

**МІНІСТЕРСТВО ОСВІТИ І НАУКИ УКРАЇНИ  
НАЦІОНАЛЬНИЙ УНІВЕРСИТЕТ ФІЗИЧНОГО ВИХОВАННЯ  
І СПОРТУ УКРАЇНИ**



**МЕТОДИЧНІ ВКАЗІВКИ  
ІЗ НАВЧАЛЬНОЇ ДИСЦИПЛІНИ  
«ПРОФЕСІЙНО-ОРІЄНТОВАНА ІНОЗЕМНА МОВА»**

для здобувачів другого освітнього рівня вищої освіти

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Методичні вказівки створено на основі аутентичних підручників англійською мовою “Professional English in Use. Medicine” Еріка Глендінга і Рона Говарда та “Glencoe Health” однойменного видавництва, які присвячені здоровому способу життя та мовним особливостям професійної комунікації в сфері медицини зокрема. Автором розроблена система вправ на оволодіння мовним матеріалом, який інформаційно доповнює англійськомовні фрагменти наукових статей й підручників професійного спрямування. Матеріали цієї розробки спрямовані на розвиток мовленнєвих навичок сприйняття і розуміння спеціальної професійної літератури та формування вмінь читання, говоріння і письма у науковому, а також професійному англійськомовному середовищі.

Методичні вказівки призначені для здобувачів другого освітнього рівня вищої освіти, які навчаються за освітньо-науковими програмами 017 Фізична культура і спорт, ОНП 227 Фізична терапія, ерготерапія, ОНП 091 Біологія.

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## ПЕРЕДМОВА

Методичні вказівки з дисципліни “Професійно-орієнтована іноземна мова” (на основі оригінальної фахової і наукової літератури) спрямовані на розвиток мовленнєвих навичок сприйняття і розуміння англomовних текстів і формування вмінь читання, говоріння і письма у професійному колі. У них представлено авторське бачення мовної специфіки спеціалізованого професійного спілкування у сфері ерготерапії і фізкультурно-спортивної реабілітації.

Структурно методичні вказівки містять 14 розділів, кожен з яких інформаційно співзвучний із робочою програмою дисципліни.

Теоретична складова методичних вказівок із навчальної дисципліни виявляє знання та вміння, здобуті під час вивчення цієї навчальної дисципліни, зокрема у таких дисциплінах професійної та практичної підготовки фахівця, як іноземна мова за професійним спрямуванням, анатомія, фізіологія, спортивна фізіологія, біомеханіка та біологія спорту, фізична реабілітація, теорія обраного виду спорту, менеджмент спорту, рекреація, тощо.

Практичний компонент розробок стосується з’ясування комунікативно-прагматичної цінності професійного спілкування майбутнього фахівця в сфері фізичної культури і спорту, а також у сфері фізичної реабілітації, ерготерапії і фізкультурно-спортивної реабілітації. Відтак, система лексико-граматичних і мовно-стилістичних вправ, яка доповнює автентичні тексти завданнями репродуктивного і творчого характеру, слугує для розвитку навичок усного та письмового мовлення здобувачів з опорою на сприйняту інформацію. Ці завдання мають навчальний, тренувальний і контролюючий характер.

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## PART I. WHAT IS HEALTHCARE ABOUT?

### Practical Lesson 1. HEALTH AND WELLNESS

Lesson objectives:

- to learn key definitions related to health;
- to identify major components of healthy life style.

**LEAD-IN.** *Discuss the following issues in small groups.*

- Relate the nation's health goals and objectives in *Healthy People 2010* to individual, family, and community health.
- Develop evaluation criteria for health information.
- Discuss the importance of health literacy for achieving and maintaining good health.

**Task 1. KEY TERMS AND DEFINITIONS.** *Look through basic notions connected with health. Check the meaning of the suggested terms in the dictionary or herein.*

#### The Importance of Good Health

What is your usual response to the question, “How are you?” A true description of your health would require much more than a simple “fine” or “okay.” **Health** is the combination of physical, mental/emotional, and social well-being. It is not an absolute state. Being healthy doesn’t mean that you will never be sick or that you will be guaranteed a position on the basketball team. Instead, being healthy means striving to be the best you can be at any given time.

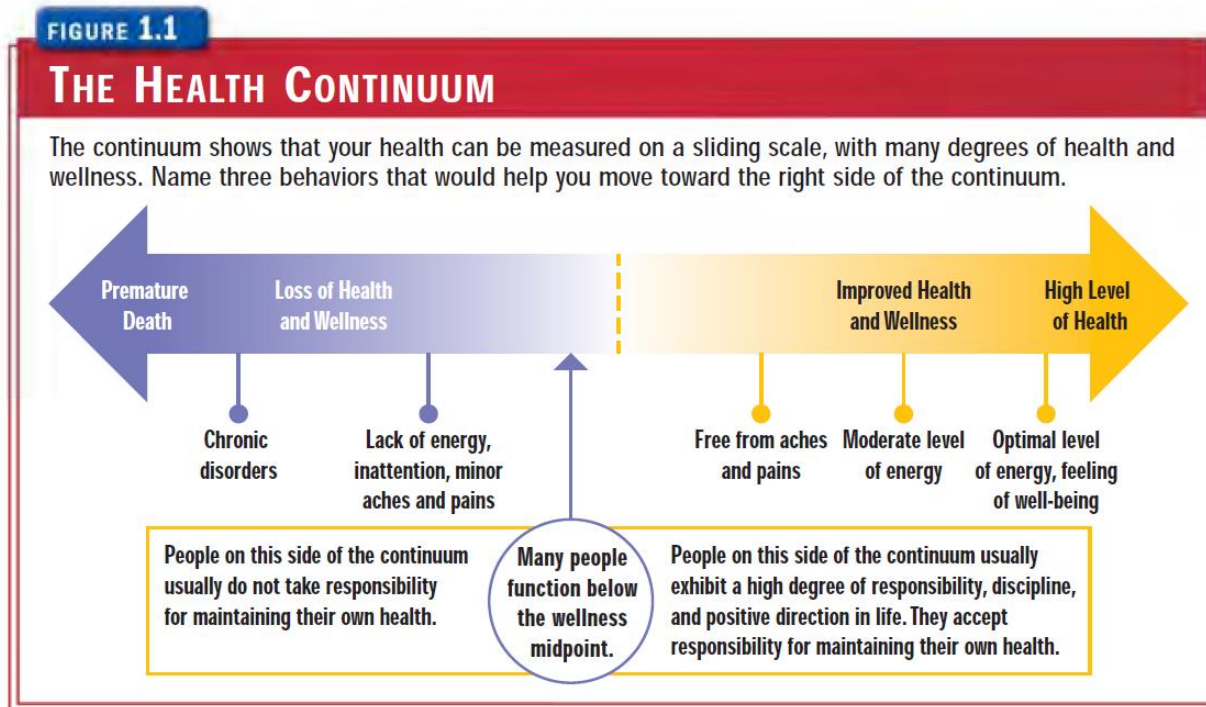
#### The Health Continuum

**Health** is dynamic, or subject to constant change. For example, you might be the top performer for your basketball team on Tuesday and sick in bed with the flu on Wednesday. Think of your health at any moment as a point along a continuum.

This continuum spans the complete spectrum of health from chronic disease and premature death to a high level of health. Along the continuum are many points where your health could be located at any given time. This point changes from day to day and year to year.

Changes along the continuum may occur suddenly, such as when you get injured playing a sport. At this time of your life, it’s even common for your emotions to shift suddenly from moment to moment. Knowing that these emotional shifts are normal can help you maintain a healthful balance as you move along the continuum. Changes may also be so gradual that you’re not even aware that you’re moving from one side of the **continuum** to the other. Take a look at Figure 1.1. Where do you fit on the health continuum right now? Where would you like to be in a month? A year? A person with a balanced life is said to have a high degree of **wellness**, an overall state of well-being, or total health. It comes from a way of living each day that includes making decisions and practicing behaviours that are based on sound health

knowledge and healthful attitudes. Achieving wellness requires an ongoing, lifelong commitment to physical, mental/emotional, and social health.



### Promoting Your Health

The decisions you make each day affect your health. What you choose to wear, eat, and do can have personal health consequences that you may not have considered. For example, not wearing the proper safety gear when participating in a physical activity increases the chances of serious injury in the event of an accident. Eating high-calorie snacks can result in unhealthy weight gain. Making responsible decisions about health and developing health-promoting habits are crucial to achieving and maintaining wellness and preventing disease.

### Lifestyle Factors

Experts have identified habits that affect people’s overall health, happiness, and longevity, or how long they live. These habits, or lifestyle factors, are personal behaviors related to the way a person lives. They help determine his or her level of health. Certain lifestyle factors are linked to specific diseases—for example, smoking and lung cancer. Other lifestyle factors promote good health. These include:

- getting 8 to 10 hours of sleep each night.
- starting each day with a healthy breakfast.
- eating a variety of nutritious foods each day.
- being physically active for at least 20 minutes a day, three or more days a week.
- maintaining a healthy weight.
- avoiding tobacco, alcohol, and other drugs.
- abstaining from sexual activity before marriage.
- managing stress.

- maintaining positive relationships.
- practicing safe behaviours to prevent injuries.

Fitting these health-promoting lifestyle factors into your life will help ensure a high level of wellness.

### **The Nation's Health Goals**

Health education affects more than just students. Healthy People 2010 is a nationwide health promotion and disease prevention plan designed to serve as a guide for improving the health of all people in the United States. The plan, which is revised every 10 years, aims to promote health and prevent illness, disability, and early death.

#### GOALS OF HEALTHY PEOPLE 2010

Healthy People 2010 has established two main goals for the future: increase quality and years of healthy life for all Americans and remove health differences that result from factors such as gender, race, education, disability, and location. To reach these goals, individuals, families, and communities must work together.

Reaching the nation's health goals and objectives is related to the health of the individuals in that nation. Studies have shown, for example, that as people become more educated, the general health of a population improves. Therefore, to benefit the health of the larger community, it is up to each individual to be the best he or she can be. Achieving wellness empowers each individual to improve the community in which he or she lives. This, of course, can be extended to global health issues. As more individuals take charge of their own wellness, global health will improve. Individuals, families, and communities each have a role to play:

- **Individuals** can take an active role in their own health. You can learn to make informed decisions, master skills that enable you to apply your decisions, access reliable health care information and services, and promote the health of others. The information in this book will help you put many of these strategies into action.
- **Families** can shape the attitudes and beliefs that result in healthful behaviors. Parents and guardians play an important role in meeting the nation's health goals when they teach their children the values and skills necessary to maintain good health.
- **Communities** can provide health services and offer behaviorchanging classes such as tobacco-cessation programs. They can also take steps to ensure a safe environment.

The best chances for success occur when individuals, families, and communities work together. For example, a health care professional can provide information to his or her patients and encourage them to practice healthy behaviors. Individuals then have the personal responsibility to put that information into practice.

### **Becoming Health Literate**

Health literacy refers to a person's capacity to learn about and understand basic health information and services and use these resources to promote his or her

health and wellness. This text will give you the information and tools you need to become health literate.

A health-literate individual needs to be:

- a critical thinker and problem solver — a person who can develop evaluation criteria for health information before making a decision and who knows how to make responsible, healthy choices.
- a responsible, productive citizen — someone who acts in a way that promotes the health of the community and who chooses safe, healthful, and legal behaviors that are consistent with family guidelines and that show respect for the individual and others.
- a self-directed learner — a person who has developed evaluation criteria for health information. These criteria include whether the information is reliable, accurate, and current. Such information is available through various media, through technology such as the Internet, and from health care professionals.
- an effective communicator — someone who is able to express his or her health knowledge in a variety of ways.

**Task 2. READING COMPREHENSION.** *Answer the following questions to summarise the information provided above.*

1. Write a paragraph using the terms *health*, *wellness*, and *health education*.
2. Relate the nation’s health goals and objectives to individual, family, and community health: What can an individual do to address the goals and objectives of *Healthy People 2010*?
3. What three criteria can help you evaluate health information?
4. **Analyzing.** What is the relationship between promoting healthy behaviors, such as avoiding tobacco, and preventing disease?
5. **Evaluating.** Explain how being health literate helps you achieve and maintain good health.

**Task 3. VOCABULARY FOCUS.** *Complete the table with words. The first one has been done for you.*

Noun	Adjective
fitness	
health	
illness	
sickness	

**Task 4.** *Make word combinations using a word from each box. Look at B and C opposite to help you.*

complete feel get poor travel
---

sickness health remission sick over
---



**Task 5.** Complete the conversation of a doctor and a patient.

Doctor: How are you feeling today?

Patient: Not very (1) .....

Doctor: How long have you been feeling (2) ..... ?

Patient: About a week.

Doctor: What is your (3) ..... like normally?

Patient: Very good. I'm usually quite (4) ..... and (5) .....

Doctor: What is the problem now?

Patient: It's my stomach.

Doctor: Do you feel (6) .....?

Patient: Yes.

Doctor: Have you actually been (7) .....?

Patient: No.

Doctor: Have you had any serious (8) ..... in the past?

Patient: No, none at all.

**Task 6.** Choose the correct word to complete each sentence.

1. Her condition..... (deteriorated/improved) and she died.
2. He ..... (relapsed/recovered) and was allowed to go home from hospital.
3. The cause of sleeping.....(illness/sickness) was discovered in 1901.
4. The patient made a full ..... (remission/recovery).
5. I have been in ..... (poor/good) health for months and feel very fit.
6. It was a month before I .....(got over / got better) the illness.
7. He seems to be rather .....(unhealthy/unwell) - his diet is bad and he never exercises.

**Task 7. SPEAKING PRACTICE.** What advice do you give people for keeping fit and well?

**Task 8. WRITING.** Write a passage (150 words) using linking phrases below. Present a commonly held belief on the following issue:

- *Doctors should be responsible for educating their patients about how to improve their health. Do you agree with this?*
- *A healthy person is often described as someone who has a good diet, gets plenty of exercise and avoid stress. What should people do to stay healthy in your country? Give reasons for your answer and include any relevant examples from your own knowledge or experience?*

## Practical Lesson 2. HEALTHCARE SERVICES. PATIENT'S PERSPECTIVE

Lesson objectives:

- to learn key definitions of healthcare;
- to identify major components of this professional activity.

**LEAD-IN.** *Discuss the following issues in small groups.*

- Identify, describe, and assess available health-related services in the community that relate to disease prevention and health promotion.
- Compare and analyse the cost, availability, and accessibility of health services for people of all ages.

**Task 1. KEY TERMS AND DEFINITIONS.** *Look through basic notions connected with healthcare. Check the meaning of the suggested terms in the dictionary or herein.*

Being a health-literate consumer means more than being informed about products. It also involves understanding the options in health care services available in your community.

### Types of Health Services

You have probably received immunizations and had health screenings. The health care professionals you have seen are part of a **health care system**, which includes *all the medical care available to a nation's people, the way they receive care, and the method of payment*. Health care can be divided into general care and specialized care. General care includes **primary care physicians**, or *medical doctors who provide physical check-ups and general care*, as well as school nurses and dentists. Specialized care includes **specialists**, or *medical doctors trained to handle particular kinds of patients or medical conditions*.

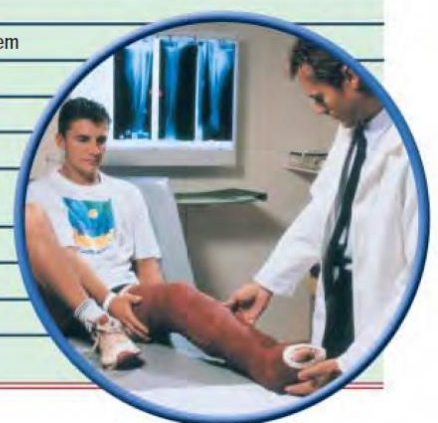
**Figure 3.3** lists a variety of health care specialists and the situations requiring their services.

