or keeps players safe or to reduce risk of injury
 [2]

9 Choose **three** different intrinsic factors and explain how each one can influence the risk of injury.

1 **Six marks from:**
 1. Physical preparation
 2. Training/warm up/cool down/fitness levels/overuse/muscle imbalances
 3. Individual variables
 4. Age – e.g. older then more injury prone /flexibility – e.g. the more flexible the less
 chance of injury/nutrition – e.g. having the right diet/sleep – e.g. getting enough sleep
 5. Psychological factors
 2 6. Motivation – e.g. not pulling out of tackles or being over motivated/aggression –
 e.g. being too angry/arousal/anxiety levels – e.g. not making safe decisions or not being
 focussed
 7. Injuries/poor posture/previous injuries/disability
 8. Any named injury or pelvic tilt/lordosis/kyphosis/round shoulder/scoliosis or can lead to
 low confidence/self esteem
 9. (Other) Medical conditions
 3 10. Asthma/epilepsy/diabetes etc

 [6]

Mark Scheme Guidance

Question 7:

Mark first response only.

Accept other valid examples.

Do not accept any items of clothing/footwear for performance equipment (other than ice skates).

(Performance equipment) cones = Too vague

Question 8:

Do not accept protect or protection for protective equipment.

(Performance equipment) – Do not accept perform for performance equipment

Helps you perform or helps you perform better = Too vague

What you need to do the activity = Benefit of doubt (1 mark)

Objects played with/used in the game = Benefit of doubt (1 mark)

Question 9:

One mark max for each of the 3 correctly identified intrinsic factors (odd numbers). (max 3)

One mark max then for explanation of how each contributes to injury (even numbers). (max 3)

Explanations (even numbers) – must have more than one word and be valid.

If intrinsic factor incorrectly labelled, then still mark an appropriate explanation.

Examiner comments

Question 7 – Most candidates scored both marks here and gave relevant examples for performance and protective equipment.

Question 8 – Candidates scored less well on this question, with some misunderstanding the term ‘performance equipment’ – writing about improving performance rather than being able to perform an activity. Some did not score the second mark because they repeated the word protection in their answer. It is important that candidates use their own words when explaining a technical term.

Question 9 – Candidates generally did not score very well on this question. The question asks candidates to choose three different intrinsic factors and then to explain how each can influence the risk of injury.

Many chose only one and gave more examples under that one heading rather than to choose two others. Some candidates confused intrinsic with extrinsic and gave extrinsic factors that score nil marks.

Exemplar candidate work

Question 9 – High level answer

9 Choose **three** different intrinsic factors and explain how each one can influence the risk of injury.

1 Not warming up properly can influence the risk of injury as the body will not be physically ready to meet the demands of a sporting activity.

2 Having a ~~ft~~ recent or recurring injury will mean that ~~the individual~~ the injured area of the individual is not strong enough to properly meet the demands of physical activity. Participating in sport may make the injury worse.

3 If the individual has a known medical condition such as asthma and participates in physical activity without taking an asthma pump, there is a greater risk of an asthma attack as there is no way for the symptoms to be prevented. [6]

Commentary

The reason why this response is a **high level** answer is that the candidate has scored five out of a possible six marks and has attempted both parts of the question (Choosing an intrinsic factor and explaining how this can influence injury).

The candidate scored two marks out of three for identifying two different intrinsic factors in their responses 2 and 3 (2 = recent/recurring injuries and 3 = medical conditions) and scored maximum marks for their explanation of how intrinsic factors can influence the risk of injury. Recent/recurring injuries had an appropriate explanation of 'not being strong enough and making the injury worse' and medical conditions was credited with an appropriate example of asthma as stated in the MS.

The candidate did not secure maximum marks for their response made in 1: 'Not warming up correctly...' as there was no mention of what this intrinsic factor actually is. Although the candidate failed to give the correctly labelled intrinsic factor they still scored a mark for their explanation as the MS states that a mark can still be awarded for correct explanation.

