



INVESTICE DO ROZVOJE VZDĚLÁVÁNÍ

TENTO PROJEKT JE SPOLUFINANCOVÁN EVROPSKÝM SOCIÁLNÍM FONDEM A STÁTNÍM ROZPOČTEM ČESKÉ REPUBLIKY.

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úroveň 1 styl Nadpis 1

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úroveň 3 styl Nadpis 3

úroveň 4 styl Nadpis 4

Znak @ označuje začátek a konec průvodce studiem u každé kapitoly.

Znak \$ je na začátku a na konci textu určeného pro rozšíření učiva, pro zájemce

Znak § označuje odlišně formátovaný text.

Znak & označuje tabulku.

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Popisy obrázků jsou v případě, že je obrázek nezbytný pro pochopení textu, vyjádřeny slovně.

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## # Úvod

Tento distanční text je určen pro studenty oborů fyzioterapie a ergoterapie, kterým poskytuje výchozí texty v rámci předmětu Odborná angličtina 2. Zdroje, z nichž byly texty převzaty nebo upraveny, jsou uvedeny vždy v úvodu kapitoly. Text není zamýšlen jako materiál pro studenty filologických studijních oborů, a proto je pro snadnější práci se studijní oporou volen jako průvodní jazyk distančního textu český jazyk.

Po obsahové stránce nabízí distanční text témata od zdravého životního stylu přes systém zdravotní péče v anglicky mluvících zemích (v porovnání s Českou republikou), první pomoc, právní a etické otázky ve zdravotnictví, specifické potřeby

geriatrických pacientů, až po několik kapitol věnovaných rehabilitaci, pomůckám a postupům používaným ve fyzioterapii a ergoterapii.

Cílem je poskytnout studentům texty k osvojení odborné terminologie a možnost jejich procvičení ve vhodných úkolech a cvičeních, a také k diskusi o dané problematice. Aktivní práce s textem by vám měla umožnit číst s porozuměním anglicky psanou literaturu odborně zaměřenou na zdravotnickou problematiku a zlepšit vaši dovednost vyjádřit se k předkládaným odborným tématům.

### **Po prostudování textu budete znát:**

slovní zásobu vztahující se k obecně zdravotnickým a lékařským tématům s důrazem na zdravotní rehabilitaci.

### **Získáte:**

potřebnou odbornou zdravotnickou, popř. lékařskou terminologii,  
přehled o systému zdravotní péče v anglicky mluvících zemích,  
větší sebevědomí při práci s odborným textem a vyjadřováním v anglickém jazyce.  
budete schopni číst s porozuměním středně náročné odborné texty se zdravotnickou problematikou,  
dokážete vysvětlit, jaké postupy, metody a pomůcky se používají v rehabilitaci.

## **#1 Nemocnice a pracovníci ve zdravotnictví**

### **V této kapitole se dozvíte:**

informace o nemocnici a pracovnících ve zdravotnictví,  
s jakými specialisty se můžete v nemocnicích setkat.

### **Po jejím prostudování byste měli být schopni:**

vysvětlit fungování nemocnice,  
vyjmenovat a charakterizovat práci některých odborných pracovníků ve zdravotnictví.

Klíčová slova kapitoly: hospital, admission, doctor, nurse, specialists.

### **@Průvodce studiem**

Na zvládnutí této kapitoly budete potřebovat asi 180 minut.

Texty v této kapitole převzaty z

### **#1.1 Admission to a hospital**

People need to go to the hospital for different reasons. Some may be admitted to the hospital through the emergency department for problems that need immediate medical treatment. Others are scheduled to have surgery, special medication, or other treatments prescribed by their doctors. If one needs to stay in the hospital, he first goes through an admissions process. The admissions staff will take some information about him and fill in paperwork. Then he will be taken to his room in the inpatient area. One may have to share his room with another patient, but private rooms are sometimes available.

In hospitals not only doctors, but also nurses, nurse's aides, and therapists take part in patients' care. In some hospitals, doctors also work with medical students who are training to be doctors, and resident doctors who are getting additional training in a specialty. It is possible to meet hospital volunteers as well. Nurses are often the first people the patient meets when he gets to the hospital. When the patient arrives, a nurse will ask him questions about his medical history and any symptoms he may be experiencing. She will get him settled into his hospital room and take his vital signs, which include temperature, blood pressure, and heart rate.

### **#1.2 Doctors**

A doctor supervises the care the patient receives, working closely with other caregivers. Attending physician is a doctor who has completed training and is in charge of patient's care. An attending physician might supervise a team of medical students, residents, and fellows — which means that he or she may bring other people on rounds to visit patients.

Here are some of the specialists the patients might meet in the hospital: A surgeon is a doctor who can operate on patients if it is needed. A general surgeon does lots of different types of procedures, such as taking out an appendix or fixing a hernia. There are also many specialized types of surgeons, including neurosurgeons who operate on the brain and nervous system, urologists who operate on the urinary system, and orthopedists who operate on bones and joints. A rheumatologist is a doctor who treats problems involving the joints, muscles, and bones, as well as autoimmune diseases. He/she treats conditions such as arthritis and lupus. An

anesthesiologist administers medicine during surgery to help the patient relax and fall asleep. The anesthesiologist is present during an operation to watch over the patient and make sure he has no pain. They can also help the patients manage problems with pain outside of the operating room. A cardiologist is a doctor who specializes in diagnosing and treating heart or blood vessel problems. An endocrinologist is a doctor who specializes in diagnosing and treating diseases and conditions caused by hormone problems, such as diabetes and growth problems. A neurologist specializes in brain and nervous system disorders. A gastroenterologist specializes in problems with digestion and diseases of the esophagus, stomach, liver, gallbladder, and intestines. A hematologist is a doctor who specializes in blood disorders. An oncologist is a doctor who specializes in treating cancer. A nephrologist is a doctor who diagnoses and treats kidney problems. An otolaryngologist specializes in treating ear, nose, throat, head, and neck problems. A pulmonologist is a doctor who concentrates on lung problems, such as asthma or cystic fibrosis. A psychiatrist is a medical doctor (M.D.) who specializes in treating emotional and behavioral problems through psychotherapy, prescribing medications, and performing some medical procedures. A psychologist specializes in treating emotional and behavioral problems through psychological consultation, assessment, testing, and therapy. A psychologist is not a medical doctor, but has a doctoral degree (Ph.D. or PsyD).

### **#1.3 Other health workers**

Nurses provide much of the day-to-day care in hospitals. They closely monitor a patient's condition and perform vital jobs like giving medicine.

In addition to getting care from doctors and nurses during a hospital stay, the patient may also see specialists with training in different fields. A nutritionist (also called a dietitian) plans meals for patients based on their medical condition and needs. A nutritionist might also provide dietary guidance for people to help them after they leave the hospital.

An occupational therapist works with people to improve coordination and motor skills. These can be skills needed to perform routine activities, like hand-eye coordination, function at work or play sports. People in occupational therapy may be coping with conditions such as birth defects, autism, juvenile rheumatoid arthritis, developmental delays, burns, amputations, or severe injuries.

A pharmacist provides medications for patients, checks for any interactions between drugs, and works with the rest of the medical team to choose appropriate treatments. In hospitals, patients do not usually have contact with the pharmacists.

A physical therapist uses exercises, stretches, and other techniques to improve mobility, decrease pain, and reduce any disability related to illness or injury. People may need physical therapy as a result of developmental delays, injuries, long hospitalizations, or after surgery.

A respiratory therapist evaluates, treats, and cares for people with breathing problems and heart problems that also affect the lungs. A social worker at a hospital focuses on improving the emotional well-being of the patients and their families, and helps coordinate health care.

A speech-language therapist can work with patients who have problems speaking or swallowing, such as kids with developmental delays, hearing problems, neurological issues, or birth defects like cleft palates.

Volunteers of all ages, from high school students to retirees, donate their time to help patients in hospitals. The tasks volunteers do vary from hospital to hospital, but might include bringing games and books to patients or taking them for a walk around the hospital.