Whenever you've seen a doctor for a check-up or a dentist for an oral exam, you've used preventive care. Preventive care involves *actions that*

**FIGURE 3.3**

### SOME HEALTH CARE SPECIALISTS

Specialist	Specializes In
Allergist	allergies
Dermatologist	skin diseases
Gynecologist	care of female reproductive system
Neurologist	nervous system problems
Oncologist	cancer
Ophthalmologist	care of eyes
Orthodontist	adjustments of teeth to improve bite and jaw alignment
Orthopedist	skeletal deformities or injuries
Pediatrician	children's health
Psychiatrist	mental health
Urologist	urinary tract problems



*prevent the onset of disease or injury.* Vision and hearing screenings, sports physicals, and testing for scoliosis (a spinal disorder) all relate to disease prevention.

### **Facilities for Health Care Services**

Communities may have more than one type of health care facility. These facilities may offer health promotion services as inpatient care or outpatient care. *Inpatient care* requires the patient to stay at the facility overnight and is provided for patients with a serious injury or illness. *Outpatient care* allows the patient to be treated and return home the same day. Health care facilities include:

- **Private practices.** Physicians in private practice work for themselves. Most of their patients are seen at an office on an outpatient basis, although the physicians are usually associated with a hospital in case inpatient care is required.
- **Clinics.** Physicians may provide outpatient care in a community clinic rather than an office.
- **Group practices.** Doctors in a group practice share office space, equipment, and support staff. Otherwise, they function in the same manner as those in private practice.
- **Hospitals.** Hospitals generally offer both inpatient and outpatient care. Some physicians work at the hospital. Those in private or group practice are there only when required.
- **Emergency rooms.** Located within most hospitals, emergency rooms provide care required for potentially life-threatening illnesses or injuries.
- **Urgent care centres.** These centres, staffed by primary care physicians, usually handle emergencies that are not life threatening. Patients may go to these centres if their primary care physician is unavailable or if they don't have one.

### **How People Pay for Health Services**

Health care can be a major expense. Many families have some form of health insurance, *a plan in which private companies or government programs pay for part or all of a person's medical costs.* To maintain membership in such a plan, the insured person pays a periodic *premium*, or fee, for coverage. In conventional insurance plans, the insured person pays for doctor visits and other forms of treatment out of pocket. An *out-of-pocket expense* is one that the patient must pay for. The patient is then reimbursed by the insurance company for a fixed portion, often 80 percent of the cost of the visit. Hospital care is covered in much the same way. In most insurance plans, members must also pay a *deductible*. This is an amount a member must pay in out-of-pocket expenses before the plan will start reimbursing for health care services.

### **Trends in Healthcare**

To help reduce expenses and improve the quality of care, the health community continually updates the types of care available and the procedures used to implement care for people of all ages. Current trends include the following:

- Birthing centres are homelike settings that involve family members in the delivery of a baby. Birthing centres are usually less expensive than hospitals. However, they are appropriate only for women with low-risk pregnancies.
- Drug treatment centres specialize in treating people with drug and alcohol problems, usually outside of a hospital setting.
- Continuing care and assisted living facilities provide short- and long-term care for people who need help with daily tasks but who do not require professional medical care. Many older adults benefit from this kind of care.
- Hospices provide care for people who are terminally ill. Hospice workers are experts at managing pain and providing emotional support for the patient and his or her family.
- Telemedicine is the practice of medicine over distance through the use of telecommunications equipment. A medical specialist located hundreds of miles away can be brought into an examination room through a live interactive electronic system.

### **Patient Skills**

These tips can help you make the most out of your next medical appointment:

- ▶ Before you go, write down your reasons for seeing the doctor.
- ▶ While you are at the office, ask questions about any diagnoses, medications, or procedures that you do not understand or are unsure about.
- ▶ Inform the staff of any allergies you have or any medications you are taking. If a prescription is needed, this information can help the physician determine the right medication for you.

### **Medicine use**

If the physician prescribes a medicine for you, ask the pharmacist any questions you have about the medication. If the doctor recommends an over-the-counter medication, compare products by reading labels and make sure that you understand what symptoms each medicine is intended to treat.

**Task 2. READING COMPREHENSION.** *Answer the following questions to summarise the information provided above.*

1. Distinguish between primary care physicians and medical specialists.
2. Identify situations requiring primary and preventive care.
3. List three actions that can help you make the most of your next medical appointment.
4. *Analysing.* Compare and analyse the cost, availability, and accessibility of health services for people who don't have health insurance to those who do. How would cost, availability, and accessibility differ for an older person?
5. *Applying.* The incidence of type 2 diabetes is increasing in teens in the United States. Factors that lead to this disease include being overweight and inactive. How might information in a teen's medical history aid in diagnosing this disease?

**Task 3.** Write sentences to describe the work of the specialist in each branch of medicine.

- dermatology – A *dermatologist* specializes in diseases of the skin.
- rheumatology
- traumatology
- paediatrics
- obstetrics

**Task 4. VOCABULARY FOCUS.** Complete the table with words and related forms. Put a stress mark in front of the stressed syllable in each word. The first one has been done for you.

Verb	Noun (person)	Noun (activity)
specialize		
practise		
consult		
assist		
graduate		
qualify		

**Task 5.** Make word combinations using a word from each box. Two words can be used twice.

consulting	centre
general	practice
group	specialties
health	medicine
internal	practitioner
surgical	rooms

**Task 6.** Find English counterparts of the Ukrainian words and expressions:

*Медичні працівники, система охорони здоров'я, загальна допомога, спеціалізована допомога, використовувати профілактичні засоби, запобігати виникненню захворювань або травм, стаціонарна і амбулаторна допомога, заклади охорони здоров'я, офісне приміщення, обладнання та допоміжний персонал, центри невідкладної допомоги, лікар первинної ланки, лікар первинної медичної допомоги.*

**Task 7. SPEAKING PRACTICE.** Read what Dr Jill Mathews says about surgeons. Make a list of the qualities she thinks are needed to be a good surgeon. Then make a similar list of qualities for another specialty.

*If you are a student, which branch of medicine do you think you have the qualities for? If you have already completed your training, why did you choose your particular branch of medicine?*

### Choosing a specialty

Jill Mathews has just graduated from medical school and is talking about her future.

*I haven't decided what to **specialize in** yet. I need more experience before I decide, but I'm quite attracted to the idea of paediatrics because I like working with children. I'd certainly prefer to **work with** children than, say, elderly patients - so I don't fancy geriatrics.*

*I was never very **interested in** detailed anatomy, so the surgical specialties like neurosurgery don't really appeal. You have to be **good with** your hands, which I don't think is a problem for me - I've **assisted at** operations several times, and I've even done some minor ops by myself - but surgeons have to be able to do the same thing again and again without getting bored, like tying off cut arteries and so on. I don't think that would be a problem for me, but they need to make decisions fast and I'm not too **good at** that.*

*I like to have time to think, which means surgery's not right for me.'*



**Task 7. WRITING.** Write a passage (150 words) using linking phrases below. Present a commonly held belief on the following issue:

*Every country should have a free-health service, even if this means that the latest medical treatments may not be available through the service because they are too expensive. To what extent do you agree or disagree?*

Similarity	Both... and ... / Analogously / Equally / Likewise / Just like / Similarly / Correspondingly / In the same way / In the same manner / By the same token
Comparison/Contrast	Alternatively / But\However / Conversely\On the contrary / Even though\Although / In spite of\Despite / Differing from\In contrast\Instead / In comparison / In reality / On the one hand\On the other hand / Notwithstanding\Nonetheless\Nevertheless / Still\Yet / Unlike / Whereas\While

## Practical Lesson 3. MEDICAL AND PARAMEDICAL PERSONNEL

Lesson objectives:

- to learn key titles of medical personnel;
- to identify major components of their professional activity.

**LEAD-IN.** *Discuss the following issues in small groups.*

- Identify situations requiring professional health services, such as primary and preventive care, for people of all ages.
- Identify three situations for which you might require professional health services, as well as the type of health care professional who would provide that service.

**Task 1. KEY TERMS AND DEFINITIONS.** *Look through basic notions connected with medical personnel. Check the meaning of the suggested terms in the dictionary or herein.*

### Practitioners

In Britain, doctors, also known as **medical practitioners**, must be **qualified**: have a university degree in medicine. They must also be **registered** - included in the General Medical Council's list, or **register** - in order to **practise**. A



doctor who treats patients, as opposed to one who only does research, is called a **clinician**. A doctor who provides primary care for patients is known as a **general practitioner** (GP), or family doctor. GPs usually work in a **group practice**. Larger group practices work in a building called a **health centre**.

### Medical teams

**Consultant physicians** and surgeons are responsible for a specific number of patients in the hospital. Each consultant has a **team** of junior doctors to help care for those patients. In many hospitals, there are **multidisciplinary teams** which consist not only of doctors but also of physiotherapists and other allied health professionals.

When patients enter - or **are admitted to** - hospital, they are usually seen first by one of the junior doctors on the **ward** where they will receive treatment and care. The junior doctor **clerks them - takes their medical history** - and examines them. Some time later, the registrar also sees the patients, and may order investigations or tests, for example X-rays or an ECG, make a provisional **diagnosis**, and begin treatment. The consultant usually sees the **new admissions** - people who have recently been admitted to the ward - for the first time on one of the regular **ward rounds**, when the management of the patients is discussed with the registrar.

Consultants also decide when a patient is ready **to be discharged** (sent home). On the ward round, the consultant is accompanied by the team and a nurse, and they visit all the patients in the consultant's care.

### Community health

The health of the community depends on a large number of people other than medical practitioners and nurses. These can be grouped under the heading of **allied health professionals**. They include the following:

- **Physiotherapists** (physios) help people to move by getting them to do exercises or by treating their body with heat or **massage** - treatment by manipulating muscles and joints with the hands.
- **Occupational therapists** (OTs) help people with a disability to perform tasks at home and at work. A disability is a physical or mental condition that makes it difficult to live normally, for example blindness or deafness.
- **Social workers** help people to solve their social problems - for example poor housing or unemployment - or family problems.
- **Chiropodists**, also known as **podiatrists**, treat conditions affecting the feet.

### Technicians

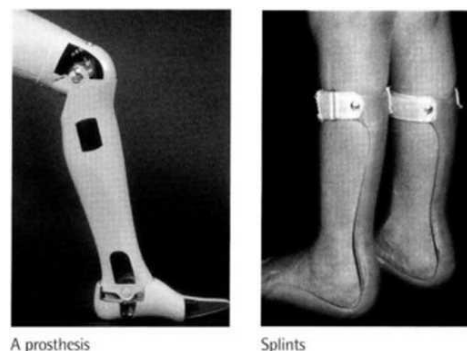
There are numerous **technicians** - people who work with scientific equipment - such as radiographers, who are known as **X-ray technicians**. **Ambulance technicians** work in the emergency medicine service. An ambulance technician with more advanced qualifications is called a **paramedic**.

### Prosthetists and orthotists

Prosthetists and orthotists provide care for anyone who needs an artificial limb, (a prosthesis), or a device to support or control part of the body (an orthosis). They also advise on **rehabilitation** - helping patients return to normal life and work after treatment.

Prosthetists provide **artificial replacements** for patients who have had an **amputation** or were born without a limb.

Orthotists provide a range of **splints** and other devices to aid movement, correct **deformity** from an abnormal development of part of the body, for example **club foot** (talipes), and **relieve pain**.



### Opticians

**Opticians** test **eyesight** and prescribe glasses - also known as spectacles - and contact lenses, when necessary. The examination includes measuring intraocular pressure - the pressure of fluid inside the eye - and examining the retina. If the optician suspects an eye disease, such as glaucoma, they refer the patient to their GP for treatment. The GP may then refer the patient to **an ophthalmologist**, a doctor who specializes in diseases of the eye.



**Task 2. READING COMPREHENSION.** Answer the following questions to summarise the information provided above.

1. What qualification is required to become a medical practitioner?
2. What is the typical classification of community health staff?
3. What are the professional duties of OTs?
4. How can technicians facilitate diagnostic process?
5. Are the duties of opticians and ophthalmologists different?

**Task 3. VOCABULARY FOCUS.** Make word combinations using a word from each box.

ambulance	foot
artificial	lens
club	limb
contact	worker
health	pressure
intraocular	technician
occupational	professional
social	therapist

**Task 4.** Which allied health professionals could best help the following people?

1. a young unmarried woman who has just had a baby
2. a woman who is having difficulty using her right arm following a fracture
3. someone who needs glasses
4. an elderly woman who has had a below knee amputation
5. a man whose wife has Alzheimer's disease
6. a man with a fungal infection of his feet

**Task 5.** Complete the texts. Look at Task 1 to help you.

A prosthetist works with patients of all ages as a member of a clinical team, based at a large hospital. The patients may need a prosthesis as the result of an accident, or (1) ..... following a disease such as diabetes. Alternatively they may have been born without a (2) ..... . Orthotists work alongside doctors, nurses, physiotherapists and occupational (3) ..... to give the people under their care the best possible (4) ..... . Their main aim is to enable the patient to lead a normal life at work and leisure.

An orthotist often works in a clinic as part of an outpatient service and also visits other centres to provide a service for people with special needs. They deal with people of all ages. For instance, children who have cerebral palsy may require (5) ..... to help them walk and many older people need special shoes to correct (6) ..... . If damaged, any part of the human skeleton may require some form of orthosis. The orthosis may be needed to reposition the body or to (7) ..... pain.

**Task 6.** Find English counterparts of the Ukrainian words and expressions:

*Лікарі-консультанти та хірурги, команда молодших лікарів, мультидисциплінарні команди, молодший лікар, реєстратор, рентген чи ЕКГ, бригада та медсестра, фізіотерапевти, ерготерапевти, соціальні працівники, педіологи, ортопеди, техніки, протезисти та ортопедисти, оптики, офтальмологи.*

**Task 7. SPEAKING PRACTICE.** Britain is introducing a new member to the healthcare team, called a medical care practitioner (MCP), similar to the physician assistant in the United States and other countries. The MCP will be able to carry out some of the functions of a medical practitioner, such as history-taking and examination, and diagnosis and treatment of certain illnesses, without having a medical degree. What are the advantages and disadvantages of this in your opinion?

**Task 8. WRITING.** Write a passage (150 words) using linking phrases below. Present a commonly held belief on the following issue:

*Nowadays doctors can become very rich. Maybe they should not focus on profitable activities such as plastic surgery or looking after rich patients and concentrate more on patients' health, no matter how rich they are?*

<b>Cause (Why?)</b>	Because / Because of / Since / As a result of / As a consequence of / Now that
<b>Effect (What?)</b>	So / Therefore / This resulted in / Consequently / Hence / Accordingly
<b>Problem</b>	A major cause of ..... is .... / Perhaps the major cause of this is ... / The main/ primary cause of this is ... / A further cause of this is ... / An additional cause of .... is / .... also plays a role in ... / ..... is (often/ usually) responsible for ...
<b>Solution</b>	First and foremost, / Another possible solution/way out is ... / In addition, / Moreover, / Finally, ...

## Practical Lesson 4. **PHYSIOTHERAPY**

Lesson objectives:

- to learn key definitions of physiotherapy;
- to identify major components of this professional activity.