Improvements that could be made to make it a full mark high level answer:

The candidate needed to correctly identify the intrinsic factor of 'Physical preparation' to the first part of their response in 1: 'Not warming up correctly...' in order to have been awarded maximum marks.

Refer to the specification and MS for the full list of intrinsic factors that can influence the risk of injury.

Mark Scheme Guidance**Question 10:****One mark for each of the 3 correctly identified extrinsic factors (odd numbers). (max 3)****One mark then for explanation of how each contributes to injury (even numbers). (max 3)****If extrinsic factor is incorrect then no marks for explanation.****Do not accept:**

- Physical preparation
- Individual variables
- Psychological factors.
- Sports injuries relating to poor posture
- Footwear/clothing/jewellery
- Equipment

Pt 3 Incorrect technique = Too vague**Coach (Benefit of doubt pt3) showing incorrect technique (pt4) = 2 marks****Pt4 poor coaching = Too vague****Question 11(a):****Mark first response only.****Jogging = Too vague****Question 11(b):****Mark first response only.****Dribbling a ball = Too vague****Physical preparation = Too vague****Game rehearsing = Too vague (must be skill)****Question 11(c):****Mark first response only.****Stretching OR arm circling etc = Too vague****Mobilisation = Benefit of doubt 1 mark****Question 11(d):****Mark first response only.****Lunges = Too vague****Examiner comments**

Question 10 – Again, candidates showed some confusion between extrinsic and intrinsic, but many were able to identify factors such as coaching and environmental factors. Some chose three examples of the environmental factor but scored only two of the 6 marks available because they only used one identified factor.

Question 11 – Many candidates could give the first component – ‘pulse raiser’ but too many did not identify the component but instead gave a description of the component, for example for pulse raiser, they wrote ‘jogging’. Many candidates could not identify ‘mobility’ as the component for c.

Exemplar candidate work

Question 10 – Full mark answer

10 Other than equipment, choose **three** different extrinsic factors and explain how each one can influence the risk of injury.

1 Types Of Activities: Activities like boxing, UFC, football, ~~car racing~~ etc can influence the risk of getting injury because they are contact sports where it is possible to get a ^{highly} injury.

2 Coaching Supervision when there is ineffective communication between the coach the player.

3 Weather Condition: weather condition such as sun could burn the player skin when playing a particular sport like football, rugby in open space.

[6]

Commentary

The reason why this response is a **full mark level** answer is that the candidate has correctly answered both parts of the question (Choosing different extrinsic factors and and explaining how this can influence injury).

The candidate scored three maximum marks for correctly identifying three different extrinsic factors in their responses which then linked to appropriate explanations:

1 = Type of activity – linked to contact sports

2 = Coaching/supervision – linked to ineffective communication

3 = Weather condition – linked to sunburn.

Exemplar candidate work

Question 10 – High level answer

10 Other than equipment, choose **three** different extrinsic factors and explain how each one can influence the risk of injury.

1. Weather could lead to wet surfaces which could make you slip and dislocate/fracture a joint.
2. Bad coaching / supervision may lead to a player injuring themselves because an instruction wasn't told right.
3. Age: if the participants aren't playing basketball might be wet and slippery ^{age group} ^{same} ^{age group} ^{they could} get injured because if it's a 16 year old playing football with a 10 year old the 16 year old is more likely stronger.

Commentary

The reason why this response is a **high level** answer is that the candidate has scored five out of a possible six marks and has attempted both parts of the question (Choosing different extrinsic factors and explaining how this can influence injury).

The candidate scored three maximum marks for correctly identifying three different extrinsic factors (1 = weather, 2 = coaching and 3 = other participants – although the opening part of this response referred to 'age' of the participants which is in fact an intrinsic factor within individual variables a mark has still been credited for the reference made to 'other' participants as Point 5 in the MS).

The candidate did not secure maximum marks for the explanation of their response made in 3: 'Age of the participants ...' as there was no full explanation of this extrinsic factor and the response linked it to different age groups which is an intrinsic factor.