#### **#1.4 Slovní zásoba ke kapitole 1**

& Slovní zásoba je uspořádána do tabulky.

administer	podávat	operate on	operovat
admit	přijmout, hospitalizovat	operating room/theatre	operační sál
aide	asistent	order	nařídit
appropriate	vhodný, přiměřený	outpatient	ambulantní
attending physician	ošetřující lékař	perform	konat, provádět
be in charge (of)	řídít, zodpovědný	být prescribe	předepsat



(za)

caregiver	pečovatel	receive	dostat, obdržet
cleft palate	rozštěp patra	settle	usadit
counseling	poradenství	share	sdílet
decrease	snížit	shift	směna
delay	zpoždění	specialty	odbornost
draw blood	brát krev; způsobit krvácení	speech- language therapist	logoped
dressing	obvaz, krytí	staff	zaměstnanci, personal
emergency	naléhavý případ, pohotovost	surgery	operace; chirurgie; ordinace
enhancement	zlepšení	task	úkol
fix	napravit	treat	léčit, ošetřit; zacházet
focus (on)	zaměřit se	volunteer	dobrovolník
inpatient	hospitalizovaný	well-being	pocit pohody/zdraví
occupational therapist	ergoterapeut		

&

### §Shrnutí kapitoly 1§

V této kapitole jste si osvojili slovní zásobu týkající se zařízení a pracovníků ve zdravotnictví.

Měli byste být schopni vysvětlit fungování nemocnice a vyjmenovat a charakterizovat práci některých odborných pracovníků ve zdravotnictví.

### §Kontrolní otázky a úkoly§

1. How can a patient be admitted to a hospital?

2. Who are attending physician and doctor on call?
3. What does a haematologist / pulmonologist / occupational therapist / respiratory therapist specialize in?
4. Describe nurse's duties.
5. What is the role of a volunteer in a hospital?

### §Úkoly k textu§

\*1

Fill in.

§ Doplňte název specialisty nebo specializace. &

Nursing ...

Surgery

Physiotherapy

Cardiology

Obstetrician

Psychiatrist

Occupational therapist

\*2

Match the phrases.

§ Spojte výrazy do dvojic. Výrazy jsou uspořádané do sloupce A a B. &

A:

attending

cleft

developmental

emergency

operating

sports

B:

delay

department

injury

palate

physician

room

### **§Část pro zájemce§**

\*1

Match up the health professionals with their specialty.

§ Přřadřte zdravotnické pracovníky k jejich specializaci. &

A:

dietician

gynaecologist

optician

paediatrician

physiotherapist

psychiatrist

rheumatologist

B:

I am overweight.

I am trying to have a baby.

I am very depressed.

I have arthritis.

I hurt my elbow playing badminton.

I need glasses.

My one-year-old daughter is not well.

### **§Citovaná a doporučená literatura§**

Glendinning, E. H., Howard, R.: Professional English in Use. Medicine. Cambridge University Press, 2007. ISBN: 978-0-521-68201-5.

<http://www.hospitalenglish.com>

[http://kidshealth.org/teen/your\\_body/medical\\_care/in\\_hospital.html#](http://kidshealth.org/teen/your_body/medical_care/in_hospital.html#)

## **#2 Systém zdravotní péče v ČR, Velké Británii a USA**

### **V této kapitole se dozvíte:**

základní informace o systémech zdravotní péče v České republice, ve Velké Británii a v USA.

### **Po jejím prostudování byste měli být schopni:**

objasnit systém zdravotní péče a pojištění v České republice,  
charakterizovat systém zdravotnictví ve Velké Británii a USA.

**Klíčová slova kapitoly:** health, health services, insurance, contributions, referral, prescription, National Health Service, general practitioners, consultants, A&E departments, Medicare, Medicaid.

### **@Průvodce studiem**

Na zvládnutí této kapitoly budete potřebovat asi 180 minut.

Texty v této kapitole převzaty z

[http://www.who.int/whr/2010/10\\_summary\\_en.pdf](http://www.who.int/whr/2010/10_summary_en.pdf)

<http://www.europe-cities.com/>

<http://www.healthpaconline.net/health-care-statistics-in-the-united-states.htm>

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<http://money.usnews.com/money/retirement/slideshows/10-ways-to-make-the-most-of-medicare>

[http://en.wikipedia.org/wiki/Health\\_care\\_reform\\_in\\_the\\_United\\_States](http://en.wikipedia.org/wiki/Health_care_reform_in_the_United_States)

[@](http://en.wikipedia.org/wiki/Health_care_in_the_United_States)

Promoting and protecting health is essential to human welfare and sustained economic and social development. Not surprisingly, people rate health one of their highest priorities, in most countries behind only economic concerns, such as unemployment, low wages and a high cost of living. As a result, health frequently becomes a political issue as governments try to meet peoples' expectations.

There are many ways to promote and sustain health. The "circumstances in which people grow, live, work, and age" strongly influence how people live and die. Education, housing, food and employment all impact on health. But timely access to health services – a mix of promotion, prevention, treatment and rehabilitation – is also critical. This cannot be achieved, except for a small minority of the population, without a well-functioning health financing system. It determines whether people can afford to use health services when they need them. It determines if the services exist.

### **#2.1 Health care system in the Czech Republic**

In the Czech Republic healthcare including dental treatment is free to all citizens. It is provided through compulsory contributions to a state approved insurance fund. Healthcare costs here are well below the European average, yet standards are in line with some of the best health centres in Western Europe.

The general level of health in the Czech Republic has improved a lot in recent years due to the government's preventive health programs, which focus on immunisation, preventing cancer, smoking and regular health checks. Home-based care here is lacking. There is little provision for nursing services and the relief of suffering for terminal patients at home. Doctors seldom make house calls.

Every citizen, with the exception of designated vulnerable groups, must make mandatory contributions to an approved Czech health insurance company. The General Health Insurance Company (GHIC) is the largest and only state-controlled insurance company in the country and it covers the majority of people. All Czech citizens, registered foreign residents and companies with a base in the country must make regular contributions. Students under 26, dependant children, old age pensioners and vulnerable groups like the disabled are exempt from payment. Some employers pay the full fee on behalf of their employees.

You must be registered with a doctor to receive treatment. Citizens are free to register with the doctor of their choice, but the doctor must have a contract with the insurer. The doctor informs the insurance company of any treatment he administers to its patients and the company pays the doctor directly for the treatment. Patients do not have to get a doctors referral to visit a specialist doctor. Doctors are responsible for referring patients to hospital. General hospitals are located all over the country, but there are also a number of specialist hospitals for chronic illnesses, mental health, physiotherapeutic care, sanatoria for tuberculosis and respiratory illnesses. Patients will be directed to the hospital, which can best treat their illness.

Czech hospitals have pioneered many groundbreaking operations; the first robot-assisted surgery was performed here. It was the first country to use the Ampli Chip device, which determines if a drug is suitable for a patient and it was the first place to do a three-organ transplant from a single donor.

Medication and medical aids are available by prescription or over-the-counter from a network of chemists. Prescription medicine may be free or subsidised, if it is covered by the citizen's private health insurer. Doctors can prescribe over 40,000 medicines. Prescriptions in the Czech Republic have a short lifespan; emergency department prescriptions are valid for one day after the date of issue, prescriptions for antibiotics are valid for three days and all other prescriptions are valid for one week. Inside the Czech pharmacy, there are two counters. One is for prescription drugs, whilst the other sells over-the-counter medicine. Pharmacists advise people purchasing over-the-counter medicines on dosage and possible side effects.

## **#2.2 Health care system in Great Britain**

Healthcare in the UK is free to all citizens, registered long-term residents and members of the armed services who are serving abroad. It is one of the few countries, which provides a free walk in system of healthcare with very few supplementary charges. The National Health Service (NHS) is a free service to all residents of the UK. The service is financed from mandatory national insurance taxation paid by employees directly from their salaries and supplemented by an obligatory contribution from employers. Self-employed persons have to pay the full contribution themselves. Dependant family members and vulnerable groups like the unemployed are exempt from contributions.