**LEAD-IN.** What types of injuries require the help of physiotherapist? How can this professional help contribute to the person?

**Task 1. KEY TERMS AND DEFINITIONS.** *Look through basic notions connected with physiotherapy. Check the meaning of the suggested terms in the dictionary or herein.*

### ***What is physiotherapy?***

Physiotherapists help people affected by injury, illness or disability through movement and exercise, manual therapy, education and advice. They maintain health for people of all ages, helping patients to manage pain and prevent disease. The profession helps to encourage development and facilitate recovery, enabling people to stay in work while helping them remain independent for as long as possible.

### ***What physiotherapists do?***

*Physiotherapy* is a science-based profession and takes a ‘whole person’ approach to health and wellbeing, which includes the patient’s general lifestyle. At the core is the patient’s involvement in their own care, through education, awareness, empowerment and participation in their treatment.

You can benefit from physiotherapy at any time in your life. Physiotherapy helps with back pain or sudden injury, managing long-term medical condition such as asthma, and in preparing for childbirth or a sporting event.

### ***Why physiotherapy?***

Physiotherapy is a degree-based healthcare profession. Physios use their knowledge and skills to improve a range of conditions associated with different systems of the body, such as:

- ***Neurological*** (stroke, multiple sclerosis, Parkinson's)
- ***Neuromusculoskeletal*** (back pain, whiplash associated disorder, sports injuries, arthritis)
- ***Cardiovascular*** (chronic heart disease, rehabilitation after heart attack)
- ***Respiratory*** (asthma, chronic obstructive pulmonary disease, cystic fibrosis).

Physiotherapists work in a variety of specialisms in health and social care. Additionally, some physiotherapists are involved in education, research and service management.

**Task 2. READING COMPREHENSION.** *Read an article bellow. Underline / highlight key words, study the main stages of physiotherapy development. Discuss the history of physiotherapeutic studies.*

## History of Physiotherapy

Physicians like Hippocrates, and later Galenus, are believed to have been the first practitioners of physiotherapy, advocating massage, manual therapy techniques and hydrotherapy to treat people in 460 B.C. After the development of orthopedics in the eighteenth century, machines like the Gymnasticon were developed to treat gout and similar diseases by systematic exercise of the joints, similar to later developments in physiotherapy.

*Shoulder Massage: Relief at Museum in Cyrene  
Libya thought to be 2000 y.o.*



Fig. 1. Massage to the shoulder shown in a relief at the museum in Cyrene, Libya, thought to be 2000 years old. (By courtesy of the Curator of the Department of Antiquities)

The earliest documented origins of actual physiotherapy as a professional group date back to Per Henrik Ling “Father of Swedish Gymnastics” who founded the Royal Central Institute of Gymnastics (RCIG) in 1813 for massage, manipulation, and exercise. In 1887, PTs were given official registration by Sweden’s National Board of Health and Welfare.

Other countries soon followed. In 1894 four nurses in Great Britain formed the Chartered Society of Physiotherapy. The School of Physiotherapy at the University of Otago in New Zealand in 1913, and the United States' 1914 Reed College in Portland, Oregon, which graduated "reconstruction aides."

Research catalyzed the physiotherapy movement. The first physiotherapy research was published in the United States in March 1921 in *The PT Review*. In the same year, Mary McMillan organized the Physical Therapy Association (now called the American Physical Therapy Association (APTA)).

Treatment through the 1940s primarily consisted of exercise, massage, and traction. Manipulative procedures to the spine and extremity joints began to be practiced, especially in the British Commonwealth countries, in the early 1950s. Later that decade, PTs started to move beyond hospital based practice, to outpatient orthopedic clinics, public schools, college/universities, geriatric settings, rehabilitation centers, hospitals, and medical centers.

Specialization for physical therapy in the U.S. occurred in 1974, with the Orthopaedic Section of the APTA being formed for those physical therapists specializing in orthopaedics. In the same year, the International Federation of Orthopaedic Manipulative Therapy was formed, which has played an important role in advancing manual therapy worldwide since.

*Answer the questions to restore the chronology of physiotherapy development.*

1. How is Hippocrates associated with physiotherapy?
2. State the country of actual physiotherapy origin.
3. When and where was the first physiotherapy research published?
4. When did PTs start to move beyond hospital based practice?

**Task 3.** Fill in the gaps with the words from the box.

managing	relieve	techniques	well-being
strengthen	concerned	joints	functional
injury	pressing	related	immersion

*Physiotherapy* is a medical specialty 1) ..... with preventing and treating musculoskeletal disorders. It uses physical approaches to promote, maintain and restore physical, psychological and social 2) ..... This profession is dedicated to:

- Restoring strength and functions after a disease or 3) .....
- Improving and maintaining 4) ..... independence and physical performance
- Correcting deformities
- Preventing and 5) ..... pain, physical impairments, disabilities
- Promoting fitness and health.

Physiotherapy is an established, respected and evidence-based profession, which uses scientifically proven 6) ..... to help many conditions affecting your body, such as: arthritis, back and neck pain, sports injuries, neurological conditions such as stroke, or age 7) ..... conditions. It uses a variety of *treatment methods* as i.e. strengthening and therapeutic exercise programmes, heat treatment, massage, infrared lamps, and electric stimulation. The main branches of physiotherapy are:

*Balneotherapy* – deals with treatment of diseases by 8) ..... in hot water or water containing certain chemicals. It is used i.e. to relieve discomfort and joint stiffness and improve blood flow.

*Hydrotherapy* – promotes the treatment with water; patients are put in hot baths or encouraged to swim. Various techniques are used for relaxation, to stimulate digestion, circulation, the immune system and to 9) ..... pain.

*Kinesitherapy* – therapy involving active or passive movement of parts of the body in order to 10) ..... and stabilize joints. Kinesitherapy is used i.e. in back and limb disorders, prevention of locomotor system disorders.

*Manual therapy* – these are methods of hand techniques, such as mobilization or manipulation of 11) ..... and soft tissue. These methods are used to relieve pain, swelling and increase muscle and joint functional mobility.

*Massage* – deals with treatment of muscular conditions by means of rubbing, stroking or 12) ..... a patient's body with hands. Usually it is used to relax tight and tense muscles, improve circulation and reduce stress.

**Task 4. VOCABULARY FOCUS.** Group the words in three categories: 1) client, 2) treatment methods, 3) results of treatment:

*patient, strengthening and therapeutic exercise programmes, people affected by injury, illness or disability heat treatment, massage, infrared lamps, outpatient, balance, stretching, rehabilitate, electric stimulation, mobility, inpatient.*

**Task 5.** Find English counterparts of the Ukrainian words and expressions:

*фізіотерапія, медична спеціальність, здоров'я та благополуччя (велнес), охорона здоров'я, профілактика та лікування захворювань, розширення можливостей, артрит, біль у спині та шиї, спортивні травми, неврологічні захворювання, інсульт, вікові зміни, неврологічний, нерво-м'язово-скелетний, серцево-судинний, респіраторний, опорно-рухового апарат, травлення, кровообіг, імунна система, стрес.*

**Task 6. SPEAKING PRACTICE.** Present your examples of physiotherapy therapy application. Describe how it can contribute to the health of particular people in correlation to the flow chart below. Use the following linking phrases.



To list points:	Firstly, first of all, in the first place, to begin/start with; secondly; thirdly; finally
To introduce points/arguments:	Some/many/most experts/scientists/critics claim/suggest/argue that.../ are of the opinion that ... advocate (+ing/noun)/support the view that ... oppose the view that ...
	It is often/widely/generally + claimed/suggested/argued/ believed/maintained ....

**Task 7. WRITING.** Write a passage (150 words) using linking phrases above. Present a commonly held belief on the following issue:

*What discovery in physiotherapy in recent decades has been most beneficial for people in your country? Use specific reasons and examples to support the choice.*

- **Neurological** (stroke, multiple sclerosis, Parkinson's)
- **Neuromusculoskeletal** (back pain, whiplash associated disorder, sports injuries, arthritis)
- **Cardiovascular** (chronic heart disease, rehabilitation after heart attack)
- **Respiratory**



## Practical Lesson 5. OCCUPATIONAL THERAPY

### Lesson objectives:

- to learn key definitions of OT;
- to identify major components of this professional activity.

**LEAD-IN.** What types of occupation can you name? How does it differ depending on person's lifestyle?

**Task 1. KEY TERMS AND DEFINITIONS.** Look through basic vocabulary connected with occupation. Check the meaning in the dictionary or herein.

- **Occupation** is the core content and the most basic concept of occupational therapy. Occupations is everything people do to occupy themselves, including looking after themselves...enjoying life...and contributing to the social and economic fabric of their communities.... (Law et al., 1997)
- **Occupations** deal with the equality of the interventions in occupational therapy. Occupation or goal-directed activity is a method to improve human performance in self-care, work, and play/leisure pursuits. These methods are originated in theory and research that links the physical, psychological, cognitive, and emotional factors (capabilities) of human performances to the individual's attitudes, motivation, values, interests, habits, living environment, and present culture. (Levine and Brayley, 1991)

\* In other words, purposeful and meaningful activities are used in **occupational therapy** (Stein and Roose, 2000) to *restore* people's functioning and to *prevent* disability. Environmental barriers frequently need to be removed to *facilitate* people's *participation* in social life (World Health Organization, 2007a). Core elements of the work of occupational therapists (OTs) are (1) the production of tasks and activities and the time it takes to do them; (2) the "doing" process itself; and (3) clients' motivation for "doing," their experience of meaning and satisfaction while doing, and the results (Nelson, 1988, 1996).

Some European countries use the terms *ergotherapy* and *ergotherapist* instead of occupational therapy and **occupational therapist** (World Federation of Occupational Therapists (WFOT), (2008a).

- **An occupational therapist** is a health care practitioner who analyzes the impact of occupation on health and quality of life in order to restore a functional interaction between the person and the environment. (School of Physical and Occupational Therapy McGill University, 2008)
- **Occupational Therapists (OTs)** are health care professionals specializing in occupational therapy and occupational science. OTs and occupational therapy assistants (OTAs) use scientific bases and a holistic perspective to promote a person's ability to fulfil their daily routines and roles. OTs have immense training in the physical, psychological, and social aspects of human functioning deriving from an education grounded in anatomical and physiological concepts, and

psychological perspectives. They enable individuals across the lifespan by optimizing their abilities to perform activities that are meaningful to them ("occupations"). Human occupations include activities of daily living, work/vocation, play, education, leisure, rest and sleep, and social participation (Wikipedia).

**Task 2a. READING COMPREHENSION.** *Read an article. Underline / highlight key words, study definitions. Discuss typical features of a scientific text.*

### **Classifying Those Who May Need Occupational Therapy**

Clients who participate in occupational therapy may do so at (1) a hospital; (2) a care institution, such as a nursing home, senior citizens' home, or health center; (3) a wide range of workplaces; and (4) in their homes. Students may participate in occupational therapy at their schools (WFOT, 2008a).

According to the ICF (*International Classification of Functioning, Disability, and Health*), people may be helped by occupational therapy if they meet the following criteria:

- Have impairments due to changed body functions or structures concerning (1) mental functions, (2) sensory functions, (3) neuromusculoskeletal and movement-related functions, or (4) functions of the skin and related structures. They *seldom have impairments due to* (1) voice and speech functions; or (2) functions of the cardiovascular, hematologic, immunologic, and respiratory systems. They *very seldom have impairments due to* functions of the digestive, metabolic, and endocrine system, and they *almost never have impairments due to* genitourinary and reproductive functions.
- Have a combination of impairments and disabilities or solely disabilities concerning performances of (1) learning and applying knowledge, (2) general tasks and demands, (3) communication, (4) mobility, (5) self-care, and (6) domestic life. • Have restricted participation in (1) personal interaction and relationships; or (2) community, social, and civic life.

As long as there is no consensus among OTs worldwide regarding what classification system has the desired validity for identifying people needing therapy, it is of less significance what system is used — either one of those mentioned above, or a locally used system. Similar shortcomings in “agreement between the definitions of the Framework and the clinical application” have been demonstrated by Butts and Nelson (2007). Consequently, epidemiologic knowledge of which people need and participate in occupational therapy should be further developed by conducting research on needs assessment (Soriano, 1993). These considerations also influence the public’s knowledge of the discipline of occupational therapy.

(Taken from *International Handbook of Occupational Therapy Interventions*  
ed. by Ingrid Söderback)



**Task 2b. COMPREHENSION.** *Read an article. Underline / highlight key words, study definitions. Discuss typical OT's roles.*

***The Therapeutic Aspect of the Occupational Therapist's Role in Health Care***

In the clinical cooperation between the client and the OT, the OT is the partner who possesses the pedagogic, psychological, and medical knowledge and professional skill to conduct interventions.

She or he may perform the following roles:

- (1) *the manager of adaptations* – the main intervention was *adaptation*, which is the changing process aimed at fitting different human conditions into various environments. This may mean patient's interaction with their home environment. Because this interaction goes well, there are improvements in patient's behaviour (Barris et al., 1985), in their ability to perform tasks independently, rationally, and effectively, and in their will to live at home. This interactive human balance may be changed by using *intrinsic, occupational, temporal, and environmental* adaptations.
- (2) *the teacher of functioning* – the OT as the teacher is a *traveling companion*, not the doer. He or she *guides, coaches, and facilitates* the client's occupational performance. In this way, the client is taught to initiate the performance of tasks that are adapted to the actual context. A favorable outcome helps the client acquire new, more adaptive, and effective knowledge;
- (3) *the enabler of occupations* – the term *enabling* was first used by Christensen and Baum (1997). The purposes of interventions in which the OT enables the client to be occupied are (1) to fill the clients' time, so that they may experience meaning, involvement, and participation, and (2) to give purpose and opportunity to clients as they make choices regarding their activity; and
- (4) *the promoter of health prevention* – prevention in old age is most appropriately defined by referring to prevention of impairments, activity limitations, and inability to participate in social activities. Thus, *primary prevention* strives to prevent activity limitation and nonparticipation (e.g., guidance on possibilities of refitting the home to prevent falls). *Secondary prevention* focuses on discovering early signs of activity limitations and taking urgent and relevant steps to prevent the disablement process (e.g., encouragement of exercise to prevent pains related to osteoarthritis in knees and hips). *Tertiary prevention* aims to avoid further decline in cases where impairment, activity limitations, and nonparticipation are irreversible (e.g., information on well-functioning transport schemes for disabled people to enjoy interpersonal and other social relations).

(Taken from *International Handbook of Occupational Therapy Interventions* ed. by Ingrid Söderback)

**Task 3a.** Fill in the gaps with the words from the box.

regain    handwriting    include    physical    branch    frustration    self-esteem

**What Is Occupational Therapy?**

Occupational therapy (OT) is a 1) \_\_\_\_\_ of health care that helps people of all ages who have physical, sensory, or cognitive problems. OT can help them 2) \_\_\_\_\_ independence in all areas of their lives.

Occupational therapists help with barriers that affect a person's emotional, social, and 3) \_\_\_\_\_ needs. To do this, they use everyday activities, exercises, and other therapies.

OT helps kids play, improves their school performance, and aids their daily activities. It also boosts their 4) \_\_\_\_\_ and sense of accomplishment. With OT, kids can:

- Develop fine motor skills so they can grasp and release toys and develop good 5) \_\_\_\_\_ or computer skills.
- Improve eye–hand coordination so they can play and do needed school skills such as bat a ball and copy from a blackboard.
- Master basic life skills such as bathing, getting dressed, brushing teeth, and self-feeding.
- Learn positive behaviours and social skills by practicing how they manage 6) \_\_\_\_\_ and anger.
- Get special equipment to help build their independence. These 7) \_\_\_\_\_ wheelchairs, splints, bathing equipment, dressing devices, and communication aids.