Improvements that could be made to make it a full mark high level answer:

The candidate needed to give a correct explanation of how other participants (not age related) can influence the risk of injury and needed to refer to 'other participants could bump into you or overcrowded playing area' or equivalent in order to secure the mark for this particular extrinsic factor.

NB – Any answers referring to the extrinsic factor of equipment would have been given as VG as this is clearly mentioned in the opening part of the question 'Other than equipment, ...'

Also, the crossed out response is not marked as stated in the MS:

'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.'

Questions 12 and 13

12 Explain how warming up and cooling down can help to prevent injury.

Six marks from:

Warming up (5 marks sub-max)

1. preparing the body **for physical activity/exercise** or ready **for the game**
2. Increase in temperature of the muscles
3. increase in flexibility/mobility/range of movement (of muscles and joints)
4. increase in pliability (of ligaments and tendons)
5. (psychologically) – heighten or control arousal levels or ‘get in the zone’ or settle nerves or increases confidence or motivates
6. improve concentration/increases focus
7. Increase heart rate/breathing rate/oxygen/blood to the muscles **to offset/delays**

fatigue

Cooling down (5 marks sub max)

1. Gradually returns body to resting state or gradually reduces heart rate/breathing rate/temperature
2. remove waste products/lactic acid
3. reduce the risk of (muscle) soreness and stiffness or cramp
4. aid recovery by stretching muscles, i.e. lengthening and strengthening muscles for next work-out or use

[6]

13 Describe why it is important for a coach to know about any medical conditions a performer might have.

Two marks from:

1. A coach would need to know if a performer has asthma/epilepsy/diabetes etc
2. ... so that they know what to do/how to treat it /attend to injury or increases the safety of the player or so that EAP in place or so they don't get hurt/prevents injury or reduces risk of injury
3. A coach can plan a session around the medical issues a performer may have or adapt/ make the session easier or session suits the player's capability or so that the coach knows what they are capable of

[2]

Mark Scheme Guidance

Question 12:

Sub max 5 for warm-up and sub max 5 for cool-down.

Do not accept prevents pulling/straining muscles (prevent injury in question).

Pt1 Gets you ready/gets you prepared = Too vague

Pt1 Perform skills correctly = Too vague

Pt2 Warms up muscles = Too vague

Pt3 Loosens muscles = Too vague

Pt5 getting you in the right frame of mind or mental preparation = Too vague

Increase concentration and arousal so ready for the activity = 3 marks

Cool down Pt2 – prevents onset of lactic acid = Too vague

Cool down Pt3 – Don't seize up = Benefit of doubt (1 mark)

Question 13:

Accept opposites e.g.: 'if the coach does not know then they might plan a dangerous activity' = pt3 (1 mark)

So they are prepared = Too vague (pt2)

Examiner comments

Question 12 – Many candidates scored well on this question with a good knowledge of how a warm up can help prevent injury. Others merely described a warm up or failed to link the warm up and cool down to preventing injury. Generally, candidates were better relating the cool down to injury prevention than the warm-up.

Question 13 – Some candidates gave an excellent description of why it is important for a coach to know about any medical conditions that a performer may have. Others were too vague in their responses and scored one or no marks.

Question 14

14 Describe how each of the following weather conditions could be a different cause of injury to a performer.

- (a) Sun: **One mark for:**
 Increased risk of dehydration if hot/humid/which can lead to a decrease in performance/fainting and collapse in extreme situations [1]
 Or (Risk of) sunstroke/heat stroke/burning if hot/sunny
 Or (Risk of) accident/collision if sun gets in performers eyes due to participants running into one another or into an object such as a goal post.
- (b) Fog: **One mark for:**
 (risk of) Performer cannot see clearly due to fog [1]
 Or Collisions/participants running into one another or running into an object such as a goal post.
- (c) Rain: **One mark for:**
 Could slip/fall over or vision blurred/restricted or can't see properly [1]

Mark Scheme Guidance

Heat (on its own with no description) = Too vague

Blinds player = Too vague

Examiner comments

The majority of candidates were able to describe how each of the weather conditions could be a different cause of injury, showing good knowledge and application for this part of the specification.