The UK has a relatively strong private healthcare sector, which is funded largely by private insurance contributions, but it is used only by a limited percentage of people, often as a top up to the basic state healthcare. Private hospitals are owned by private companies. Contributions to private funds vary from person to person and are dependant on age, general health, and the existence of previously diagnosed diseases and the level of care required by each subscriber. Many companies offer their employees and their dependants' private health insurance as a benefit of the job.

General practitioners provides basic general healthcare and are the first point of contact with the UK health system. GPs operate in practices, which consist of several other practitioners. They employ clerical staff to handle the daily running of the practice and nurses to deal with routine vaccination, health education, preventative care and maternity. Citizens are free to register with the GP of their choice. If you need to consult a doctor, you have to make an appointment at his practice or if you need urgent attention, you can call him to your home, attend the surgery on a speculative basis or visit your nearest emergency department. GP's prescribe drugs, treat acute and chronic illnesses, and provide preventive care and health education. Some GP's also care for hospitalised patients, conduct minor surgery and obstetrics.

Consultants are senior doctors who have completed a higher level of specialised training. GP's refer patients to a consultant if he believes that a patient may need specialist help and diagnosis. There are numerous specialist fields of medicine in the

UK like gynaecology, oncology, paediatrics and dermatology. There is often a waiting list to see consultant doctors.

Only doctors and consultants can prescribe medicine in the UK. Prescription medicine is only available from a qualified and registered chemist or from a hospital pharmacy. There is, however, a wide choice of over-the-counter drugs, which can be purchased in many supermarkets. Drugs like painkillers and cold remedies are available over-the-counter and do not require a prescription or consultation with a doctor. All working adults must pay prescription charges for any medicine prescribed by a doctor. Children under 16 or 18 if they are in full time education, the over 60's, pregnant women, patients with certain medical conditions, low income earners or those receiving state benefits are exempt from any prescription charges.

A&E departments (Accident and Emergency, sometimes referred to as Casualty) provide emergency treatment to patients with a wide range of illness and injury, some of which may be life threatening and requiring immediate attention. Citizens do not pay for treatment or use of the A&E service. A&E departments are open non stop all year. You may use their services if you need immediate attention, or if your GP refers you to them, or if there is no GP service available. Upon arrival at A&E, a nurse assess the nature and seriousness of the condition. Individuals with serious illnesses are seen immediately by a doctor. Once the patient has been assessed and treated, they may be admitted to the hospital, transferred to a different hospital or discharged. Emergency departments are located in main hospitals and are staffed by hospital doctors and nurses with specialised training in emergency care, emergency medical technicians, radiology technicians, healthcare assistants and voluntary staff who all work together to treat emergency patients and provide support to concerned family members.

### **#2.3 Health care system in the USA**

According to 2009 World Bank statistics, the U.S. had the highest healthcare costs relative to the size of the economy in the world, even though estimated 50.2 million citizens (approximately 15.6% of the September 2011 estimated population of 312 million) lacked insurance.

Of 17 high-income countries studied by the National Institutes of Health in 2013, the United States had the highest or near-highest prevalence of infant mortality, heart



and lung disease, sexually transmitted infections, adolescent pregnancies, injuries, homicides, and disability. Together, such issues place the U.S. at the bottom of the list for life expectancy. On average, a U.S. male can be expected to live almost four fewer years than those in the top-ranked country.

Health care in the United States is provided by many distinct organizations. Health care facilities are largely owned and operated by private sector businesses. Health insurance for public sector employees is primarily provided by the government. 60-65% of healthcare provision and spending comes from programs such as Medicare, Medicaid, the Children's Health Insurance Program, and the Veterans Health Administration. Most of the population under 65 is insured by their or a family member's employer, some buy health insurance on their own, and the remainder are uninsured.

Government programs directly cover 27.8% of the population (83 million), including the elderly, disabled, children, veterans, and some of the poor, and federal law mandates public access to emergency services regardless of ability to pay.

Medicare provides health insurance to nearly all Americans age 65 and older, and covers a significant portion of hospital stays, doctor's visits and prescription drug costs for retirees.

Medicaid provides health coverage to 11 million non-elderly low-income parents, other caretaker relatives, pregnant women, her non-disabled adults, and non-elderly individuals with disabilities.

The health care reform means that beginning Oct. 1, 2013, uninsured Americans can start shopping for affordable health insurance using online health insurance marketplaces. Most uninsured United States citizens and legal residents will be required to purchase health insurance by March 31, 2014. You may receive a penalty if not insured by March 31, 2014.

If you have pre-existing medical conditions, you cannot be denied coverage. The law also extends coverage to young adults who can stay on their parents' plan until age 26. Medicaid will now be offered if you are under age 65 with a yearly income less than about \$15,300, or \$31,155 for a family of four.

## #2.4 Slovní zásoba ke kapitole 2

& Slovní zásoba je uspořádána do tabulky.

access	přístup	issue	problém
administer	podat (lék)	life expectancy	naděje dožití
afford	dovolit si	lifespan	životnost, trvání
appointment	schůzka	maintain	uchovat
approve	schválit	majority	většina
attend	navštívit	minor surgery	malý chirurgický výkon
charge	poplatek	obstetrics	porodnictví
chemist pharmacy	/ lékárna	on behalf of	ve prospěch
citizen	občan	painkiller	lék proti bolesti
clerical staff	administrativní zaměstnanci	practice	praxe
cold remedies	léky proti nachlazení	provision	zaopatření
comprehensive	komplexní	purchase	koupit
compulsory mandatory obligatory	/ povinný /	range	řada
concern	záležitost; týkat se	rate	cenit si
conduct	provést	refer	odkázat, doporučit (do)
contribution	příspěvek	relief	úleva
date of issue	datum vydání	salary / wage	plat / mzda
deny	odepřít	side effect	vedlejší účinek

dependant	závislá osoba	skilled	kvalifikovaný, odborný
donor	dárce	subscriber	příspěvatel
dosage	dávkování	subside	klesat
durable	odolný, trvalý	suitable	vhodný
eligibility	vhodnost	supplement	doplnit
emergency	případ nouze, pohotovost	sustain	udržovat
enroll	zaregistrovat	taxation	zdanění
estimate	odhadnout	threaten	ohrozit
exempt	osvobozený od	threshold	práh
facility	zařízení	vulnerable	citlivý, zranitelný
groundbreaking	průkopnický	welfare	blaho, prosperita
impact	ovlivnit, působit		

&

### §Shrnutí kapitoly 2§

V této kapitole jste si osvojili slovní zásobu týkající se systémů zdravotnictví v České republice, Velké Británii a USA.

Měli byste být schopni charakterizovat odlišnosti těchto systémů.

### §Kontrolní otázky a úkoly§

1. What are the differences among health care systems in the Czech Republic, Great Britain and the USA?

### §Úkoly k textu§

\*1

Match the words and the prepositions.

§ Spojujte slova s předložkami. Výchozí fráze jsou ve sloupci A, předložky ve sloupci B. &

A:

care

dependant

due

exempt

participate

register

training

B:

from

in

for

on

to

in

with

### §Citovaná a doporučená literatura§

[http://en.wikipedia.org/wiki/Health\\_care\\_in\\_the\\_United\\_States](http://en.wikipedia.org/wiki/Health_care_in_the_United_States)

[http://en.wikipedia.org/wiki/Health\\_care\\_reform\\_in\\_the\\_United\\_States](http://en.wikipedia.org/wiki/Health_care_reform_in_the_United_States)

<http://healthguideusa.org/>

<http://money.usnews.com/money/retirement/slideshows/10-ways-to-make-the-most-of-medicare>

<http://www.europe-cities.com/>

<http://www.healthpaconline.net/health-care-statistics-in-the-united-states.htm>

<http://www.hospitalenglish.com>

<http://www.medicaid.gov/>

<http://www.who.int/en/>

[http://www.who.int/whr/2010/10\\_summary\\_en.pdf](http://www.who.int/whr/2010/10_summary_en.pdf)

### **#3 Právní a etické problémy medicíny**

#### **V této kapitole se dozvíte:**

slovní zásobu týkající se aktuálních právních a etických problémů medicíny.