**Who Might Need Occupational Therapy?**

OT can help kids and teens who have:

- birth injuries or birth defects
- sensory processing disorders
- traumatic injuries to the brain or spinal cord
- learning problems, autism
- juvenile rheumatoid arthritis
- mental health or behavioral problems
- broken bones or other orthopedic injuries
- developmental delays
- post-surgical conditions
- burns
- spina bifida
- traumatic amputations
- cancer
- severe hand injuries
- multiple sclerosis, cerebral palsy, and other chronic illnesses



(<https://kidshealth.org/en/parents/occupational-therapy.html>)

**Task 3b.** Fill in the gaps with the words from the box.

premature	workplace	improve	licensed	motor	limits	daily
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### What Is an Occupational Therapist?

They get special graduate training in occupational therapy. You'll probably hear them called OTs. They must be 1) \_\_\_\_\_ and pass a national exam to be certified to practice. Some OTs go through more training so they can focus on certain types of treatment, like hand therapy, treating people with low vision, or working with children or older adults.

### What Does an OT Do?

They work with people of all ages, from 2) \_\_\_\_\_ babies to young children, adults in midlife, and seniors. In short, the therapist looks at how you do any kind of activity or task. Then they come up with a plan to 3) \_\_\_\_\_ the way you do it to make it easier or less painful.

At your first appointment, the OT will assess your needs. They may come to your home or 4) \_\_\_\_\_ to see what you do and what changes you need to make. If they're working with your child, they can go to their school. They might tell you to move furniture or get an assistive device like a cane or grabber. They can show you how to do 5) \_\_\_\_\_ chores better.

Next, they'll work with you to come up with a therapy plan and set goals designed for your needs, disability, or 6) \_\_\_\_\_. Your OT can train you to adapt your movements, improve your 7) \_\_\_\_\_ skills or hand-eye coordination, or do tasks in new ways.

(<https://www.webmd.com/pain-management/occupational-rehab>)

**Task 4. VOCABULARY FOCUS.** Learn the pronunciation of the following words: *autism, juvenile rheumatoid arthritis, orthopaedic, burns, spina bifida, multiple sclerosis, cerebral palsy, psychological, environment, to initiate, appropriately, urgent, guidance*

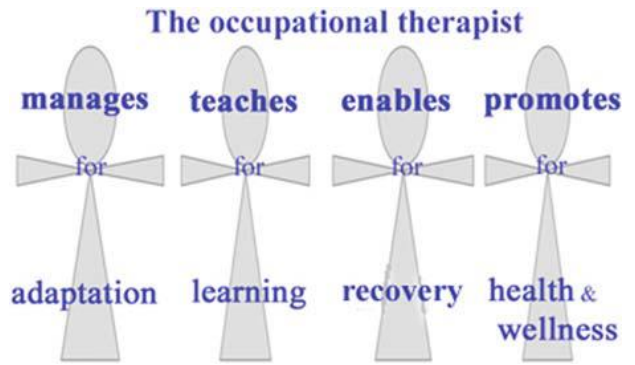
**Task 5.** Find English counterparts of the Ukrainian words and expressions: *широкий спектр, Міжнародна класифікація функціонування, психічні функції, сенсорні функції, функції нервово-м'язової системи, голосові та мовні функції; функції серцево-судинної, гематологічної, імунологічної та дихальної систем, мобільність, самообслуговування. У клінічному співробітництві, медичні знання та професійні навички, менеджер з адаптації, ініціювати виконання завдань, спроможність, первинна профілактика, запобігання, незворотній, міжособистісні та інші соціальні відносини.*

**Task 6. SPEAKING PRACTICE. A.** Present your examples of occupational therapy application. Describe how it can contribute to the health of particular people. Use the following linking phrases.

**B.** Present your examples of occupational therapists' roles. Describe their characteristics. Use the following linking phrases.

**Fig. 1.** The occupational therapist's roles are as follows:

- To manage internal, temporal, occupational, and environmental adaptations that affect occupational behavior and performance and that influence patterns of daily occupation.
- To teach activities of daily living so that that clients learn to accomplish desired and expected tasks at home, at work, at school, in leisure time, and in the community.
- To enable the client to perform meaningful and purposeful occupations, which then promotes his or her recovery and well-being.
- To promote health and wellness, i.e., prevent accidents and illness (Soderback, 2008). The figures are stylized Ankh signs.



To list points:	Firstly, first of all, in the first place, to begin/start with; secondly; thirdly; finally
To introduce points/arguments:	Some/many/most experts/scientists/critics 1) claim/suggest/argue that.../ are of the opinion that ... 2) advocate (+ing/noun)/support the view that ... 3) oppose the view that ...
	It is often/widely/generally + claimed/suggested/argued/ believed/ maintained ....

**Task 7. WRITING.** Write a passage (150 words) using linking phrases above. Present a commonly held belief on the following issue:

- 1) What discovery in OT in recent decades has been most beneficial for people in your country? Use specific reasons and examples to support the choice.
- 2) Occupational therapists who have experience of working in multidisciplinary teams will be aware of the advantages and disadvantages. A frequent area of confusion and sometimes conflict lies in defining the role of the individual disciplines. What is your view?

## PART II. DIAGNOSTIC PROCESS

### Lesson 6. THE DIAGNOSTIC PROCESS. GENERAL PROVISIONS

Lesson objectives:

- to learn key terms related to diagnostic process;
- to identify major components of this professional activity.

**LEAD-IN.** *Discuss the following questions.*

1. Why is a patient's social history important to diagnostic process?
2. How are activities of daily living used to assess patients?
3. What are some of the tests performed by a PT, and what do they measure?
4. Why are PTs concerned about the underlying cause of a problem?

**Task 1. KEY TERMS AND DEFINITIONS.** *Look through the text below. Check the meaning of the suggested terms in the dictionary or herein.*

#### Diagnosis

The **diagnostic process** is comprised of several actions and decisions. The first step is to collect data. This is done during the **initial** patient meeting, or **interview**. A successful interview is necessary to develop a prognosis.

Treatment goals:

- Identify **symptoms**;
- Classify dysfunction;
- Develop plan of patient care.

Collect data that outlines a complete **patient history**. This includes both medical history and **social history**. Questions about **lifestyle** and **occupation** provide important information. Note whether lifestyle changes correspond with the **onset** of symptoms.

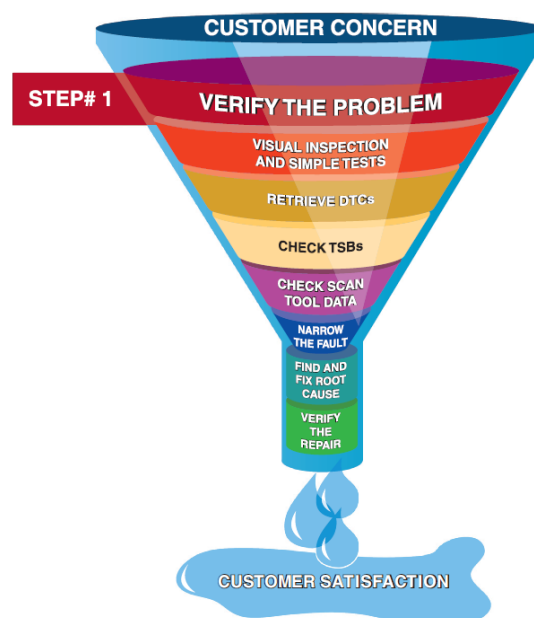
Complete a systemic review. Begin with the chief complaint. Assess additional changes throughout the body. Complete an impairment checklist.

Is the patient able to perform activities of daily living? **ADL** activities include self-feeding, personal care, and walking. Is the patient able to perform instrumental activities of daily living? **IADL** include shopping, house cleaning, money management, transportation, medication management, and communication.

The level of impairment, or dysfunction, helps a PT define a diagnostic category.

Study the example provided.

<b>Patient's Cart</b>
Name: _____ Gender: _____ Age: _____
<b>Presenting problem/ current condition:</b>



Patient was admitted to hospital yesterday to treat acute knee pain. The primary impairment is limited mobility and pain in the right knee. The underlying cause is damage to the previously torn ACL.

**Medical history:**

ACL tear 5 years ago.

Medical diagnosis of osteoarthritis in knee joints.

Level of dysfunction is mild to moderate.

**Social history:**

Non-smoker    Moderate alcohol use    Avid runner

**Other information:**

Primary care physician recommends physical therapy to build muscle strength.

MRI interpretation shows worn cartilage and joint damage.

**Examination:**

Goniometry    Gait analysis    Posture analysis

**Evaluation:**

Analysis of the test results provides an objective baseline. Strengthening exercises suggested in accordance with preferred practice patterns.

**Diagnostic category:** musculoskeletal

**Follow-up:** Weekly appointments scheduled for six weeks. Additional treatment options are to be determined.

**Task 2.** Read the textbook excerpt. Then, choose the correct answers.

1. What is the purpose of the passage?  
A to compare symptoms  
B to describe the diagnostic process  
C to suggest activities of daily living  
D to collect data about a patient
2. Which is NOT a basic activity of daily living?  
A preparing meals  
B walking  
C shopping  
D personal care
3. What is included in a systemic review?  
A only the chief complaint  
B instrumental activities of daily living  
C the entire body  
D only the nervous system
4. What is the underlying condition causing the patient's pain?  
A He is an avid runner.  
B He has a diagnosis of osteoarthritis in his knees.  
C He previously injured his ACL.  
D The doctor did not interpret the MRI.
5. How often will the patient see a physical therapist?  
A every day for six weeks

- B once a week for six months
  - C every day for a week
  - D once a week for six weeks
6. Which test was NOT performed by the PT?
- A a posture analysis
  - B an MRI
  - C a gait analysis
  - D goniometry

**Task 3.** *Fill in the blanks with the correct words or phrases from word bank.*  
**patient history diagnostic initial chief complaint systemic review**

1. The physiotherapist began the \_\_\_\_\_ process with a patient interview.
2. The interview began with a complete \_\_\_\_\_, including medical and social history.
3. Before offering a diagnosis, the PT conducted a \_\_\_\_\_ of all of the body's interconnected systems.
4. Although Paul's \_\_\_\_\_ was shoulder pain, the symptoms often affected his arm and neck.
5. During the \_\_\_\_\_ visit, a PT will try to learn as much as possible about the patient.

**Task 4.** *Match the words or phrases (1-7) with the definitions (A-G).*

- 1) goniometry 2) interpretation 3) examination 4) dysfunction 5) gait analysis
  - 6) objective baseline 7) diagnostic category
- a) an evaluation of the way a patient walks
  - b) a thorough inspection of a patient to determine physical health
  - c) the way a person reads and processes information and forms conclusions
  - d) a system used to measure range of motion in a joint
  - e) a group of identified patterns of symptoms of physical limitations
  - f) abnormal function, the inability to use an organ or body part fully
  - g) the point from which changes are measured during a patient's treatment

**Task 5.** *Read the sentence pairs. Choose word or phrase which best fits each blank.*

**1. preferred practice patterns / underlying cause**

- A The PT thought that an old injury was the \_\_\_\_\_ of the patient's pain.
- B Every PT student learned the \_\_\_\_\_ recognized by their profession.

**2. test / posture analysis**

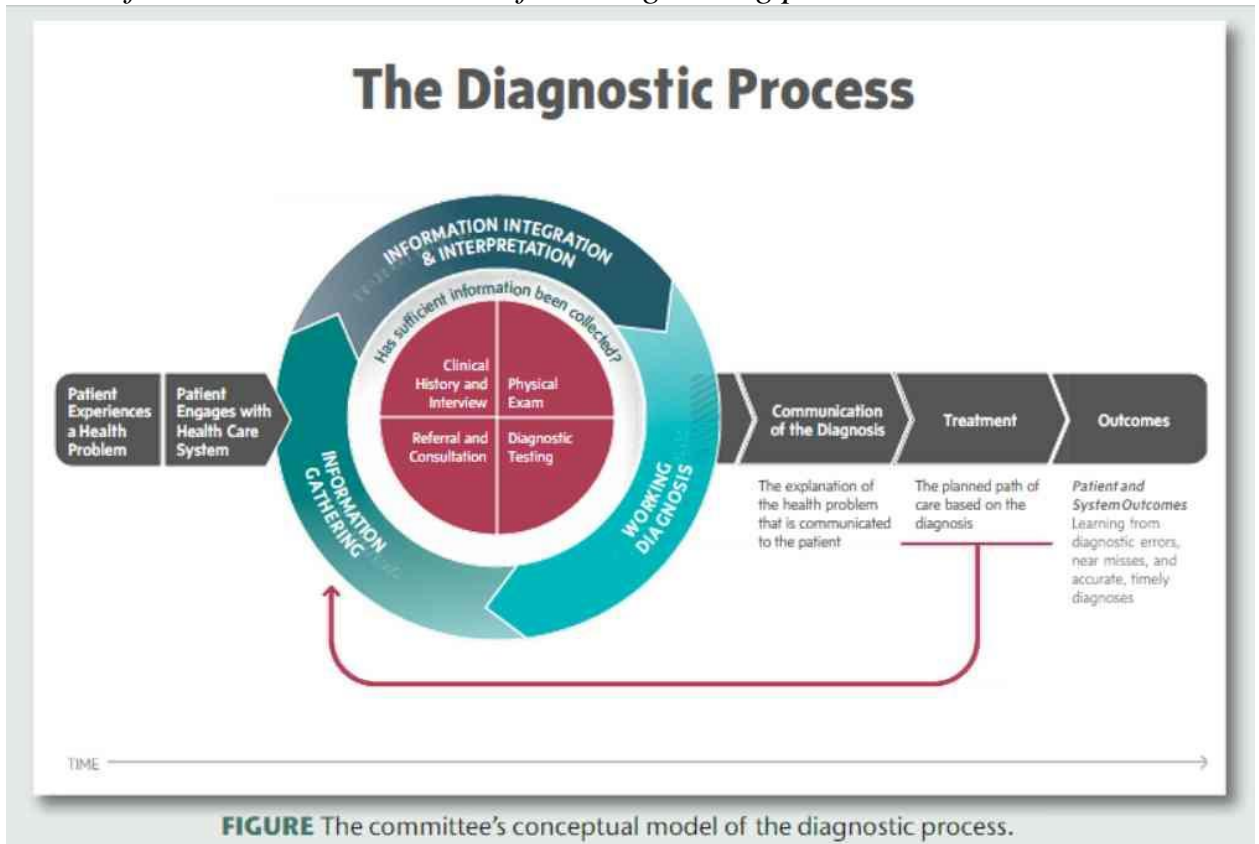
- A The PT set up a \_\_\_\_\_ check the patient's strength.
- B The patient stood in her habitual manner during the \_\_\_\_\_.

**3. analysis / primary impairment**

- A The patient's \_\_\_\_\_ diagnosed as pain in the left shoulder.
- B The PT did a thorough \_\_\_\_\_ of the results.



**Task 6. SPEAKING PRACTICE.** Make a review of diagnostic process algorithm. Describe how setting diagnosis correlates with the whole diagnostic process in the flow chart below. Use the following linking phrases.



To list points:	Firstly, first of all, in the first place, to begin/start with; secondly; thirdly; finally
To give a reason:	Due to / due to the fact that; owing to / owing to the fact that; because; because of -ing/sth; since; as
To add information:	And; in addition; as well as; also; too; furthermore; moreover; apart from ... -ing; in addition to sth; besides
To contrast ideas:	But; however; although / even though; despite / despite the fact that; in spite of / in spite of the fact that; nevertheless; nonetheless; while; whereas; unlike; in theory...; in practice...