Question 15

15* Explain the difference between acute and chronic injuries. In your answer you should include:

- Examples of each of the different injuries
- How specific types of chronic and acute injuries might be caused and treated.

Indicative Content

Acute injuries

1. Caused as a result of a sudden/instant trauma to the body/injury happens straight away
2. E.g. – hard rugby tackle or being hit by a ball or piece of equipment or performer or collisions
3. Results in immediate pain
4. Results in swelling with a loss of function
5. Types include – soft tissue injuries (sprains/strains)
6. Fractures (open or closed)
7. Eg Open fracture has bone piercing the skin/closed fracture within the skin
8. Concussion
9. E.g. – clash of heads in football
10. Cuts – abrasions/grazes
11. E.g. falling over on hard surface
12. Contusions – bruises
13. E.g. colliding with opponent
14. Cramp
15. Blisters (acute-burn or chronic-rubbing/overuse)

Chronic injuries

1. Also known as overuse injuries
2. E.g. running for long periods of time
3. Result of continuous stress on an area
4. E.g. hitting a tennis ball again and again
5. Tend to develop gradually over a period of time
6. Types include – (Achilles) tendonitis/shin splints/tennis elbow/golfer's elbow/jumpers knee
7. Injuries related to children – severs disease, Osgood Schlatter's disease
8. Injuries related to poor posture – round shoulders etc

Responding to the injuries

1. SALTAPS on-field assessment routine (See, Ask, Look, Touch, Active, Passive, Strength)
2. R.I.C.E. (Rest, Ice, Compress, Elevate)
3. Stretching and massage
4. Taping, bandaging, splints, slings, casts/pots
5. Hot and cold treatments (e.g. heat pack, freeze spray)
6. Painkillers
7. Surgery

[8]

Mark Scheme Guidance

Levels of response:

MB1 (1 – 3 marks)

The response shows a limited understanding of the differences between acute and chronic injuries. Limited understanding shown of the symptoms and responses. Candidates provide simple bullet points and limited descriptions of a few points from the indicative content. No attempt is made at evaluation and there may be some irrelevant material in the answer. There is little or no use of technical vocabulary and sentences have limited coherence and structure. Errors in grammar, punctuation and spelling may be noticeable and intrusive.

MB2 (4 – 6 marks)

The response shows an understanding of the difference between acute and chronic injuries. Some attempt at evaluation is made, which may include the use of one or more of the developed points in order to show understanding of the types, symptoms and treatments for acute and chronic injuries. There is some use of technical vocabulary and sentences for the most part are relevant and are coherent. There are occasional errors in grammar, punctuation and spelling.

MB3 (7 – 8 marks)

The response shows a detailed understanding with detailed discussion. Candidates make many points from the indicative content, several of which may be developed, leading to an evaluation being clearly made. The answer is well structured and uses appropriate terminology and technical vocabulary. There are few if any errors in grammar, punctuation and spelling.

In differentiating between levels look for:

MB1: Simple description rather than explanation

- Few examples or only example/s of acute or chronic or confused examples
- Very few causes or causes only for acute or chronic
- Treatments limited or for only one type of injury or treatments inaccurate/confused
- Many Quality Written Communication errors with some lack of sense

MB2: One or more developed points with some explanation

- Several examples of acute and chronic
- Several causes for acute and chronic
- Treatments described for acute and chronic
- Few Quality Written Communication errors

MB3: Points are developed/expanded in more than one area of the answer with clear explanations

- Several developed examples of acute **and** chronic
- Several developed explanations of causes (at least one for each) for both acute and chronic
- Treatments (at least one for each) explained well for both acute and chronic
- Very few Quality Written Communication errors

Examiner comments

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

The good candidates made good points about acute injuries and then went on to detail those points. They then went on to chronic injuries and continued to make relevant and detailed points. Those that covered all the variables of the question scored well – covering examples, types, causes and treatments of both acute and chronic injuries. The lower scoring candidates got confused between acute and chronic injuries but many impressed through their knowledge and understanding of this part of the specification. The lower scoring candidates were too vague in their responses and rarely developed their points or missed out at least one of the variables in the question.