#### **Po jejím prostudování byste měli být schopni:**

vysvětlit základní termíny týkající se etiky v medicíně,  
objasnit, jaké jsou aktuální etické problémy medicíny,  
charakterizovat svůj postoj k vybranému etickému problému.

**Klíčová slova kapitoly:** medical ethics, bioethics, value, informed consent, Hippocratic Oath.

#### **@Průvodce studiem**

Na zvládnutí této kapitoly budete potřebovat asi 150 minut.

Texty v této kapitole převzaty z

[http://en.wikipedia.org/wiki/Medical\\_ethics](http://en.wikipedia.org/wiki/Medical_ethics)

[http://en.wikipedia.org/wiki/Hippocrates\\_oath@](http://en.wikipedia.org/wiki/Hippocrates_oath@)

Medical ethics is the study of moral values and judgments as they apply to medicine. As a scholarly discipline, medical ethics encompasses its practical application in clinical settings as well as work on its history, philosophy, theology, and sociology.

#### **#3.1 Basic moral values in ethics**

The basic moral principles in medical ethics do not give answers how to handle a particular situation, but provide a useful framework for understanding conflicts. The values are to be judged and weighed against each other, with attention given to the scope of their application. The principles are:

Respect for autonomy - the patient has the right to refuse or choose his/her treatment.

Beneficence - a practitioner should act in the best interest of the patient.

Non-maleficence - "first, do no harm".

Justice - concerns the distribution of scarce health resources, and the decision of who gets what treatment.

Respect for persons - the patient and the person treating the patient have the right to be treated with dignity.

When moral values are in conflict, the result may be an ethical dilemma or crisis. Sometimes, no good solution to a dilemma in medical ethics exists, and occasionally, the values of the medical community (i.e., the hospital and its staff) conflict with the values of the individual patient, family, or larger non-medical community. Conflicts can also arise between health care providers, or among family members. Some argue for example, that the principles of autonomy and beneficence clash when patients refuse blood transfusions, considering them life-saving; and truth-telling was not emphasized to a large extent before the HIV era.

### **#3.2 Informed consent and confidentiality**

Informed consent in ethics usually means that a person must be fully informed about and understand the potential benefits and risks of their choice of treatment. An uninformed person is at risk of mistakenly making a choice not reflective of his or her values or wishes. Patients can elect to make their own medical decisions, or can delegate decision-making authority to another party. If the patient is incapacitated, laws around the world designate different processes for obtaining informed consent, typically by having a person appointed by the patient or their next of kin make decisions for them. A correlate to "informed consent" is the concept of informed refusal.

Confidentiality is commonly applied to conversations between doctors and patients. Legal protections prevent physicians from revealing their discussions with patients, even under oath in court. Confidentiality is an important issue in primary care ethics, where physicians care for many patients from the same family and community, and where third parties often request information from the considerable medical database typically gathered in primary health care.

Confidentiality is also challenged in cases involving the diagnosis of a sexually transmitted disease in a patient who refuses to reveal the diagnosis to a spouse, and in the termination of a pregnancy in an underage patient, without the knowledge of

the patient's parents. Many states in the U.S. have laws governing parental notification in underage abortion.

### **#3.3 The Hippocratic Oath**

The Hippocratic Oath is an oath historically taken by physicians and other healthcare professionals swearing to practice medicine honestly. It is widely believed to have been written either by Hippocrates, often regarded as the father of western medicine, or by one of his students.

The Oath has been modified multiple times, in several different countries. One of the most significant revisions is the Declaration of Geneva, first drafted in 1948 by the World Medical Association; it has since been revised several times. While there is currently no legal obligation for medical students to swear an oath upon graduating, 98% of American medical students swear some form of oath, while only 50% of British medical students do.

### **#3.4 Bioethics**

The fields of medical ethics and bioethics often overlap and the distinction is more a matter of style than professional consensus. The field of bioethics has addressed a broad portion of human inquiry, ranging from debates over the boundaries of life (e.g. abortion, euthanasia), surrogacy, the allocation of scarce health care resources (e.g. organ donation) to the right to refuse medical care for religious or cultural reasons. Some bioethicists would narrow ethical evaluation only to the morality of medical treatments or technological innovations, and the timing of medical treatment of humans. Others would broaden the scope of ethical evaluation to include the morality of all actions that might help or harm organisms capable of feeling fear.

The scope of bioethics can expand with biotechnology, including cloning, gene therapy, life extension, human genetic engineering, astroethics and life in space, and manipulation of basic biology through altered DNA and proteins.

### **#3.5 Slovní zásoba ke kapitole 3**

& Slovní zásoba je uspořádána do tabulky.

address	zaměřit se na co, řešit	extent	rozsah
alter	upravit, změnit	gather	shromáždit

allocation	přidělení, přidělené množství	informed consent	informovaný souhlas
appoint	stanovit, jmenovat	inquiry	dotaz
arise	vzniknout, pramenit z	judgement	posouzení
boundary	hranice	kin	příbuzný
broaden	rozšířit	malpractice	zanedbání péče
challenge	vznést námitky	notification	sdělení
clash	být v rozporu	oath	přísaha
confidentiality	zachování mlčenlivosti	overlap	překrývat se
correlate	být ve vztahu	refuse	odmítnout
court	soud	regard as	pokládat za
designate	vymezit	reveal	odhalit
dignity	důstojnost	scarce	nedostatkový, vzácný
distinction	odlišení	spouse	manžel/ka
draft	načrtnout	surrogacy	náhradní mateřství
elect	zvolit (si)	termination	ukončení
encompass	zahrnovat	value	hodnota

&

### §Shrnutí kapitoly 3§

V této kapitole jste si osvojili slovní zásobu týkající se etických problémů v medicíně.

Měli byste být schopni vysvětlit základní pojmy a svůj názor na některé etické problémy.

### §Kontrolní otázky a úkoly§

1. What are the main principles in medical ethics?



2. Why is patient's informed consent so important?

3. What does bioethics deal with?

### §Úkoly k textu§

\*1

Match beginnings and endings of the phrases.

§ Spojujte začátky a konce vět. Části vět jsou uspořádány do sloupců označených A a B. &

A:

Confidentiality is also challenged in cases

Confidentiality is commonly applied

Conflicts can

Patients can delegate

The basic moral principles do not give answers

The patient and the person treating the patient

When moral values are in conflict, the result may

B:

arise among family members.

be an ethical dilemma or crisis.

decision-making authority to another party.

have the right to be treated with dignity

how to handle a particular situation

involving the diagnosis of a sexually transmitted disease

to conversations between doctors and patients.

## §Otázky k zamyšlení§



1. What ethical problems in medicine do you consider “hot topics“ and why?

## §Korespondenční úkoly§

Choose one of these topics and write an essay (about 250 words) expressing your opinion. Vyberte si jedno z témat a napište esej (asi 250 slov) vyjadřující Váš názor.

Should health care professionals help the terminally ill to end their lives when they choose?

Who should give consent for the removal of body parts for transplant surgery?

## §Citovaná a doporučená literatura§

The Merck Manual of Diagnosis and Therapy, eighteenth edition, 2006, ISBN: 0911910-18-2

[http://en.wikipedia.org/wiki/Medical\\_ethics](http://en.wikipedia.org/wiki/Medical_ethics)

[http://en.wikipedia.org/wiki/Hippocrates\\_oath](http://en.wikipedia.org/wiki/Hippocrates_oath)

<http://en.wikipedia.org/wiki/Bioethics>

[http://nuffieldbioethics.org/sites/default/files/Donation\\_Summary\\_and\\_recommendations.pdf](http://nuffieldbioethics.org/sites/default/files/Donation_Summary_and_recommendations.pdf)

## #4 První pomoc

### V této kapitole se dozvíte:

slovní zásobu vztahující se k první pomoci včetně popisu postupu v některých naléhavých případech,  
co by měla obsahovat domácí lékárnička.

### Po jejím prostudování byste měli být schopni:

objasnit postup poskytování první pomoci v některých naléhavých případech,  
popsat obsah domácí lékárničky.