**Task 7. WRITING.** Write a passage (150 words) using linking phrases above. Present a commonly held belief on the following issue:

*What challenges can an expert experience during the diagnostic process? Has this process changed any way in recent decades worldwide and in your country? Use specific reasons and examples to support your arguments.*



## Lesson 7. TAKING A HISTORY 1

Lesson objectives:

- to learn key terms related to diagnostic process during taking a history;
- to identify major components of this professional activity.

**LEAD-IN.** *Discuss the following questions.*

1. Why is a patient's history important to diagnostic process?
2. How much time is necessary to assess patient's history?
3. Why are PTs concerned about the underlying cause of a problem?

**Task 1. KEY TERMS AND DEFINITIONS.** *Look through the text below. Check the meaning of the suggested terms in the dictionary or herein.*

### A full case history

A full case history covers:

- personal details
- presenting complaint
- past medical history (PMH)
- drug history
- family history
- social and personal history
- patient ideas, concerns and expectations
- review of systems.

### Asking about symptoms

Pain is one of the commonest symptoms.

For headaches, a doctor would expect to establish most of the features below. Similar questions can be used for other forms of pain.

Feature	Typical question
Main Site	Where does it hurt? Show me where it hurts.
Radiation	Does it go anywhere else?
Character	Can you describe the pain?
Precipitating factors	Does anything bring them on?
Time of onset	When do they start?
Time of resolution	When do they stop?
Frequency	How often do you get them?
Aggravating factors	Does anything make them worse? Is there anything else that affects them?
Relieving factors	Does anything make them better?
Associated features	Do you feel anything else wrong when it's there? Have you any other problems related to the pain?
Duration	How long do they last?
Severity	How bad is it?

## Talking about pain

### Description of pain

Patient's description of pain	Explanation
aching / an ache	a general pain, often in muscles and joints
boring	like a drill
burning	with heat
colicky	an intermittent pain which varies in intensity, comes and goes in waves
crampy/cramp	an involuntary spasmodic muscle contraction
crushing	a feeling of pressure
dull	a background pain, opposite of sharp
gnawing	biting
gripping	a feeling of tightness
scalding	like boiling water
sharp	acute
stabbing	like a knife
stinging	sharp, burning, like an insect sting
throbbing	with a pulse or beat

**Task 2.** Read the conversation between the patient and the doctor. Write the doctors questions, taking into account phrases from Task 1.

Doctor: Can you tell me what the problem is?

Patient: I've got a terrible headache.

Doctor: (1) .....

Patient: Just here.

Doctor: (2) .....

Patient: Well, it's really bad. And it throbs.

Doctor: Have you had anything like this before?

Patient: Yes, about every three months. I've had them for 10 years or so.

Doctor: (3) .....

Patient: Usually one or two days. This one started yesterday morning.

Doctor: (4) .....

Patient: They usually start just before the period. Sometimes if I eat chocolate. I'm not sure.

Doctor: (5) .....

Patient: If I lie down in the dark room it helps. Light makes them worse.

Doctor: (6) .....

Patient: If I move try head, it gets more painful.

Doctor: Apart from the headache, (7) .....

Patient: Yes, my eye feels strange. Sometimes I can't see clearly, things get blurred. I feel sick and sometimes I am sick.

**Task 3.** Complete the sentences. Look at Task 1 to help you.

1. Gastric ulcers are associated with a \_\_\_\_\_, \_\_\_\_\_ pain.
2. Cystitis causes \_\_\_\_\_, \_\_\_\_\_ pain on passing urine.
3. Patients with a peptic ulcer may say they have a \_\_\_\_\_, \_\_\_\_\_ pain.
4. Recurrent abdominal pain (RAP) may be described as \_\_\_\_\_ or \_\_\_\_\_.
5. Migraine is often described as a \_\_\_\_\_ pain.
6. People with osteoarthritis often complain of a deep \_\_\_\_\_ centred in the joint.
7. Kidney stone pain is sudden, severe and \_\_\_\_\_.
8. Angina is usually described as a crushing or heavy or \_\_\_\_\_ pain.

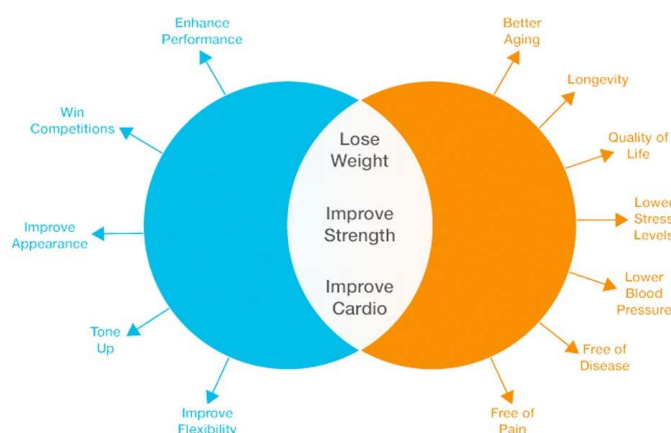
**Task 4. SPEAKING PRACTICE.** Choose at least three common conditions and make a note of how patients would describe the pain in English.

To list points:	Firstly, first of all, in the first place, to begin/start with; secondly; thirdly; finally
To give a reason:	Due to / due to the fact that; owing to / owing to the fact that; because; because of -ing/sth; since; as
To add information:	And; in addition; as well as; also; too; furthermore; moreover; apart from ... -ing; in addition to sth; besides
To contrast ideas:	But; however; although / even though; despite / despite the fact that; in spite of / in spite of the fact that; nevertheless; nonetheless; while; whereas; unlike; in theory...; in practice...

**Task 5. WRITING.** Write a passage (150 words) using linking phrases above. Present a commonly held belief on the following issue:

## FITNESS versus HEALTH

*In some countries the average weight of people is increasing and their level of health and fitness is decreasing. What do you think are the causes of these problems and what measures could be taken to solve them?*



## Lesson 8. THE DIAGNOSTIC PROCESS. TAKING A HISTORY 2.

Lesson objectives:

- to learn key terms related to diagnostic process during taking a history;
- to identify major components of this professional activity.

**LEAD-IN.** *Discuss the following questions.*

1. Why is a patient's drug and family history important to diagnostic process?
2. How much time is necessary to assess patient's history?
3. Why are PTs concerned about the underlying cause of a problem?

**Task 1. KEY TERMS AND DEFINITIONS.** *Look through the text below. Check the meaning of the suggested terms in the dictionary or herein.*

### Drug history

*Here is an extract from a medical textbook.*

It is essential to obtain full details of all the **drugs** and **medications** taken by the patient. Not infrequently patients forget to mention, or forget the name of, drugs they take. Some may be **over-the-counter remedies** unknown to the general practitioner. The significance of others, such as **herbal remedies** or **laxatives**, may not be appreciated by the patient.

It is necessary to determine the precise identity of the drug, the **dose** used, the **frequency of administration** and the patient's **compliance** or lack of it.

It is important to ask about known drug **allergies** or suspected **drug reactions** and to record the information on the front of the notes to be obvious to any doctor seeing the patient. Failure to ask the question or to record the answer properly may be lethal.

*To find out about drug history, doctors ask:*

Details of drugs and medications

- Are you taking any medication at the moment?
- Which tablet do you take?
- Do you use any over-the-counter remedies or herbal or homeopathic medicines?

Frequency of administration

- How many times a day?

Compliance

- Do you always remember to take it?

Side-effects and allergies

- Do you get any side effects?
- Do you know if you are allergic to any drug?



If the answer is Yes: What symptoms do you get after taking it?

### **Family history**

Note the age, health or **cause of death** of parents, **siblings** (brothers and sisters), **spouse** (husband or wife), and children. To find out about family history, doctors ask:

- Do you have any brothers and sisters?
- Do you have any children?
- Are all your close relatives alive?
- Are your parents alive and well?
- Is anyone taking regular medication?
- How old was he when he died?
- Do you know the cause of death? / What did he die of?
- Does anyone in your family have a serious illness?

### **Social and personal history**

Record the relevant information about occupation, housing and personal habits including recreation, physical exercise, alcohol and tobacco and, in the case of children, about school and family relationships. Typical questions in taking a social and personal history are:

- What kind of house do you live in?
- Do you live alone?
- Who shares your home with you?
- How old are your children?
- Are any of them at nursery or school?
- What's your occupation?
- Do you have any problems at work?
- Do you have any financial problems?
- Do you have any hobbies or interests?
- What about exercise?
- Do you smoke? How many a day?
- Have you tried giving up?
- What about alcohol?
- Wine, beer or spirits?
- Can you give up alcohol when you want?
- How much do you drink in a week?
- What's the most you would drink in a week?
- Are you aware of any difference in your alcohol consumption over the past five years?

**Task 2.** *Complete the sentences using the information above.*

1. Pharmacies sell a wide variety of \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ remedies as well as dispensing prescriptions from physicians.
2. The \_\_\_\_\_ is the quantity of the medication to be taken at any one time.

3. A drug \_\_\_\_\_ is hypersensitivity to a particular drug.
4. A \_\_\_\_\_ \_\_\_\_\_ is a medication prepared from plants, especially a traditional remedy.
5. Your brothers and your sisters are your \_\_\_\_\_.
6. \_\_\_\_\_ is what you do for physical or mental stimulus outside work.
7. \_\_\_\_\_ can take many forms: apartments, single rooms, houses, hostels.
8. The patient's \_\_\_\_\_ to drug treatment, his willingness or ability to take the right dose at the right time and frequency, is essential.

**Task 3.** Write the doctor's questions. Look at "Family History" opposite to help you.

Doctor: (1) .....

Patient: My father died twenty years ago but my mother is in good health still. She's seventy now.

Doctor: (2) .....

Patient: I was still at school. He was forty-one.

Doctor: (3) .....

Patient: I le had a heart attack.

Doctor: (4) .....

Patient: I've got a sister of forty-five and a brother who's thirty-six.

Doctor: (5) .....

Patient: No, I had an elder brother but he died in his forties. He was forty-two.

Doctor: (6) .....

Patient: Like my father, a heart attack.

Doctor: (7) .....

Patient: Not that I know of.

Doctor: (8) As far as you know .....

Patient: Apart from me, no.

Doctor: (9) .....

Patient: Yes, a boy and a girl. He's fourteen and she's twelve.

**Task 4.** Study the social history of Mr Black. Write the questions the doctor asked to obtain the numbered information. Look at "Social and Personal History" opposite to help you.

*Social history: Mr G. Black*

Home - Lives in a detached house with a large garden <sup>1</sup>.

Family - Four children: two girls aged 3 and 4, two boys aged 6 and 8. All are being taught at home by his wife <sup>2</sup>.

Occupation - Manager of a DIY warehouse. Stressful job involving dealing with frequent staff problems and meeting monthly sales targets. Large mortgage<sup>3</sup>

Personal interests - Has little time for exercise or interests outside work<sup>4</sup>.

Habits - Presently smoking 20 per day<sup>5</sup>. Has tried nicotine patches without success<sup>6</sup>.

Average alcohol intake 3 units per day at weekends<sup>7</sup>. No problem with alcohol withdrawal<sup>8</sup>.

**Task 5. SPEAKING PRACTICE.** Write a social history of a patient you know. Make a note of the questions you would ask to obtain the information.

To list points:	Firstly, first of all, in the first place, to begin/start with; secondly; thirdly; finally
To give a reason:	Due to / due to the fact that; owing to / owing to the fact that; because; because of -ing/sth; since; as
To add information:	And; in addition; as well as; also; too; furthermore; moreover; apart from ... -ing; in addition to sth; besides
To contrast ideas:	But; however; although / even though; despite / despite the fact that; in spite of / in spite of the fact that; nevertheless; nonetheless; while; whereas; unlike; in theory...; in practice...

**Task 7. WRITING.** Write a passage (150 words) using linking phrases above. Present a commonly held belief on the following issue:

*The prevention of health problems and health illness is more important than treatment and medicine. Government funding should reflect this. To what extent do you agree.*





## Lesson 9. THE DIAGNOSTIC PROCESS. TAKING A HISTORY 3.

Lesson objectives:

- to learn key terms related to diagnostic process during taking a history;
- to identify major components of this professional activity.

**LEAD-IN.** *Discuss the following questions.*

1. Why is a patient's history important to diagnostic process?
2. How much time is necessary to assess patient's body systems?
3. Why are PTs concerned about the underlying cause of a problem?

**Task 1. KEY TERMS AND DEFINITIONS.** *Look through the text below. Check the meaning of the suggested terms in the dictionary or herein.*

### Reviewing the systems

Once you know the main reason why the patient wants medical attention, it is sensible to ask about the systems to determine the patient's general state of health and to check for any additional problems. The patient should be encouraged to describe symptoms spontaneously. Initial questions should be open-ended and as general as possible. Follow up with more specific questions if needed, but avoid putting words in the patient's mouth.

#### Open-ended questions

What's your appetite like?  
How's your vision?

#### Closed questions

Have you eaten today?  
Is your vision ever blurry?

### Asking about the central nervous system

1. Do you suffer from headaches?
2. Have you ever had a blackout?
3. What about fits?
4. Have you had any dizziness?
5. Do you get ringing in the ears?
6. Have you ever experienced any numbness or tingling in your hands or feet?
7. Do you have any problems sleeping?

### Patient ideas, concerns and expectations

It is important during the consultation to give patients the chance to express their own ideas and concerns about their problem and to determine what their expectations are. The letters ICF. (Ideas, Concerns and Expectations) are a way of remembering this. Typical questions are:

#### Ideas

- What do you know about this problem/condition/illness?
- Do you have any ideas about this?
- How do you think you got this problem?
- What do you mean by ...?

#### Concerns



- What are your worries about this?
- Do you have any concerns?
- How might this affect the rest of your family?

Expectations

- What do you think will happen?
- What do you expect from me?
- What were you hoping we could do for you?

### Phrasal verbs in history-taking

Phrasal	Example	Meaning
bring	Is there anything special that	cause, induce
bring	When you cough, do you bring up	expectorate, vomit
carry	Carry on taking the painkillers for	continue
come	When does the pain come on?	commence
give	My advice is to give up smoking.	stop
put on	I've put on a lot of weight in the	gain weight
turn	She had all the tests and it turned	happen in the end
turn up	The rash just turned up out of	appear

**Task 2.** Complete the sentences using the information above.

Match the numbered questions (1-7) in "Patient's ideas" to the symptoms for the central nervous system (a-f). There are two questions for one of the symptoms.

- a headaches
- b hearing symptoms
- c faints
- d tingling (paraesthesiae)
- e fits
- f sleep patterns

**Task 3.** Read the extract from a consultation. In the numbered questions (1 – 4), is the doctor encouraging the patient to talk about her ideas (I), her concerns (C) or her expectations (F.)? Look at "Phrasal Verbs" to help you.

Patient: I'm a bit concerned about my colic. I had a friend with something similar and it turned out to be more serious. It's got me worried.

Doctor: (1) What do you mean by colic?

Patient: A pain in the stomach.

Doctor: (2) What do you think might have brought this on?

Patient: It just seemed to come on. I don't know what it is.

Doctor: You said you were a bit worried because your friend had a similar problem.

(3) What are your worries about this?

Patient: Yes, I had a friend. She turned out to have stomach cancer. She actually died in the end. Doctor: (4) What were you hoping I could do for you today?

Patient: I just want to know that I don't have anything too serious.