Once again it is important for candidates to carefully read the question and identify exactly what is required by the examiner and for them to highlight or underline the variables that must be addressed in their responses.

Exemplar candidate work

Question 15 – Low level answer

15* Explain the difference between acute and chronic injuries. In your answer you should include:

- Examples of each of the different injuries.
- How specific types of chronic and acute injuries might be caused and treated.

The difference between an acute injury and a chronic injury is that a chronic injury is one that occurs over time (a stress related injury) such as shin splints. This is as a result of the shin being over used and too much stress has been put on the shin causing it to splint. On the other hand an acute injury occurs suddenly, for example if you were to slip over while playing a sport such as football and land on your forearm and break it then you would have suffered from an acute injury as it happened suddenly and a chronic injury happens over time as stress of an arm one day wouldn't have caused the shin to splint where as the forearm was broken arm (acute injury) happened suddenly right there and then, didn't wasn't caused over time.

[8]

Commentary

The reason why this response is a **low level** answer is that the candidate has given very few examples of acute (broken arm) and chronic (shin splints).

The candidate has also made little reference to the causes of acute (slip in football) and chronic (stress related and over time) and the response is more of a simple description rather than explanation with acute 'occurring suddenly' and a chronic injury 'taking place overtime'. Parts of the response are also a little too vague referring to shin splints happening as a result of 'too much stress being put on the shin causing it to splint'.

The candidate has made no attempt to answer how acute and chronic injuries could be treated.

There is also a lot of repetition made within the response with the same points being mentioned at the start and towards the end of the response.

Overall, this is a basic Level 1 response that shows limited knowledge and understanding. The response has limited structure with little appropriate terminology. The quality of written communication (QWC) shows errors in grammar and punctuation with some lack of sense within the response.

Improvements to be made to make it a medium level answer:

In order to make this a medium Level 2 answer the response needs to provide some explanation rather than description.

As the guidance states in the mark scheme, a Level 2 response is one that has **several** examples, causes and treatments for both acute and chronic injuries. It is expected that a response will also have more than one developed points with some explanation to show understanding of the types, symptoms and treatments for acute and chronic injuries.

The response needs to be better structured and refer to all parts of the question:

1. Examples – Acute and Chronic injuries
2. Causes – Acute and Chronic injuries
3. Treatments – Acute and Chronic injuries.

It is expected that a Level 2 response will use some appropriate terminology and show more of an understanding of the difference between acute and chronic injuries.

The quality of written communication will need to be improved and sentences for the most part are relevant and are coherent. Level 2 responses may still have occasional errors in grammar, punctuation and spelling.