**Klíčová slova kapitoly:** ambulance, first aid, misconceptions, cardiopulmonary resuscitation, emergency, victim, first aid kit.

## @Průvodce studiem

Na zvládnutí této kapitoly budete potřebovat asi 240 minut, takže se pohodlně usadíte a nenechte se při práci s textem rušit.

Texty v této kapitole převzaty z

[http://first\\_aid\\_4all.tripod.com/index.htm](http://first_aid_4all.tripod.com/index.htm)

[http://www.bbc.co.uk/health/treatments/first\\_aid/](http://www.bbc.co.uk/health/treatments/first_aid/) @

A blocked airway can kill someone in three to four minutes, but it can take more than eight minutes for an ambulance to arrive. So a simple procedure such as opening someone's airway can save their life while they are waiting for emergency medical help.

The latest government figures, from 2002, estimate 2.7 million people in the UK went to A&E (accident and emergency) because of an accident in their home. Of these, 910,000 were aged under 16. Sadly, almost 4,000 people in England and Wales died because of accidents in or around their home in 2004, according to the Office for National Statistics. This means you are more likely to give first aid to someone you know than a stranger. Knowing what to do will allow you to react rapidly if an accident does happen.

### #4.1 Misconceptions about first aid

There are many misconceptions surrounding first aid. Here are the 'most popular' ones with details of what you should do.

"You should put butter or cream on a burn." The only thing you should put on a burn is cold water - keep the butter for cooking. Put the affected area under cold running water for at least ten minutes. □ "If you cannot move a limb, it must be broken (or if you can move a limb, it can't be broken)." The only accurate way to diagnose a broken limb is to x-ray it. If you suspect a broken bone try to support the injury with a cushion or items of clothing to prevent unnecessary movement. As soon as possible call 999.

"The best way to treat bleeding is to put the wound under a tap." If you put a bleeding wound under a tap you wash away the body's clotting agents and make it bleed more. Instead put pressure on the wound with whatever is available to stop or slow

down the flow of blood. As soon as possible call 999. Keep pressure on the wound until help arrives.

“Nosebleeds are best treated by putting the head back.” If you put the head back during a nosebleed, all the blood goes down the back of the airway. Instead advise them to tilt their head forwards and ask the person to pinch the end of their nose and breathe through their mouth.

“If someone has swallowed a poison you should make them be sick.” This will not help and with some poisons if it burnt on the way down, it will burn on the way up. The best thing to do is get medical advice and find out what poison was taken, at what time and how much.

“If you perform CPR on someone whose heart is beating you can damage their heart.” It is difficult in emergency situations for non-medics to assess whether a person’s heart is beating. Although not ideal the evidence is that it is not dangerous to do chest compressions on a casualty whose heart is beating.

“You need lots of training to do first aid.” You do not - what you mostly need is common sense. You can learn enough first aid in a few minutes to save someone's life – whether it’s from a book, attending a course or watching videos online.

“You need lots of expensive equipment to do first aid.” You do not need any equipment to do first aid, there are lots of ways to improvise anything you need.

#### **#4.2 Mouth-to-mouth ventilation**

If someone's breathing has stopped, mouth-to-mouth ventilation is needed. Causes can be heart attacks, drowning, electric shocks, poisoning, suffocation, etc.

Mouth-to-mouth ventilation for adults

1. Open and clear the airway by carefully removing any objects from mouth with your finger.
2. Place two fingers under the point of the chin and place your other hand on the victim's forehead. At the same time, lift the chin and gently tilt the head back.
3. Close the victim's nostrils, then take a deep breath and seal your mouth around his/her mouth. Blow into the mouth until his/her chest rises.

4. Remove your mouth and allow the chest to fall. Give 10 breaths and then check the person's pulse. If the pulse is not present, CPR may be needed.

5. Continue the process at the rate of 10 breaths per minute.

Mouth-to-mouth ventilation for a baby (under 1 year of age)

1. Open airway and seal your lips around the baby's mouth and nose.

2. Blow gently (keep in mind that a baby's lungs are very tiny, so blow only the amount of air that you can hold in your cheeks into the baby's lungs). As you breathe out, look along the chest.

3. As you see the chest rise, stop blowing and allow the chest to fall again.

4. Give one breath every three seconds.

5. After every 20 breaths, check pulse. Continue mouth-to-mouth ventilation if pulse above 60 per minute. If it is lower than that, start CPR.

6. Continue giving mouth-to-mouth ventilation until help arrives.

Mouth-to-mouth ventilation for a child (over 1 year of age)

1. Review steps 1 and 2 in Mouth-to-mouth ventilation for adults.

2. Blow gently (keep in mind a child's lungs are small, so take shallow breaths only). As you breathe out, look along the chest.

3. When you see the child's chest rise, stop blowing. Allow the chest to fall again.

4. Give one breath every three seconds.

5. After every 20 breaths, check pulse. If present, continue mouth-to-mouth ventilation. If absent, start CPR.

6. Continue to give mouth-to-mouth ventilation until help arrives.

### **#4.3 Absence of heartbeat**

A heart which has stopped beating can sometimes be made to start again by a technique called chest compression.

Giving chest compression to an adult

1. Give two breaths of mouth-to-mouth ventilation.
2. Place the heel of one of your hands two fingers' width above the junction of the ribs and the breastbone.
3. Place the other hand on top and interlock the fingers. Keeping your arms straight and your fingers off the chest, press down about 4 to 5 cm, then release the pressure, keeping your hands in place.
4. Repeat the compressions 15 times, aiming at a rate of 80 per minute.

Treating a baby (under 1 year of age)

1. Place the baby on a firm surface. Locate a position one finger's width below the nipple line, in the middle of the chest.
2. Use two fingers to press the chest down by 2cm (a bit less than 1 inch).
3. Press five times, at a rate of 100 compressions per minute (almost twice a second).
4. Continue mouth-to-mouth ventilation. Five compressions to one breath without stopping until help arrives.
5. Only if the baby's colour improves, check the pulse. If the pulse is present and above 60 per minute, stop the chest compression but continue to ventilate the lungs if necessary.

Treating a child (over 1 year of age)

1. Place one hand two finger's width above the junction of the ribs and the breastbone.
2. Use the heel of that hand to press the chest down by 3cm.
3. Press five times, at a rate of 100 compression per minute.
4. After five compressions, blow gently into the lungs once. Continue mouth-to-mouth ventilation, giving five compressions to each breath without stopping until help arrives.

5. Only if the baby's colour improves, check the pulse. If the pulse is present, stop the chest compressions, but continue to ventilate if necessary.

#### **#4.4 Choking**

##### Choking

Signs of choking:

The person's face becomes red, then blue.

Pointing at throat, or grasping it.

The person has problems speaking and breathing.

Adults - if the person is breathing:

1. Bend her/him over, head lower than chest.
2. Encourage her/him to cough.
3. Slap her/him between shoulder blades 4-5 times.
4. Check airway to see if obstruction (a piece of food or a small plaything) can be removed.
5. If the slaps are unsuccessful, give up to 5 abdominal thrusts.
6. Repeat back slaps and abdominal thrusts until airway is clear.

Abdominal thrusts: Stand behind the person, interlocking your hands below his or her ribcage. Pull inwards and upwards.

If the victim is not breathing:

1. Perform mouth-to-mouth ventilation.
2. If you are unable to get breath into him/her, turn them onto one side. Then, slap between shoulder blades up to 5 times. Try to remove obstruction.
3. If the slaps are unsuccessful, kneel over victim. Give up to 5 abdominal thrusts. If breathing returns, call for help.
4. If unsuccessful, repeat mouth-to-mouth ventilation.

Children - if not breathing:

Perform mouth-to-mouth ventilation.

If breathing - under 1 year of age:

NEVER use abdominal thrusts on a baby.

1. Lay baby along your forearm or thigh, keeping his/her face down and the head low and supported.
2. Give up to 5 slaps between the shoulder blades.
3. If this does not work, turn baby on its back, keeping head down. Give up to 5 chest thrusts (using the same technique and finger position you use for chest compressions).
4. If this does not work, call an ambulance. Repeat the sequence of back slaps and chest thrusts.
5. If the breathing stops, start mouth-to-mouth ventilation.