**Task 4.** Complete the sentences with phrasal verbs.

1. The headaches ..... in the morning.
2. However much I eat, I don't seem to ..... any weight.
3. I've tried to .....smoking several times.
4. I'm so depressed I don't feel I can .....
5. When I cough, I ..... phlegm.
6. He thought he had stomach ache but it ..... to be cancer.

**Task 5. SPEAKING PRACTICE.** Write your own questions about the alimentary system using the checklist. Look at the information from Task 1 to help you.

- |  |  |
|--|--|
| • Condition of mouth                     | • Abdominal pain   |
| • Difficulty with swallowing (dysphagia) | • Weight loss  |
| • Indigestion                            | • Change in bowel habit                                  |
| • Heartburn                              | • Colour of motion (e.g. pale, dark, black, fresh blood) |

Positive condition	In that case,... / If so,... / Then,...
Choice/ negative condition	Alternatively, ... / Otherwise,... / Instead of [np],... / Rather than [np],... / If not,...
Cause/ Effect	So... / As a result... / Consequently... / Therefore... / Thus... / Hence... / For this reason... / Because of [np],...

**Task 7. WRITING.** Write a passage (150 words) using linking phrases above. Present a commonly held belief on the following issue:

*In some countries, the average weight of people is increasing and their levels of health and fitness are decreasing. What do you think are the causes of these problems and what measures could be taken to solve them?*

## Lesson 10. PHYSICAL EXAMINATION. PRACTICAL APPROACH

Lesson objectives:

- to learn key terms related to physical examination process;
- to identify major steps, taken by professional during examination.

**LEAD-IN.** *Discuss the following questions.*

1. What manner of communication should the doctor follow while physical examination?
2. How to avoid speaking too much during examination?

**Task 1. KEY TERMS AND DEFINITIONS.** *Look through the text below. Check the meaning of the suggested terms in the dictionary or herein.*

### Examining a patient

When examining a patient, you should:

- 1) Introduce yourself, if necessary.
  - Good morning, I'm Dr. Mason.
- 2) Brief the patient on what he/she should expect in a clear and simple way. Do you know what we're going to do this morning?
  - What we're going to do today is ...
  - I'm going to examine your... so I can find out what's causing this ... What we do is ...
  - What happens is that ...
  - I'll ask you to ...
  - Are you ready?
  - OK?
- 3) Instruct- the patient in a clear but polite manner when examining a patient, polite forms are often used for the initial instruction:
  - Could you bend forward as far as you can?
  - If you could cross your arms in front of your chest.
  - What I'd like to do is examine you standing up.
  - After that direct instructions may be used:
    - Stand with your feet together.
    - Lie perfectly still.
  - To soften an instruction: Can you just turn to the side again?
    - Could you just lie on the couch?
- 4) Show sensitivity to the patient's needs and respond to discomfort, reassuring if appropriate. You might feel a little bit of discomfort.
  - This might hurt a little but I'll be quick.
  - Tell me if it hurts.
  - Let me know if it's sore.
  - It will be over very quickly.
  - It won't take long.
  - You're doing very well.
- 5) Talk the patient through the procedure.
  - I'm just going to ...
  - Then I'll ...
  - Now I'm going to ...
  - You'll feel ...

- When it's over, I'll ...
  - That's it. All over.
- 6) Share your findings with the patient.
- Well, I'm fairly certain you've got a ...
  - One possibility I see it could be what we call ...
  - I haven't found anything to suggest any problems.

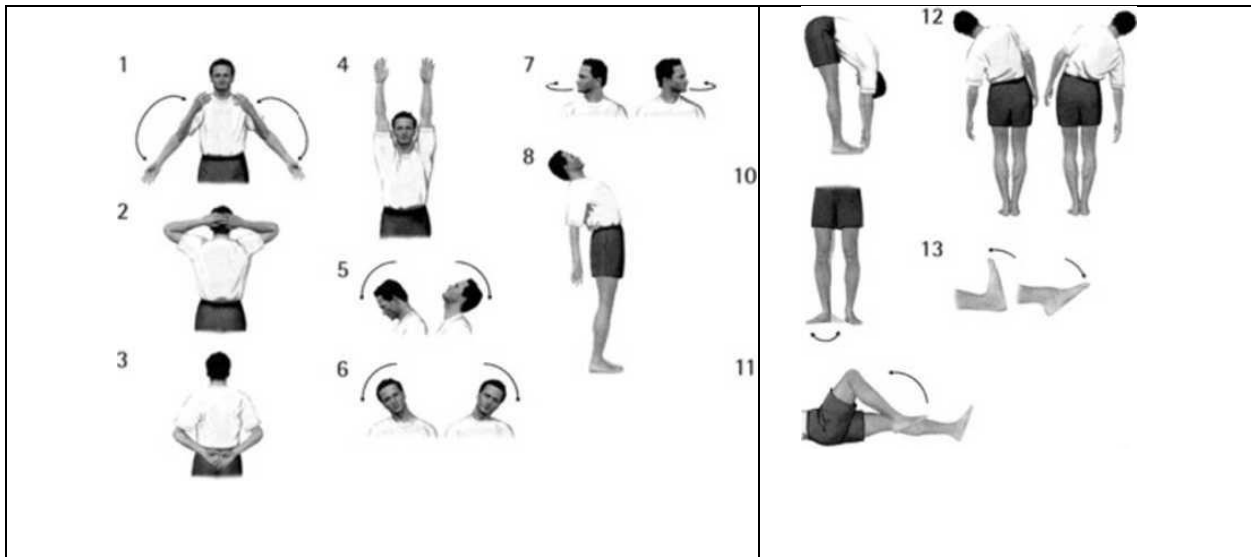
### Verbs used in instructions

bend down		put your head down put out your tongue	
breathe in breathe out		raise your leg	
close your eyes		roll on to your back/front roll over roll up your sleeve	
curl up		sit sit up	
do this		slide your hand down your side	
follow my fingertip with your eyes		slip off your coat	
keep your knee straight		stand straight stand up	
let your wrist go floppy		take off your top things	
lie on your side/back lie on the bed/couch lie down		tilt your head back	
look straight ahead look at something		touch your shoulder with your chin	
open your mouth		turn your head to the left turn on your side	
point to the finger that moves		Other instructions: relax show me what movements you can manage tell me if it hurts	
pull as hard as you can			
push as hard as you can			

**Task 2.** Complete the instructions using suitable verbs.

1. \_\_\_\_\_ straight ahead and your nose with your right forefinger;
2. \_\_\_\_\_ then with your left forefinger.
3. \_\_\_\_\_ on the edge of the couch and \_\_\_\_\_ your legs hang loosely.
4. \_\_\_\_\_ your eyelids tightly.
5. \_\_\_\_\_ all your clothes \_\_\_\_\_ down to your underwear.
6. \_\_\_\_\_ your chest with your chin.
7. \_\_\_\_\_ slowly and look over your left shoulder.
8. \_\_\_\_\_ on your side.
9. \_\_\_\_\_ looking at me.
10. \_\_\_\_\_ your sleeve.
11. \_\_\_\_\_ the pin, nor the light.

**Task 3.** Write instructions to describe the movements in the pictures. Look at “Verbs used in instructions”.



**Task 4.** Complete the instructions for a lumbar puncture with words and phrases.

Morning Mr Maxwell, all right? Now, (1) ..... ? Well, (2) ..... put a little needle into your spine and take some fluid off your back to find out what's giving you these headaches. You might feel (3) ..... but it won't (4) ..... . When it's (5) ..... , we'll ask you to lie still for a few hours. Now Mr Maxwell, (6) ..... roll onto your left side? I want you to curl up into a little ball. So could you bend your knees up and tuck your head in for me. That's fine, lovely, OK. Now (7) ..... swab down your back with some antiseptic, all right? It'll be a bit cold. Are you (8) ..... ? Now I'm going to give you a local anaesthetic so it won't be sore. You'll feel just a slight jab. OK, scratch coming now. There. We'll wait for a few minutes for that to take effect. Right now, lie still, that's very important. Now (9) ..... me pressing down as I put the needle in. You're doing (10) ..... . OK. That's it. All (11) .....

**Task 5. SPEAKING PRACTICE.** *Make a review of diagnostic process algorithm. Answer the following questions.*

1. Define, spell, and pronounce the key terms as presented in the glossary.
2. Describe the six methods used in physical examinations.
3. Name and describe seven positions used for physical examinations.
4. Discuss the purpose of draping and demonstrate appropriate draping for each position.
5. Identify at least 10 instruments and supplies used for examination of various parts of the body.
6. Identify eight basic components of a physical examination.
7. Describe the sequence followed during a physical examination.
8. Recall method of examination, instrument used, and position for examination of at least eight body parts.
9. Analyze the professionalism questions and apply them to this chapter's content.

**Task 6.** *Describe how setting diagnosis correlates with filling in Health Examination Form (see the one below). Use the following linking phrases.*

Positive condition	In that case,... / If so,... / Then,...
Choice/negative condition	Alternatively, ... / Otherwise,... / Instead of [np],... / Rather than [np],... / If not,...
Cause/ Effect	So... / As a result... / Consequently... / Therefore... / Thus... / Hence... / For this reason... / Because of [np],...

**Task 7. WRITING.** Write a passage (150 words) using linking phrases above. Present your vision on the following questions:

*How to keep INTEGRITY during examination process?*

1. *Did you work within your scope of practice?*
2. *Did you demonstrate sensitivity to patient's rights?*
3. *Did you protect personal boundaries?*
4. *Did you demonstrate respect for individual diversity?*
5. *Did you protect and maintain confidentiality?*
6. *Did you do "the right thing" even when no one was observing?*

**CHILD & ADOLESCENT HEALTH EXAMINATION FORM**  
 NYC DEPARTMENT OF HEALTH & MENTAL HYGIENE — DEPARTMENT OF EDUCATION

Please Print Clearly

NYC ID (OSIS)

**TO BE COMPLETED BY THE PARENT OR GUARDIAN**

Child's Last Name		First Name		Middle Name		Sex <input type="checkbox"/> Female <input type="checkbox"/> Male		Date of Birth (Month/Day/Year) ____/____/____	
Child's Address		Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No		Race (Check ALL that apply) <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White		City/Borough		State	
Health Insurance (including Medicaid)? <input type="checkbox"/> Yes <input type="checkbox"/> No		Parent/Guardian Last Name (Foster Parent)		First Name		Email		Phone Numbers Home _____ Call _____ Work _____	
City/Borough		State		Zip Code		School/Center/Camp Name		District Number _____	

**TO BE COMPLETED BY THE HEALTH CARE PRACTITIONER**

**Birth history (age 0-6 yrs)**

Uncomplicated  Premature: \_\_\_\_\_ weeks gestation

Complicated by \_\_\_\_\_

**Allergies**  None  Epi pen prescribed

Drugs (list) \_\_\_\_\_

Foods (list) \_\_\_\_\_

Other (list) \_\_\_\_\_

*Attach MAF if in-school medications needed*

---

**Does the child/adolescent have a past or present medical history of the following?**

<input type="checkbox"/> Asthma (check severity and attach MAF): If persistent, check all current medication(s): Asthma Control Status _____	<input type="checkbox"/> Intermittent	<input type="checkbox"/> Mild Persistent	<input type="checkbox"/> Moderate Persistent	<input type="checkbox"/> Severe Persistent
<input type="checkbox"/> Anaphylaxis	<input type="checkbox"/> Quick Relief Medication	<input type="checkbox"/> Inhaled Corticosteroid	<input type="checkbox"/> Oral Steroid	<input type="checkbox"/> Other Controller
<input type="checkbox"/> Behavioral/mental health disorder	<input type="checkbox"/> Well-controlled	<input type="checkbox"/> Poorly Controlled or Not Controlled	<b>Medications (attach MAF if in-school medication needed)</b> <input type="checkbox"/> None <input type="checkbox"/> Yes (list below)	
<input type="checkbox"/> Congenital or acquired heart disorder	<input type="checkbox"/> Seizure disorder	<input type="checkbox"/> Speech, hearing, or visual impairment	_____	
<input type="checkbox"/> Developmental/learning problem	<input type="checkbox"/> Tuberculosis (latent infection or disease)	<input type="checkbox"/> Hospitalization	_____	
<input type="checkbox"/> Diabetes (attach MAF)	<input type="checkbox"/> Surgery	<input type="checkbox"/> Other (specify) _____	_____	
<input type="checkbox"/> Orthopedic injury/disability	<b>Explain all checked items above.</b> _____			
<input type="checkbox"/> Other (list) _____	<b>Addendum attached.</b> _____			

---

**PHYSICAL EXAM** Date of Exam: \_\_\_\_/\_\_\_\_/\_\_\_\_

**General Appearance:**

<input type="checkbox"/> Physical Exam WNL	<input type="checkbox"/> Abnl	<input type="checkbox"/> Abnl	<input type="checkbox"/> Abnl	<input type="checkbox"/> Abnl	<input type="checkbox"/> Abnl
Height _____ cm (____ %ile)	NI	Abnl	NI	Abnl	NI
Weight _____ kg (____ %ile)	<input type="checkbox"/> Psychosocial Development	<input type="checkbox"/> HEENT	<input type="checkbox"/> Lymph nodes	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Skin
BMI _____ kg/m <sup>2</sup> (____ %ile)	<input type="checkbox"/> Language	<input type="checkbox"/> Dental	<input type="checkbox"/> Lungs	<input type="checkbox"/> Genitourinary	<input type="checkbox"/> Neurological
Head Circumference (age ≤2 yrs) _____ cm (____ %ile)	<input type="checkbox"/> Behavioral	<input type="checkbox"/> Neck	<input type="checkbox"/> Cardiovascular	<input type="checkbox"/> Extremities	<input type="checkbox"/> Back/spine
Blood Pressure (age ≥3 yrs) _____ / _____	<b>Describe abnormalities:</b>				