Exemplar candidate work

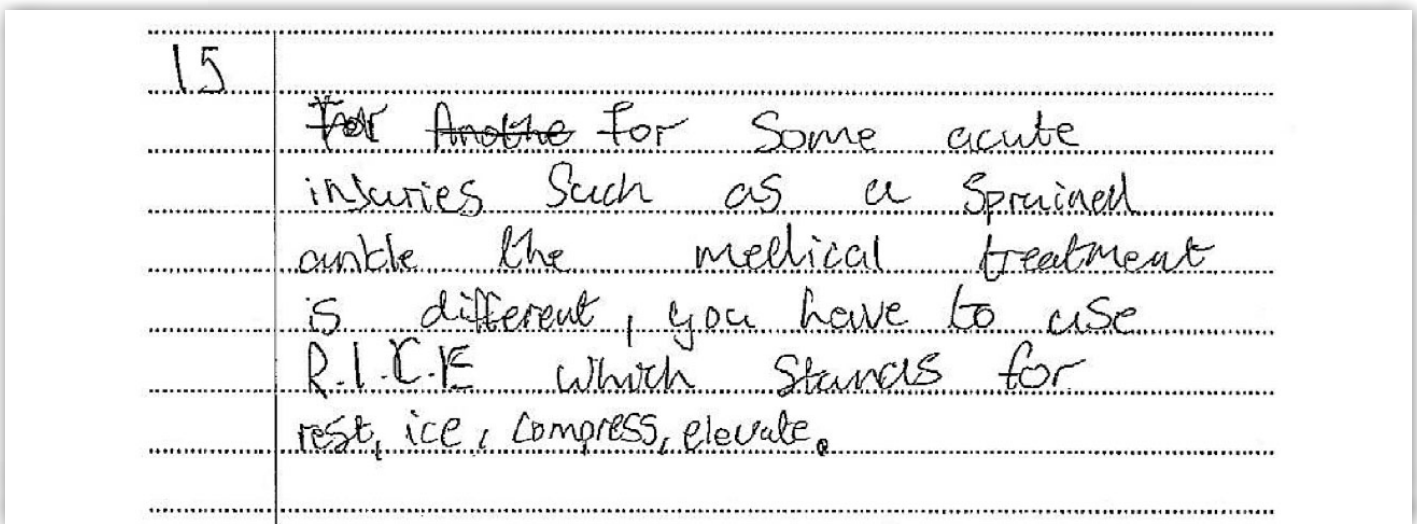
Question 15 – Medium level answer

15* Explain the difference between acute and chronic injuries. In your answer you should include:

- Examples of each of the different injuries
- How specific types of chronic and acute injuries might be caused and treated.

*
new
Paragraph

The difference between acute and chronic injuries is that acute injuries happen straight away, and cause immediate pain for example a open fracture it happens straight away and there's pain straight away. To treat this injury is medical attention, get surgery, then cast it and rest. Whereas a chronic injury is something like shin splints and the pain develops over time and to treat it you have to do a lot of resting and see a physiotherapy for advice. Another chronic injury is Setbers, this is more common in childhood and for teens as it's a growing disease where you have to rest it and see a physiotherapy. [8]



Commentary

The reason why this response is a medium level answer is that the candidate has responded to all parts of the question (examples, causes and treatment) showing some development. The candidate has given more than two examples of acute (open fracture) and chronic (shin splints and sethers = severs disease but candidate has spelt this incorrectly) and details several causes of these types of injuries. Acute injuries are described as 'injuries that happen straight away' with 'immediate pain' and chronic injuries are described as 'pain that develops overtime' and a developed response to 'sethers disease' as a 'growing disease'.

The response also details several treatments for both acute (medical attention, surgery, cast and R.I.C.E) and chronic (rest and physiotherapy).

There is some repetition made within the response with the same points being mentioned for acute and chronic injuries.

This response shows some structure and appropriate terminology. The quality of written communication has occasional errors in grammar and spelling.

Overall, this is a Level 2 response that shows some knowledge and understanding across all parts of the question with some explanation showing an understanding of the types, symptoms and treatments for acute and chronic injuries.

Improvements to be made to make it a high level answer:

In order to make this a high level answer the response needs to be comprehensive with most points well explained and clearly developed. As the guidance in the mark scheme states in order to access Level 3 (7–8 marks) it is necessary for there to be several developed examples and explanations of causes for both acute and chronic with treatments explained well for both.

The response will also be well structured and consistently using appropriate terminology. There will be few (if any) errors in grammar, punctuation and spelling.

The candidate repeated some points for both acute (pain straight away, immediate pain) and chronic (rest and physiotherapy) and needed to focus on some of the other areas of the MS. Areas of the MS not covered within the response include:

1. Sporting examples of how each are caused
2. Acute – soft tissue (sprains and strains), cuts, concussion, contusions and cramp
3. Chronic – (Achilles) tendonitis/shin splints/tennis elbow/golfer's elbow – overuse/continuous stress
4. Treatments – SALTAPS on-field assessment routine, R.I.C.E., stretching/massage, taping, bandaging, splints, slings and hot and cold treatments.