Over 1 year of age:

1. Encourage the child to cough.
2. Bend child forward, keeping head lower than chest, and give up to 5 slaps between the shoulder blades.
3. If it does not work, lay child on its back and give up to 5 chest thrusts. Use the same hand position as you used for chest compressions, but press more sharply and at a rate of about 20 thrusts per minute.
4. If it does not work, give another 5 back slaps.
5. If it does not work, give abdominal thrusts.
6. If it does not work, call an ambulance. Continue the sequence of back slaps, chest thrusts, back slaps and abdominal thrusts. If breathing stops, start mouth-to-mouth ventilation.

#### **#4.5 Stroke emergency**

Stroke is caused by an interruption of the blood supply to the brain. This can be caused by a blood clot or a breaking blood vessel. It can result in loss of movement



to one side of the body. Strokes are more common in older people but can happen at any age. One way of recognising a stroke is to ask the person to smile - if their smile is lopsided, you will know they have been affected. The severity of a stroke varies widely and some people make a complete recovery.

Use the FAST (Face, Arm, Speech, Time) guide if you suspect a casualty has had a stroke:

F Facial weakness – ask him to smile. If he had had a stroke he may be unable to smile evenly and the mouth or eye may be droopy.

A Arm weakness – ask him to raise his arms. He may be unable to raise one arm.

S Speech problems – ask him some questions. Can he understand what you are saying /can he speak?

T Time to call 999 /112 for emergency help.

#### **#4.6 First aid kit**

There are ready made first aid kits available in chemists and large department stores, but some people like to make up their own kits. Every office, factory, home and school should have an accessible first-aid box with following recommended basic contents:

1. First aid book clearly explains how to handle basic problems.
2. Band-aids (plasters): Band aids or sticky plasters are great for dressing small wounds. They come in all shapes and sizes for fingers, legs, and anywhere else you might get little cuts. Make sure the band aid is big enough to cover the wound, if not you should use a dressing instead.
3. Elastic bandages: The elastic bandages are good for wrapping sprained joints or making a sling in the case of a broken arm.
4. Gauze and adhesive tape: Gauze pads or roll are cloth pads that are placed directly on a wound to protect and control bleeding (for larger cuts and scrapes). You will need adhesive tape to keep the gauze in place. In an emergency, a clean tea cloth, hand towel, clean tee-shirt can be used to cover the wound.
5. Antiseptic wipes (alcohol swaps) and cotton wool
6. Safety pins and tweezers

7. Scissors: A pair of scissors is needed to cut the tape and gauze.

8. Small mirror and latex gloves: Latex gloves are always a good idea, especially if you are dealing with body fluids from a stranger.

9. Calamine lotion is used for soothing sunburns and stings

10. Clinical thermometer

11. Analgesic tablets such as aspirin or paracetamol.

#### **#4.7 Slovní zásoba ke kapitole 4**

& Slovní zásoba je uspořádána do tabulky.

accurate	přesný	plaything	hračka
advise	radit, doporučit	point (at)	ukázat
ambulance	sanitka	procedure	postup, jednání
assess	zhodnotit, posoudit	release	uvolnit
blow	dýchnout (ústy)	remove	odstranit
burn	popálenina	review	zkontrolovat
casualty	oběť, zraněný	scrape	oděrka
clotting agent	látka podporující srážlivost krve	seal	(neprodyšně) uzavřít
common sense	selský rozum	sequence	řada, sled, série
cotton wool	vata	shallow	mělký, plytký
droopy	svěšený, povadlý	sick	na zvracení
drown	utonout	slap	plácnout
encourage	povzbuzovat	soothe	utišit, uklidnit
equipment	vybavení	straight	rovný, přímý
figure	číslo, údaj	suffocation	dušení
find out	zjistit	suspect	mít podezření
firm	pevný	tap	kohoutek
instead of	místo (čeho)	tea-cloth	utěrka

interlock	proplétat	thrust	vražení, výpad
junction	spojení	tiny	maličký, drobný
kneel	klečet	tweezers	pinzeta
likely	pravděpodobný	whether...or	ať už...nebo
lopsided	křivý, nesymetrický	width	šířka
misconception	mylná představa	wipe	ubrousek
pinch	skřípnout	x-ray	rentgenovat
&			

### §Shrnutí kapitoly 4§

V této kapitole jste si osvojili slovní zásobu vztahující se k první pomoci.

Měli byste být schopni stručně objasnit, jak správně poskytnout první pomoc v některých případech a vysvětlit, co by měla obsahovat domácí lékárnička.

### §Kontrolní otázky a úkoly§

What should you do if someone:

1. has burnt his hand,
2. could have broken his arm,
3. has got severe nosebleed,
4. could have swallowed some poison?

### §Část pro zájemce§

\*1

Match the sentences.

§Spojte části vět. Části vět jsou uspořádány do sloupců označených A a B. &

A:

I've sprained

I've cut

I've broken

I twisted

I hit

I got stung

I got

B:

an electric shock.

by a bee.

my ankle.

my arm.

my head.

my thumb.

my wrist.

\*2

Match the definitions. Use the dictionary if necessary.

§Spojíte pojmy ve sloupci A s jejich definicemi ve sloupci B. V případě potřeby použijte slovník. &

A:

brace

cast

crutch

sticking plaster

sling

splint

stretcher

wheelchair

B:

adhesive tape used to cover a small wound or to attach a pad of dressing to the skin

any type of appliance worn for support, such as a metal support used on children's legs to make the bones straight or on teeth which are forming badly

folding bed, with handles, on which an injured person can be carried by two people

hard support made of bandage soaked in liquid plaster of Paris, which is allowed to harden after being wrapped round a broken limb and which prevents the limb moving while the bone heals

chair in which an invalid can sit and move around

stiff support attached to a limb to prevent a broken bone from moving

strong support for a patient with an injured leg, formed of a stick

triangular bandage attached round the neck, used to support an injured arm and prevent it from moving

### **§Korespondenční úkoly§**

What does the acronym NICER mean? Search on

[http://www.bbc.co.uk/health/treatments/healthy\\_living/fitness/injuries\\_treatment.shtml](http://www.bbc.co.uk/health/treatments/healthy_living/fitness/injuries_treatment.shtml)

Co znamená akronym NICER? Vyhledejte na

[http://www.bbc.co.uk/health/treatments/healthy\\_living/fitness/injuries\\_treatment.shtml](http://www.bbc.co.uk/health/treatments/healthy_living/fitness/injuries_treatment.shtml)

### **§Otázky k zamyšlení§**

1. Have you got a first aid kit at home? What does it include?

### **§Citovaná a doporučená literatura§**

<http://emedicine.medscape.com/>

[http://first\\_aid\\_4all.tripod.com/index.htm](http://first_aid_4all.tripod.com/index.htm)

<http://medical-dictionary.thefreedictionary.com/>

[http://www.bbc.co.uk/health/treatments/first\\_aid/](http://www.bbc.co.uk/health/treatments/first_aid/)

<http://www.redcross.org.uk/What-we-do/First-aid/Everyday-First-Aid>

## **#5 Fyzická zdatnost, pohyb a zdravá strava**

### **V této kapitole se dozvíte:**

informace o zdravém životním stylu (fyzická zdatnost a stravování) a dopadech obezity na zdraví.

### **Po jejím prostudování byste měli být schopni:**

vysvětlit souvislost mezi fyzickou zdatností, pohybem a zdravou stravou.

**Klíčová slova kapitoly:** exercise, fitness, obesity, nutrition.

### **@Průvodce studiem**

Na zvládnutí této kapitoly budete potřebovat asi 180 minut.

Texty v této kapitole převzaty z

[www.bbc.co.uk/health/](http://www.bbc.co.uk/health/)

<http://emedicine.medscape.com/article/88484-overview>

Lahodová, E.: Angličtina pro VOŠ a bakalářské obory s medicínským zaměřením.