<b>DEVELOPMENTAL</b> <i>(age 0-6 yrs)</i>		Validated Screening Tool Used? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date Screened: ____/____/____		
Screening Results: <input type="checkbox"/> WNL		<input type="checkbox"/> Delay or Concern Suspected/Confirmed (specify area(s) below): <input type="checkbox"/> Cognitive/Problem Solving <input type="checkbox"/> Adaptive/Self-Help <input type="checkbox"/> Communicational/Language <input type="checkbox"/> Gross Motor/Fine Motor <input type="checkbox"/> Social-Emotional or Personal-Social <input type="checkbox"/> Other Area of Concern: _____		Nutrition		<input type="checkbox"/> Breastfed <input type="checkbox"/> Formula <input type="checkbox"/> Both <input type="checkbox"/> Well-balanced <input type="checkbox"/> Needs guidance <input type="checkbox"/> Counseled <input type="checkbox"/> Referred Dietary Restrictions <input type="checkbox"/> None <input type="checkbox"/> Yes (list below)
Describe Suspected Delay or Concern:		<b>SCREENING TESTS</b> <b>Date Done</b> <b>Results</b>		<b>Blood Lead Level ( BLL )</b> <i>(required at age 1 yr and 2 yrs and for those at risk)</i> _____ µg/dL <input type="checkbox"/> At risk ( <i>do BLL</i> ) <input type="checkbox"/> Not at risk <i>(annually, age 6 mo-6 yrs)</i>		<b>Hearing</b> <input type="checkbox"/> < 4 years: gross hearing <input type="checkbox"/> OAE <input type="checkbox"/> ≥ 4 yrs: pure tone audiometry <b>Vision</b> <input type="checkbox"/> < 3 years: Vision appears: <input type="checkbox"/> Acuity (required for new entrants and children age 3-7 years) <input type="checkbox"/> Screened with glasses? <input type="checkbox"/> Strabismus?
Child Receives EI/CPSE/CSE services <input type="checkbox"/> Yes <input type="checkbox"/> No CIR Number: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]		Hemoglobin or Hemocrit: _____ g/dL    _____ % Child Care Only: _____ Physician Confirmed History of Varicella Infection: <input type="checkbox"/>		<b>Dental</b> <input type="checkbox"/> Visible Tooth Decay <input type="checkbox"/> Urgent need for dental referral ( <i>pain, swelling, infection</i> ) <input type="checkbox"/> Dental Visit within the past 12 months <b>Results</b> <input type="checkbox"/> W <input type="checkbox"/> Abn <input type="checkbox"/> Referred <input type="checkbox"/> W <input type="checkbox"/> Abn <input type="checkbox"/> Referred <input type="checkbox"/> W <input type="checkbox"/> Abn <input type="checkbox"/> Referred <input type="checkbox"/> W <input type="checkbox"/> Abn <input type="checkbox"/> Referred <input type="checkbox"/> W <input type="checkbox"/> Abn <input type="checkbox"/> Referred		<b>Report only positive immunity:</b> Igg Titers    Date Hepatitis B    _____/_____/_____ Measles    _____/_____/_____ Mumps    _____/_____/_____ Rubella    _____/_____/_____ Varicella    _____/_____/_____ Polio 1    _____/_____/_____ Polio 2    _____/_____/_____ Polio 3    _____/_____/_____
<b>IMMUNIZATIONS - DATES</b>						
DTP/DTap/DT	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____
Td	____/____/____	____/____/____	____/____/____	MMR	____/____/____	Tdap
Polio	____/____/____	____/____/____	____/____/____	Varicella	____/____/____	
Hep B	____/____/____	____/____/____	____/____/____	Mening ACWY	____/____/____	
Hib	____/____/____	____/____/____	____/____/____	Hep A	____/____/____	
PCV	____/____/____	____/____/____	____/____/____	Rotavirus	____/____/____	
Influenza	____/____/____	____/____/____	____/____/____	Mening B	____/____/____	
HPV	____/____/____	____/____/____	____/____/____	Other	____/____/____	
<b>ASSESSMENT</b> <input type="checkbox"/> Well Child (Z00.129) <input type="checkbox"/> Diagnoses/Problems (list)						
ICD-10 Code: _____						
RECOMMENDATIONS <input type="checkbox"/> Full physical activity						
<input type="checkbox"/> Restrictions (specify) _____						
Follow-up Needed <input type="checkbox"/> No <input type="checkbox"/> Yes, for _____    Appt. date: ____/____/____						
Referral(s): <input type="checkbox"/> None <input type="checkbox"/> Early Intervention <input type="checkbox"/> IEP <input type="checkbox"/> Dental <input type="checkbox"/> Vision						
<input type="checkbox"/> Other _____						
Health Care Practitioner Signature			Date Form Completed: ____/____/____			
Health Care Practitioner Name and Degree ( <i>print</i> )			Practitioner License No. and State			
Facility Name			National Provider Identifier (NPI)			
Address		City		State		Zip
Telephone		Fax		Email		
DOHMH PRACTITIONER I.D. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]			TYPE OF EXAM: <input type="checkbox"/> NAE Current <input type="checkbox"/> NAE Prior Year(s)			
Date Reviewed: ____/____/____			I.D. NUMBER [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]			
REVIEWER:			FORM ID# [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]			

## Lesson 11. MENTAL STATE EXAMINATION. PRACTICAL APPROACH

Lesson objectives:

- to learn key terms related to mental state examination process;
- to identify major steps, taken by professional during examination.

**LEAD-IN.** *Discuss the following questions.*

1. What manner of communication should the doctor follow while mental state examination?
2. How to avoid being subjective or too empathic during examination?

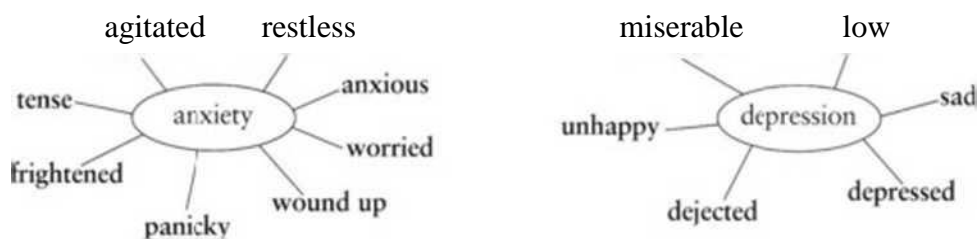
**Task 1. KEY TERMS AND DEFINITIONS.** *Look through the text below. Check the meaning of the suggested terms in the dictionary or herein.*

Some symptoms of psychiatric disorders

- **A delusion** is a firmly held belief which is wrong but not open to argument. For example, a deluded patient may not accept that his psychiatrist is in fact a psychiatrist.
- **Dementia** is significant mental deterioration due to physical changes in the brain.
- **Disorientation** is mental confusion about time, place or identity.
- **Hallucinations** are apparently normal perceptions which happen without the appropriate stimulus. Any of the senses can be involved but especially vision and hearing.
- **Illusions** are misinterpretations of real stimuli.
- **Obsessional symptoms** are stereotyped ideas or impulses which the patient cannot resist. They include obsessional thoughts and obsessional rituals.

### Mood

When describing a patient's mood, it is better for doctors to use the patient's own words rather than their own subjective description of the patient's mood. Patients may say:



Patients may also use the following adjectives to describe their condition:

I get very **confused** about time. I can't remember what day it is.

People make me **angry**. They're so irritating.

I'm too **embarrassed** by my appearance to go out. I stay at home.

I get **muddled** when I'm shopping. I go out for milk and I come back with cheese.

**Typical questions from a mental state examination**

1. Can you describe your mood at the moment?
2. How long have you been feeling like this?
3. Do you take pleasure in anything?
4. How are your energy levels?
5. What's your appetite like?
6. Have you noticed any change in your weight?
7. How are you sleeping?
8. Can you keep your mind on things?
9. What do you feel the future holds for you?
10. Have you ever felt that you don't want to go on?
11. Have you ever thought of suicide?

**Task 2.** Complete the sentences with a suitable word.

1. The patient believes that people can see through walls. He's suffering from a \_\_\_\_\_.
2. The patient sees her long-dead sisters in her garden. She's suffering from \_\_\_\_\_.
3. The patient perceives tree branches as snakes. He's experiencing an \_\_\_\_\_.
4. The patient washes her hands five times before every meal. Her behaviour is \_\_\_\_\_.
5. The patient thinks the nurse is her daughter. She's \_\_\_\_\_.
6. A patient is confused about where she is. She's suffering from \_\_\_\_\_.

**Task 3.** Complete the table with the derivative words. Then fill them in the sentences below.

Noun	Adjective
confusion	
	deluded
depression	
	depressive (illness)
	disoriented
obsession	
psychiatry	

1. Patients in \_\_\_\_\_ hospitals receive fewer get-well cards than others.
2. Impaired concentration is a characteristic symptom of \_\_\_\_\_.
3. The potential risk of suicide should always be assessed in the severely \_\_\_\_\_.
4. A \_\_\_\_\_ person may be confused about who they are or where they are.

**Task 4.** Write the doctor's questions in the mental state examination.

Doctor: (1) \_\_\_\_\_.

Patient: I feel low. I'm not enjoying life.

Doctor: (2) \_\_\_\_\_.

Patient: No, nothing.

Doctor: (3) \_\_\_\_\_.

Patient: I feel run down. I'm really tired.

Doctor: (4) \_\_\_\_\_.

Patient: For months now.

Doctor: (5) \_\_\_\_\_.

Patient: I can't get to sleep and when I do sleep I wake up early.

Doctor: (6) \_\_\_\_\_.

Patient: I've got no appetite. I don't enjoy food.

Doctor: (7) \_\_\_\_\_.

Patient: I'm losing weight.

Doctor: (8) \_\_\_\_\_.

Patient: I can't remember where I've put anything.

Doctor: (9) \_\_\_\_\_.

Patient: Don't like thinking about it.

Doctor: (10) \_\_\_\_\_.

Patient: I've thought about it but I don't have the courage.

**Task 5. SPEAKING PRACTICE.** Discuss the following questions regarding mental health.

1. What comes to your mind when you hear the term "mental health"?
2. What do you do to maintain or improve your mental health?
3. Are you worried about the mental health of anyone you know?
4. Is mental health more important than physical health?
5. Are there many people with mental problems in your country?
6. Do you think modern society increases the likelihood of mental health problems?
7. What does your government do for people with mental health diseases and problems?

**Task 6.** Describe how the following questionnaire correlates with filling mental state examination (see the picture below). Use the following linking phrases.

## Just Checking In

Ten simple questions to check in on someone's mental health

1. How are you feeling today, really? Physically and mentally.
6. What did you do today that made you feel good?
2. What's taking up most of your headspace right now?
7. What's something you can do today that would be good for you?
3. What was your last full meal, and have you been drinking enough water?
8. What's something you're looking forward to in the next few days?
4. How have you been sleeping?
9. What's something we can do together this week, even if we're apart?
5. What have you been doing for exercise?
10. What are you grateful for right now?

<b>Cause (Why?)</b>	Because / Because of / Since / As a result of / As a consequence of / Now that
<b>Effect (What?)</b>	So / Therefore / This resulted in / Consequently / Hence / Accordingly
<b>Problem</b>	A major cause of ..... is .... / Perhaps the major cause of this is ... / The main/ primary cause of this is ... / A further cause of this is ... / An additional cause of .... is / .... also plays a role in ... / ..... is (often/ usually) responsible for ...
<b>Solution</b>	First and foremost, / Another possible solution/way out is ... / In addition, / Moreover, / Finally, ...

**Task 7. WRITING.** Write a passage (150 words) using linking phrases above.

*Present your vision on the following questions:*

People's lives are becoming increasingly stressful nowadays and there are many reasons behind this. Many people relate this to technological advancement while others say that high living costs and competitions are the main reasons for this stressful life we have.

In your opinion what are the reasons behind this? What can be done to solve this problem?

## Lesson 12. EXPLAINING DIAGNOSIS AND MANAGEMENT. PRACTICAL APPROACH

Lesson objectives:

- to learn key terms related to explaining diagnosis;
- to identify major components of this professional activity.

**LEAD-IN.** *Discuss the following questions.*

1. How to keep explanation on health issues clear yet still professional?
2. How to appeal to patient's needs appropriately?

**Task 1. KEY TERMS AND DEFINITIONS.** *Look through the text below. Check the meaning of the suggested terms in the dictionary or herein.*

### Explanations

The final part of a consultation is the explanation which should cover:

1. The diagnosis - identification of a disease from its signs and symptoms.
  - You're suffering from ... - This is (mainly) because ...
  - You've developed ... - This is why ... / You have ...
2. The management plan, including investigations and treatment.
  - I'll make you an appointment with ... - You'll be given ...
  - I'm going to start you on medication to ... - I expect you'll have ...
  - I'm going to have you admitted to ... - They may advise ...
  - I'll arrange for you to ...
3. General advice about any change in lifestyle that may be needed, for example giving up smoking or drinking less alcohol.
  - The nurse will give you advice on ... - I want you to ...
  - You should try to give up ... - It's important that you ...
4. The prognosis - what is likely to happen because of a disease, stressing that nothing is certain.
  - I expect the treatment will ... - We can never be absolutely certain about ...
  - Hopefully we can ... - You should remain optimistic.
5. Question time - where the patient can ask questions about his/her illness.
  - Do you have any questions? - Is there anything you'd like to ask?

### Using lay terms in explanations

Explanations should be given in words the patient will understand, avoiding medical jargon. Using lay terms - words familiar to people without medical knowledge - can help patients understand explanations. For a list of some common lay terms for conditions, parts of the body and medication, see Tables below.



## Simple definitions

Most patients do not have any medical knowledge, so it is important to use simple words they will understand when talking about certain parts of the body or medical conditions.

Medical term	Simple definition
arteries	tubes which carry blood around the body
benign	not due to cancer or infection
bronchi	airways that connect your windpipe to your lungs
cholesterol	fat that clogs the arteries
intervertebral disks	shock absorbers which separate the bones in your back
oesophagus	the tube that connects the back of the throat to the stomach
pancreas	a gland that helps digestion and makes insulin to control blood sugar
thyroid	a gland that produces some of the hormones required in daily life
urethra	the tube that carries urine from the bladder

## Some lay terms for medical conditions

Medical conditions	Lay term
acute cerebrovascular event	stroke
arrhythmia	palpitations
dyspnoea	breathlessness
fractured neck of femur	broken hip
haematemesis	vomiting blood
haematuria	blood in the urine
insomnia	trouble with sleeping
intermittent claudication	pains in the back of the legs when walking
myocardial infarction	heart attack
nocturia	needing to pass urine (water) at night

## Some lay terms for medication

Medical conditions	Lay term
analgesics	pain killers
anti-depressants	tablets to improve your mood
anti-inflammatories	medicine to reduce swelling
broncho-dilator	a substance which causes the airways to open up
DMARDs (disease modifying anti-rheumatic drugs)	pills that help stop arthritis progressing
diuretics	water tablets
hypertension medication	pills for blood pressure
hypnotics	sleeping tablets
oral contraceptives	the pill



**Task 2.** Match the stages of a consultation (1-4) with the sentences used (a-f).

1. diagnosis
2. management
3. general advice
4. prognosis

a I'm going to have you admitted to the coronary care unit.

b I expect the treatment will improve your pain at least and may get rid of it completely.

c Having examined you, I'm confident that you're suffering from angina.

d You should try to give up smoking.

e We can never be absolutely certain about the future but you should remain optimistic.

f You'll be given drugs to ease the pain and I expect you'll have an angiogram.

**Task 3.** Complete the explanation of diabetes. Fill in the blanks with the correct words or phrases from word bank.

You've (1) \_\_\_\_\_ Type 2 diabetes. This is (2) \_\_\_\_\_ very overweight. Your body isn't producing enough insulin. (3) \_\_\_\_\_ you feel so thirsty and why you pass urine so frequently. It's also the reason you have this very itchy rash and you have a problem with your eyes.

The nurse will (4) \_\_\_\_\_ your diet and I'll (5) \_\_\_\_\_ a dietician. I'm (6) \_\_\_\_\_ tablets to control your high blood sugar. You don't need insulin right now but it is possible you might need it in the future.

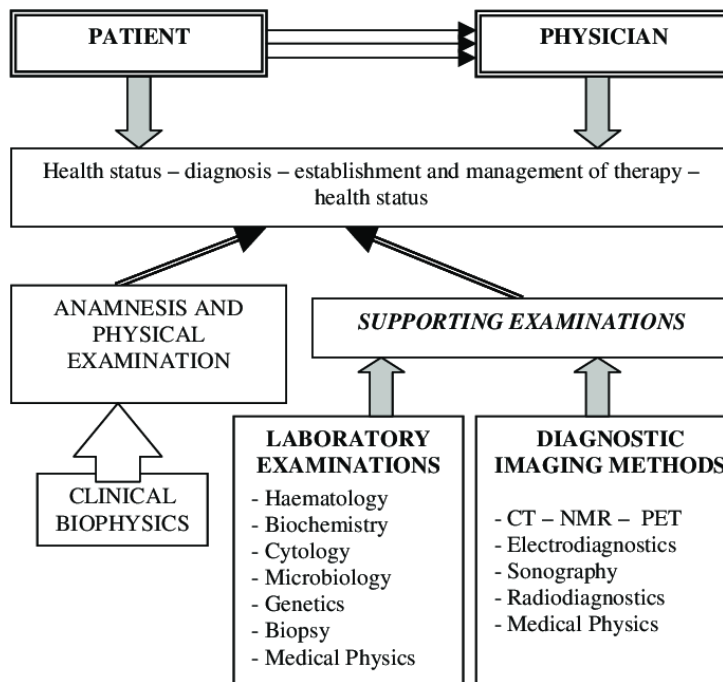
You (7) \_\_\_\_\_ lose weight and I (8) \_\_\_\_\_ see a podiatrist. It's important with diabetes that you take good care of your feet. You should also see your optician every six months for eye checks.