One approach to this type of question could be:

1. **Give an example** – a sprain is an acute injury that causes immediate pain and sudden trauma
2. **Develop the example** – a sprain can be caused by a gymnast landing awkwardly
3. **Describe suitable treatment** – a sprain can be treated with R.I.C.E. with explanations of each part of R.I.C.E. – rest to prevent further injury, ice to reduce swelling, bandaging for compression etc).

The candidate can then use this format in several other acute injuries but using different examples and types of treatment eg An open fracture can be caused by a bad tackle in football and will require surgery to put it in a cast.

The same approach then needs to be used for chronic injuries.

Exemplar candidate work

Question 15 – High level answer

15* Explain the difference between acute and chronic injuries. In your answer you should include:

- Examples of each of the different injuries
- How specific types of chronic and acute injuries might be caused and treated.

An acute injury is an injury that happens due to sudden impact on the body. A chronic injury is an injury that occurs over time.

An example of an acute injury would be a cut in football due to a clash of heads while going up for a header. To treat this acute injury you would have to apply water to the cut to clean it and then apply a bandage or plaster in order to prevent even more bleeding from the wound.

An example of a chronic injury would be shin splints caused by running on a ~~hard surface~~ hard surface for long periods of time consistently. To treat this chronic injury you would have to use the method R.I.C.E which stands for REST, ICE, COMPRESSION and Elevation. You have to rest the area of the injury. Also have to apply Ice in order to reduce swelling as well as apply a bandage. ~~As~~ Finally you could elevate the leg above the heart. [8]

ADDITIONAL ANSWER SPACE

If additional space is required, you should use the following lined page(s). The question number(s) must be clearly shown in the margin(s).

Extension of Question 15

An example of an acute injury would also be a concussion (bruise). For example in boxing if you get punched your chest could swell up. You treat this by putting ice on the wound to reduce swelling.

Another example of a chronic injury would be tennis elbow. This is caused by the constant repetitive movements of that specific body part. This would lead to soreness, stiffness and swelling of that area. You could treat this by bandaging and placing ice as well.

Commentary

The reason why this response is a **high level** answer is that the candidate has responded to all parts of the question (examples, causes and treatment) showing some explanation.

The response is well structured and uses appropriate terminology. There are few errors in grammar, punctuation and spelling.

The candidate made clear examples and differences between acute (cuts and sudden impact) and chronic (shin splints occur overtime) injuries and developed this further by clearly giving causes of acute (clash of heads in football) and chronic (running on a hard surface for long periods of time). The candidate further details examples on the additional answer space with reference to bruises as acute injuries using a boxing example and explained suitable treatment (ice to reduce swelling). They also detail tennis elbow as another chronic injury caused by constant repetitive movements and treated through bandaging and ice.

Treatments were also well developed in the first part of their response by explaining exactly why the treatment was being used eg cuts treated by bandage/plaster to prevent further bleeding and shin splints use the R.I.C.E method (ice to reduce swelling).

Overall, this is a high level response with some explanation showing an understanding of the types, symptoms and treatments for acute and chronic injuries.

Improvements to be made to make it a full mark high level answer:

The candidate needed to use the approach they used but cover more parts of the MS. Areas of the MS not covered within the response include:

1. Acute – soft tissue (sprains and strains), fractures, concussion and cramp
2. Chronic – (Achilles) tendonitis, severs disease, Osgood Schlatter's disease and injuries related to poor posture
3. Treatments – SALTAPS on-field assessment routine, stretching/massage, taping, splints, slings and hot and cold treatments.

Another example of acute and chronic with a description of a different type of treatment would then qualify this response for full marks.

The MS guide for a high level answer and MB3 was:

- 1. Points are developed/expanded in more than one area of the answer with clear explanations*
- 2. Several developed examples of acute **and** chronic*
- 3. Several developed explanations of causes (at least one for each) for both acute and chronic*
- 4. Treatments (at least one for each) explained well for both acute and chronic*
- 5. Very few Quality Written Communication errors.*



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