Eurolex Bohemia, Praha, 2004. ISBN: 80-86432-87-4. @

Physical inactivity is an independent risk factor for coronary heart disease - in other words, if you do not exercise you dramatically increase your risk of dying from a heart attack. Conversely, exercise means a healthier heart because it reduces several cardiovascular risks, including high blood pressure.

Being physically active can bolster good mental health and help you to manage stress, anxiety and even depression. Regular exercise as you age keeps you strong, mobile and less dependent on others. Regular exercise can help you achieve and maintain an ideal weight, which can be important in managing many health conditions, or may just make you feel happier about your appearance.

All exercise helps strengthen bones and muscles to some degree, but weight-bearing exercise, such as running, is especially good in promoting bone density and protecting against osteoporosis, which affects men as well as women. Different exercises help with all sorts of health niggles, such as digestion, poor posture and sleeplessness, and physical activity can be beneficial for a range of medical conditions, from diabetes to lower back pain.

There are lots of positive reasons for getting fitter, including meeting new people, discovering new interests and generally feeling better, but if you need to be scared into doing more exercise, consider the following:

While in 2007, the Government-commissioned Foresight report predicted that if no action was taken, 60 per cent of men, 50 per cent of women and 25 per cent of children would be obese by 2050, the actual figures are rising ahead of the forecast rate.

Between 1993 and 2008, there has been a marked increase in the proportion of people who were obese, reaching 24 per cent of men and 25 per cent of women in 2008.

The picture is just as worrying for youngsters - obesity rates were 17 per cent in 2008 among boys, and 15 per cent in 2008 among girls. By 2010, it is predicted 22 per cent of girls and 19 per cent of boys between the ages of two and 15 will be obese, with girls under 11 at particular risk.

Obesity is responsible for 9,000 premature deaths a year in this country, and is a major contributory factor to heart disease.

Coronary heart disease (CHD) is still the leading cause of death in the UK, accounting for about a fifth of all deaths, according to the Office for National Statistics.

About a third of deaths caused by CHD are among people aged under 75.

### **#5.1 Fitness and exercise**

Almost half of adults in the UK will be aged over 50 by 2020. We tend to assume the benefits and pleasures of sport, exercise and fitness are only for younger people, but think again. The rewards of improved fitness later in life can be great – both for your

health and social life. Statistics show activity levels decline steadily with age, and by their mid-50s few people take regular exercise.

But regular activity is especially important as you age because it has beneficial effects on conditions such as diabetes and cardiovascular disease, and helps you maintain mobility and mental well-being and, consequently, your independence.

There is no reason you should give up the sport you love just because you are getting older. There are plenty of exceptions to the statistical trend of decreased activity as we get older – at clubs up and down the country, for example, there are runners in their 50s, 60s and beyond whose fitness puts people 20 or 30 years their junior to shame. And even if you were not especially active or sporty at a younger age, it is never too late to start. Male or female, single or with a partner, there is lots you can do, and enjoy.

Some of the health benefits you will get are the same as younger people, but there are things that are of particular benefit as you get older:

More energy - exercise makes you feel more energetic, while sitting around not doing much makes you feel sluggish and unable to do anything.

Improved sleep - your body and mind feel as though they have done something and are ready for rest at night.

Stable weight – regular exercise helps to keep you at a healthy weight.

Improved circulation and lower blood pressure.

Delayed ageing - keeping active strengthens your muscles, joints and bones as well as helping with mobility and balance, important as it helps to prevent falls, which are the leading cause of injury and death for the over-75s.

On top of the health benefits, exercise can be an excellent way to meet new people, whether it is at a gym, a rambling or running club, or just people you meet while walking the dog.

**§Úkoly k textu§**



True or false? Rozhodněte na základě přečteného textu, zda jsou následující výroky pravdivé či nepravdivé.

1. Between 1993 and 2008 number of obese people considerably decreased in the UK.
2. There were more obese boys than girls in 2008.
3. According to current forecast about 50 per cent of women could be obese by 2025 if no action was taken.
4. Girls aged less than 11 years could be especially endangered by obesity.
5. Obesity belongs to the leading factors responsible for heart disease.
6. CHD contributes to about 50 per cent of all deaths in the UK.

## **#5.2 Healthy diet**

Good nutrition means that the body is provided adequate amounts of essential nutrients. Some foods are good sources of nutrients; others are very poor sources of nutrients. Good daily nutrition requires a variety of foods that include carbohydrates, fats, proteins, vitamins, minerals, water, and fibre.

Here is recommendation for healthy diet.

Eat a variety of foods to get the energy, protein, vitamins, minerals, and fibre you need for good health.

Eat vegetables and fruits. They contain antioxidants, which protect body cells from damage, and also help keep the immune system healthy and may reduce the risk for cancer and other diseases.

Eat legumes and whole grains. A diet high in fibre and low in fat may protect from colorectal cancer. Fibre helps move waste through the digestive tract faster so harmful substances do not have much contact time with the intestinal walls.

Legumes and grains are valuable source of protein.

Limit the fat. Heart disease is not the only health risk related to a high fat diet.

Cancers including breast, colon, and prostate are also linked to high-fat diet, especially diet high in animal fat.

Cut down on alcoholic beverages. Excessive drinking increases risk of liver cancer. As with other health problems, moderation is the key.

Choose a diet moderate in salt and sodium to help reduce the risk of high blood pressure.

### **#5.3 Slovní zásoba ke kapitole 5**

& Slovní zásoba je uspořádána do tabulky.

account (for)	odpovídat (za)	lethality	smrtící účinek
achieve	dosáhnout	manage	zvládnout
beverage	nápoj	niggle	obava, trápení
beyond	(až) za	premature	předčasný
bolster	posílit, podpořit	proportion	část, podíl
exception	výjimka	ramble	chodit na výlety
expose	vystavit	reward	odměna, prospěch
figure	číslo, údaj	shame	zahanbit
forecast	předpověď, odhad	sluggish	pomalý, líný
give up	přestat, vzdát se	valuable	cenný
grain	obilí	value	hodnota
legume	luštěnina	youngster	dítě

&

### **§Shrnutí kapitoly 5§**

V této kapitole jste si osvojili slovní zásobu týkající se zdravého životního stylu (fyzické aktivity a zdravé stravy).

Měli byste být schopni vysvětlit negativní dopad nadváhy na zdraví.

### **§Kontrolní otázky a úkoly§**

1. Why is exercise beneficial for the body?

2. What involves „healthy diet“?

### §Úkoly k textu§

\*1

Match the verbs.

§Přiřazujte slovesa, která jsou uspořádána do sloupců A a B. Ve sloupci A jsou uvedeny anglické výrazy, ve sloupci B české ekvivalenty. &

A:

cut down

delay

improve

keep

manage

predict

require

B:

zvládnout

vyžadovat

opozdit

předpovědět

zlepšit

udržet

omezit

### §Část pro zájemce§

\*1

Use the correct form of these verbs, use each one twice.

§Doplňte do vět správný tvar sloves, každé z nich dvakrát. Slovesa k doplnění: avoid, cut down, give up, keep, stay. &

1. Eat small meals regularly. This means you should do your best to ... eating big meals – especially late at night.
2. If you can, try to ... stressful situations.
3. It's easy to start a diet but it's much more difficult to ... to it.
4. It's not essential to ... alcohol completely. Some doctors think a glass of red wine a day is actually good for you.
5. Lots of fresh fruit and vegetables will help you ... healthy.
6. My doctor keeps telling me I should ... smoking.
7. My weight has ... the same for the last fifteen years.
8. Playing volleyball twice a week is what ... me fit.
9. You don't have to stop drinking completely. Just try to ... a little.
10. You'll see a big difference if you ... the amount of sugar you take in tea or coffee.

### **§Otázky k zamyšlení§**

1. Which of the rules for healthy diet is the most difficult to keep to you?

### **§Citovaná a doporučená literatura§**

Glendinning, E. H., Howard, R.: Professional English in Use. Medicine. Cambridge University Press, 2007. ISBN: 978-0-521-68201-5.

Gogelová, H.: Angličtina pro fyzioterapeuty. GRADA Publishing, 2011. ISBN: 978-80-247-3531-3.