Diabetes is a serious condition and can affect your heart, blood pressure, circulation, kidneys and vision but we can limit these problems by controlling your blood sugar.

No case of diabetes can be described as mild. I'll (9) \_\_\_\_\_ to attend the diabetic clinic every two months so we can check your progress.

(10) \_\_\_\_\_ reduce this to six monthly visits once your condition is under control. Is there (11) \_\_\_\_\_ - \_\_\_\_\_?

**Task 4. SPEAKING PRACTICE.** Make a review of key rules related to explaining diagnosis to the patient. Describe how explaining diagnosis correlates with the whole diagnostic process in the flow chart below. Use the following linking phrases for sequencing information in a cause and effect way.



Similarity	Both... and ... / Analogously / Equally / Likewise / Just like / Similarly / Correspondingly / In the same way / In the same manner / By the same token
Comparison/Contrast	Alternatively / But\However / Conversely\On the contrary / Even though\Although / In spite of\Despite / Differing from\In contrast\Instead / In comparison / In reality / On the one hand\On the other hand / Notwithstanding\Nonetheless\Nevertheless / Still\Yet / Unlike / Whereas\While

**Task 7. WRITING.** Write a passage (150 words) using linking phrases above. Present your point of view on the following issue:

Marketing-and-communications expert Randa Zalman laid out a comprehensive strategy for patient communication during a meeting (See more at <https://www.ama-assn.org/medical-students/medical-school-life/6-simple-ways-master-patient-communication>).

Zalman has devised an easy way to help students remember the communication skills they need for practice, summed up in a catchy acronym: RESPECT. Here are the six things you need to know in this acronym.

- R—Rapport
- E—Explain**
- S—Show
- P—Practice**
- E—Empathy**
- C—Collaboration**
- T—Technology**

## Lesson 13. DISCUSSING TREATMENT

Lesson objectives:

- to learn key terms related to treatment discussion;
- to identify major steps, taken by professional during treatment discussion.

**LEAD-IN.** *Discuss the following questions.*

1. What manner of communication should the doctor follow while discussing treatment?
2. How to avoid being subjective or too empathic during treatment discussion?

**Task 1. KEY TERMS AND DEFINITIONS.** *Look through the text bellow. Check the meaning of the suggested terms in the dictionary or herein.*



### Offering options

When discussing options with a patient, doctors may say:

There are a couple of options we can use. The first option is to try tablets like Prozac that lift you up a bit. The other option is counselling.

It can be caused by diet or stress. There are some quite simple tests we can do. If you're still concerned, we can refer you to a hospital.

### Advising a course of action

When advising a course of action, doctors may say:

Some time off work might help. If you felt that would be helpful, you could take a week off and see how you felt after that.

Carry on drinking lots of fluids.

If you still have some pain, you can keep taking paracetamol.

Other things might help, like raising the head of your bed. That's one of the simple things we could start you off with. You said you haven't tried indigestion remedies. That's something you could try.

## Advising patients to avoid something

When advising patients to avoid something, doctors may say:

There are a few things about your lifestyle we could address. Perhaps **cut down** on the amount you're drinking. **Giving up** smoking would help.

Cut out fatty foods.

You should try to avoid tight clothing, sitting in deep armchairs and bending, especially after meals.

## Warnings

When a doctor wants to warn a patient that the consequence of ignoring the advice could be serious, he or she may say:

If you aren't feeling better in 7 to 14 days, you really **must come back** and see me again.

If you keep damaging it, you're going to **end up** with a long-term problem.

If you feel that things aren't **settling**, aren't getting back to normal, it's important that you see me again.

It's very important you **don't stop taking** the tablets suddenly or your symptoms will return.

**Task 2.** Complete the advice with the words from Task 1.

- If you \_\_\_\_\_ smoking, you increase the risk of lung cancer and heart disease.
- Your health would improve if you \_\_\_\_\_ alcohol completely.
- You could \_\_\_\_\_ with a serious drug problem.
- I'm going to \_\_\_\_\_ you \_\_\_\_\_ with some tablets. If they don't help, we'll need to think about surgery.
- \_\_\_\_\_ on the amount of salt you take with your food.
- I expect things will \_\_\_\_\_ in a few days and you'll be able to get up.
- Try to \_\_\_\_\_ situations where you feel stressed.


**Task 3.** Match the two parts of the sentences. Complete the table with the derivative words. Then fill them in the sentences below.

1. If you still have pain,	a try to avoid caffeine later in the day.
2. If you find it difficult to give up smoking,	b if you find your breathlessness has increased.
3. Your symptoms will return	c keep taking paracetamol.
4. If you can't get to sleep,	d I can refer you to a consultant.
5. Come back and see me again	e if you start smoking again.
6. If you're still concerned,	f I can arrange for nicotine replacement therapy.

**Task 4.** Advise a patient with high blood pressure about physical activity. Use the phrases like “You should ...”, “You shouldn’t ...”, “You could ...”.

Advice for people with heart disease or high blood pressure	
Do	Avoid
Moderate, rhythmic (aerobic) exercise such as brisk walking, cycling or swimming.	Intense exercise such as weight-lifting, press-ups, heavy digging and isometric exercise.
Any regular physical activity that you are used to.	Any sport or activity that brings on angina.
Eat a low cholesterol diet.	Moving from floor to standing exercises too quickly.

**Task 5. SPEAKING PRACTICE.** Discuss the following case. Suggest your advice.

*Over to you* 

A patient of yours, Mrs White, aged 44, has been complaining of very heavy periods. An ultrasound scan of her pelvis shows she has a small fibroid in her uterus. She asks about treatment. These options are possible:

- 1 Do nothing. The fibroid will shrink when she becomes menopausal.
- 2 See a gynaecologist who may advise removal of the fibroid or a hysterectomy.

Practise what you would say to Mrs White to advise her of these options.

**Task 6.** Describe how the following recommendations correlate with each patient in case of discussing different illnesses. Use the following linking phrases.

Recommendation	Sample conversation about initiating daily aspirin use for prevention of coronary artery disease in men*
Discuss the health outcome of concern.	“We are trying to prevent a heart attack. A heart attack is caused by a clot forming in the arteries of the heart, interrupting blood flow. When this happens, part of the heart muscle dies and is replaced by scar tissue. There is a wide range of severity of heart attacks. Some patients have no symptoms or apparent ill effects. On the other end of the spectrum, a heart attack can cause sudden death.”
Identify options for the patient.	“We need to decide whether taking a low dose of aspirin daily to reduce the likelihood of a heart attack would be beneficial to you.”

<i>Recommendation</i>	<i>Sample conversation about initiating daily aspirin use for prevention of coronary artery disease in men*</i>
Explain what is known about how the patient's health may be affected by a particular test or treatment.	“There is good science that tells us taking a low dose of aspirin daily can significantly reduce the risk of heart attacks.”
Review the undesirable and possible negative health outcomes (harms) that may be caused by a particular test or treatment. If known, discuss the likelihood of any particular harms.	<p>“Aspirin is a medication, and like all medications, it can cause problems. The most common serious adverse effects happen in the stomach or bowel, particularly ulceration and bleeding. A significant number of patients are admitted to hospitals every year for bleeding caused by taking aspirin. This can be serious and potentially life threatening.”</p> <p>It is appropriate to personalize the risks of treatment according to the patient's age and other risk factors. First, listen to the patient. Their questions and comments are a reflection of their concerns based on their values. Prompts from the physician may help.</p>
Consider relevant patient values.	“Some patients do not want to take any medication unless they have to, and would avoid aspirin unless there was strong evidence of an overwhelming benefit. For others, the decision depends on weighing the potential benefits against the potential risks. Is it more important to avoid possible adverse effects? Or are you more concerned about reducing the likelihood of a heart attack?”

**Task 7. WRITING.** Write a passage (150 words) using linking phrases above.

*Present your vision on the following question:*

Some people claim that the government should provide free health care. Others think that the government will not provide the most innovative methods of treatment and it's better to invest those funds in education and culture. What is your opinion?



## Lesson 14. GIVING BAD NEWS. MEDICAL ETHICS

Lesson objectives:

- to learn key terms related to diagnosis and treatment discussion;
- to identify major steps, taken by professional during treatment discussion.

**LEAD-IN.** *Discuss the following questions.*

1. What manner of communication should the doctor follow while giving bad news?
2. How to avoid being subjective or too empathic during such discussion?

**Task 1. KEY TERMS AND DEFINITIONS.** *Look through the text below. Check the meaning of the suggested terms in the dictionary or herein.*

1. Give warning.

*I'm afraid your test results aren't very good.*

*I'm sorry to have to tell you that the news isn't good.*

2. Choose an appropriate setting and have a friend or relative of the patient present.

3. Take time.

4. Use appropriate language.

5. Emphasize the positive.

*There's still a lot we can do to help you.*

*Chemotherapy will make you more comfortable.*

6. Discuss the prognosis.

*One can never be certain about these things but I'd say it's a matter of months rather than years.*

7. Supplement the verbal message.

*I'd like to record this consultation so you can listen again if anything isn't clear.*

8. Arrange a follow-up session.

*I'd like to see you again next week. Can you come in again next week?*

9. Confirm that the patient understands.

*Could you tell me what we're going to do for you? Is everything clear to you?*

*A consultant medical oncologist's report*

Mr Harry Scott

Diagnosis: Previous pancreatic cancer

I reviewed Mr Scott in the Oncology Clinic today. He has been less well and has lost 12 kg in the past few months. Unfortunately, his CT scan shows an area of ill-defined low attenuation in the tail of the pancreas. Although this is consistent with focal pancreatitis, the general feeling at the Multidisciplinary Team meeting was that this represents recurrent disease. This is especially likely in view of his clinical deterioration and rising CA19.9. I **discussed** this **with** Mr Scott and his wife. He was obviously **disappointed with** the scan results but still tries to **remain positive**. We



discussed the fact that **surgery wasn't an option** and **symptom control** was important. We also discussed the role of palliative Gemcitabine. The potential benefits are small but it is usually **well tolerated** and he was keen to proceed with this. I will therefore **book him into Ward 2** to **start treatment** in the next few weeks and have re-checked his bloods today. In the meantime, I would be very grateful if you would *refer him to* your dietician. He himself is **keen for** this to happen. We will see him back in Clinic once his treatment has started.

**Task 2.** Complete the dialogue with the words from Task 1.

Oncologist:	Mr Scott, (1) ..... so you and Mrs Scott can play back later anything that may not be clear to you today. (2)..... that the scan results aren't very good. It's likely that you've got a recurrence of cancer in your pancreas. That would explain why you've been feeling so tired, and your loss of appetite and weight.
Mr Scott:	Will I need surgery?
Oncologist:	Surgery (3 .....- ..... at this stage. Although we can't operate, there is still (4).....You've got tablets for pain relief and we can give you something stronger if you need it. We can also start you on a course of chemotherapy to help with your symptoms. This won't cure you but it will (5) .....-..... it's unusual to have any unpleasant side effects with this kind of chemotherapy. I'd like you too to see a dietician for some advice on what to eat and to help get your appetite back.
Mr Scott:	What's my life expectancy? How long have I got?
Oncologist:	One can (6) ..... People with this condition vary a great deal. I would be wrong to give you a definite time scale but I'd say this, but my feeling is it's always best to be honest with people and then you know what's what. If you're in agreement, I'd like to 9) ..... Ward 2 to start your chemo. You'll need to come in every week for the next month. Is everything clear to you? (10) .....-.....treatment we're going to give you? Are there any particular worries you have? I'll be seeing you regularly to keep an eye on things so you can ask me any other questions you may have.

**Task 3.** Match the two parts of the sentences. Complete the table with the derivative words. Then fill them in the sentences below.

for	into	to	with
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1. These results are consistent... - recurrent cancer.
2. His GP referred him .... an oncologist.
3. The patient was disappointed the news.
4. The prognosis was discussed the patient and his wife.
5. The patient was booked ...the ward for further chemotherapy.
6. He was keen ..... this to happen.

**Task 4.** Study GMC guidelines. Match key concepts with basic doctor's duties. Discuss them with your partner. Use the phrases like "The doctor should ...", "The doctor shouldn't ...", "The doctor could ...".

Key concepts	The duties of a doctor registered with the General Medical Council include:
<ul style="list-style-type: none"> <li>• care = protecting and looking after someone</li> <li>• professional competence = level of specialized knowledge and skills</li> <li>• confidential = private, secret</li> <li>• prejudice = have a negative influence on</li> <li>• risk = possibility of something bad happening</li> <li>• fit to practise = in a suitable condition to work</li> </ul>	<ol style="list-style-type: none"> <li>1. Make the <b>care</b> of your patient your first concern.</li> <li>2. Treat every patient politely and considerately.</li> <li>3. Give patients information in a way they can understand.</li> <li>4. Keep your professional knowledge and skills up to date.</li> <li>5. Recognize the limits of your <b>professional competence</b>.</li> <li>6. Be honest and trustworthy.</li> <li>7. Respect and protect <b>confidential</b> Information.</li> <li>8. Make sure that your personal beliefs do not <b>prejudice</b> your patients' care.</li> <li>9. <b>Act quickly</b> to protect patients from <b>risk</b> if you have good reason to <b>believe that</b> you or your colleague may not be <b>fit to practise</b>.</li> </ol>

**Task 5.** Which of the GMC guidelines is breached in each of these cases?

- a. A GP falls asleep regularly during consultations. His colleagues do nothing.
- b. A doctor is aware that a patient has a history of violence against women. She informs a friend whose daughter has just become engaged to this man.
- c. A doctor attempts to dissuade a patient from having an abortion as this procedure is against his religious beliefs.
- d. A doctor refers a patient to a medical textbook for an explanation of his pancreatic cancer.
- e. A doctor fails to complete the number of days of professional development training advised annually.
- f. A doctor tells a seriously overweight patient who has ignored his advice to diet that she deserves any ill effects that might result from her obesity.

**Task 6. SPEAKING PRACTICE.** *Discuss the following bioethical issues. Express your opinion.*

- 1) Euthanasia. Should the medical profession help the terminally ill to end their lives when they choose?
- 2) Genetic engineering. Should we permit an embryo to be cloned - copied exactly - to replace a child who has died? Should parents be able to select the genetic makeup of their children to produce so-called designer babies?
- 3) Human fertility. 1. IVF - in vitro fertilization - has made it possible for infertile women to have children, but should this include women long past the normal age of childbearing? 2. Embryos can be frozen and implanted in the mother at a later date but should this require the consent or permission of both parents if the marriage has broken down? 3. What are the rights of a surrogate mother, one who carries a child for a woman who is unable to do so, over that child?
- 4) Transplant surgery. Who should give consent for the removal of body parts for transplant surgery?

**Task 7. WRITING.** *Write a passage (150 words) using linking phrases above. Present your vision on the following question:*

Scientists tell us that some activities are good for health and others are bad. Despite knowing that, millions of people still continue doing unhealthy activities. What are the causes and what are the solutions for this?

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