<http://emedicine.medscape.com>

[http://www.emedicinehealth.com/exercise\\_and\\_fitness\\_quiz\\_iq/quiz.htm](http://www.emedicinehealth.com/exercise_and_fitness_quiz_iq/quiz.htm)

## **#6 Sportovní medicína a sport handicapovaných**

### **V této kapitole se dozvíte:**

slovní zásobu z oblasti sportovní medicíny a sportu handicapovaných.

### **Po jejím prostudování byste měli být schopni:**

vysvětlit, jaká jsou častá zranění ve sportu,

objasnit historii vzniku sportu handicapovaných a uvést příklady sportovních odvětví pro handicapované.

**Klíčová slova kapitoly:** sport, injury, disabled sport.

### **@Průvodce studiem**

Na zvládnutí této kapitoly budete potřebovat asi 180 minut.

Texty v této kapitole převzaty z

DeLisa's Physical Medicine & Rehabilitation. Principles and practice. Volume II. Fifth edition. Lippincott Williams & Wilkins, 2010, str. 1414-1416.

<http://medical-dictionary.thefreedictionary.com/sports+medicine>

<http://sportsmedicine.about.com/>

<http://www.disabled-world.com/sports/@>

### **#6.1 Sports medicine and common injuries in sports**

The branch of medicine concerned with injuries sustained in athletics, including their prevention, diagnosis, and treatment, is called sports medicine. Athletes often get used to feeling little aches and pains on occasion, but some minor discomfort may actually be a more serious injury. Physiatric involvement in the field of sports medicine has greatly increased over the past two decades. More and more physical medicine and rehabilitation specialists are serving as team physicians at the high school, collegiate, Olympic, and professional levels.

Exercise represents one of the highest levels of extreme stresses to which the body can be exposed. For example, in a person who has an extremely high fever approaching the level of lethality, the body metabolism increases to approximately 100% above normal; by comparison, the metabolism of the body during a marathon race increases to 2000% above normal. Sport requires a balance between overload and recovery. Sports injuries are not uncommon and can be either acute (sprains, fractures, tears, etc.) or chronic (tendinitis, overuse, etc.).

An integral part of the preparticipation physical examination for athletes is the cardiovascular evaluation. The goal of this evaluation is to identify athletes who are at risk for sudden cardiac death during vigorous physical activity. By applying elements of the personal history, family history, and the physical examination, the most important signs and symptoms of the most common cardiac reasons for sudden death as hypertrophic cardiomyopathy, selected arrhythmias, coronary artery anomalies, and ruptured aortic aneurysms can be obtained. Hypertrophic cardiomyopathy is the primary cause of sudden atraumatic death in athletes, responsible for nearly 35% of those deaths.

Several basic principles can be applied to almost any acute sports injury. These rehabilitation phases provide a stepwise approach to treat and assess the progress of an athlete with an acute injury if nonoperative functional rehabilitation approach is applied. Immobilization is avoided as much as possible because of its multiple detrimental effects on tissue healing (e.g., scar formation, contracture, and atrophy).

Phase I – decrease pain and control inflammation

Phase II – restore normal/symmetric range of motion

Phase III – restore normal/symmetric strength

Phase IV – neuromuscular control (proprioceptive) training

Phase V – return to sport activities

In some sports, e.g., American football, ice hockey, rugby, and soccer concussions are more common. In contact/collision sports, such as football and wrestling, cervical spine-related injuries are relatively common to occur. These injuries can include trauma to the tissues of the neck, including the muscles, ligaments, discs and bones,

as well as the neurologic structures, such as the nerve roots and spinal cord. Upper extremity injuries in sports often affect the shoulder, wrist and hand, while common lower extremity injuries in sports involve the hip, knee, ankle and foot.

## **#6.2 Disabled sport**

While sport has value in everyone's life, it is even more important in the life of a person with a disability. This is because of the rehabilitative influence sport can have not only on the physical body but also on rehabilitating people with a disability into society. Furthermore, sport teaches independence. Nowadays, people with a disability participate in high performance as well as in competitive and recreational sport.

The number of people with disabilities involved in sport and physical recreation is steadily increasing around the world with organized sports for athletes with disabilities divided into three main disability groups, sports for the deaf, sports for persons with physical disabilities, and sports for persons with intellectual disabilities.

Organized activities for individuals with disabilities date back to 1888 when the first Sports Club for the Deaf was established in Berlin, Germany. In 1924, the first international competition for athletes with physical disabilities, the International Silent Games, was held in Paris, France. Wheelchair sports were developed at the Stokes Mandeville Hospital in Stokes-Mandeville, England, in the mid-1940s. The first Stoke Mandeville Games for the Paralyzed, which had 16 participants in wheelchair basketball, archery, and table tennis, were held in 1948.

The First Winter Paralympic Games were held in 1976 and were hosted in Ornskoldsvik, Sweden. The events were composed of Nordic and Alpine skiing. As with the increased number of events added to the summer Paralympic Games, events such as speed skating, sit skiing, sledge racing, and sledge hockey were added to subsequent winter games. In the Lillehammer Paralympic Games, held in Norway in 1994, events for athletes with cerebral palsy were added. In 1998, events for participants with mental disabilities were added to the winter games in Nagano, Japan. The paralympic games give researchers an opportunity to study sports biomechanics.

From the late 1980s, organizations began to include athletes with disabilities in sporting events such as the Olympic Games and Commonwealth Games. However, many sports are practiced by persons with a disability outside the formal sports movements, for example wheelchair basketball, wheelchair dancing, weightlifting, swimming, and many other sporting activities one can join if he/she is mentally or physical disabled. There are a wide range of sports that have been adapted to be played by people with varying types of disability, as well as several that are unique to disabled sports.

### #6.3 Slovní zásoba ke kapitole 6

& Slovní zásoba je uspořádána do tabulky.

archery	lukostřelba	performance	výkon
collegiate	univerzitní	restore	obnovit
influence	vliv, účinek	sledge	sáně
lethality	smrtonosnost	sustain	trpět
overload	přetížení	tear	natržení
overuse	nadměrné (po)užívání	vigorous	energický, ntenzivní

&

### §Shrnutí kapitoly 6§

V této kapitole jste se seznámili se slovní zásobou týkající se zranění ve sportu.

Měli byste být schopni popsat historii sportu handicapovaných.

### §Kontrolní otázky a úkoly§

1. Why does it come to injuries in sports relatively often?
2. Which sports are quite „dangerous“ in terms of injuries?
3. What sports events for the disabled are held in the world?
4. Why is sports important in lives' of disabled people?

### §Úkoly k textu§

¢ Cvičení na doplňování chybějících písmen do slov bylo vynecháno.¢



## §Citovaná a doporučená literatura§

Lahodová, E.: Angličtina pro VOŠ a bakalářské obory s medicínským zaměřením. Eurolex Bohemia, Praha, 2004. ISBN: 80-86432-87-4.

[http://kidshealth.org/teen/your\\_body/body\\_basics/lungs.html](http://kidshealth.org/teen/your_body/body_basics/lungs.html)

<http://www.nhlbi.nih.gov/health/health-topics/topics/hlw/whathappens.html>

<http://www.nhlbi.nih.gov/health/health-topics/topics/hlw/system.html>

<http://www.livescience.com/22616-respiratory-system.html>

## #7 Fyzikální medicína a rehabilitace

### V této kapitole se dozvíte:

slovní zásobu týkající se fyzikální medicíny a rehabilitace,  
význam ADL.

### Po jejím prostudování byste měli být schopni:

vysvětlit pojmy fyzikální medicína, rehabilitace a ADL,  
objasnit průběh rehabilitace včetně nejběžnějšího složení interdisciplinárního  
týmu zdravotnických pracovníků,  
charakterizovat některé cíle léčebné rehabilitace.

**Klíčová slova kapitoly:** physical medicine, rehabilitation, recovery, referral, rehabilitation program, ADLs, interdisciplinary approach, joint and muscle function, muscle strength, general conditioning exercises, proprioceptive neuromuscular facilitation, coordination, balance, ambulation, transfer training.

### @Průvodce studiem

Na zvládnutí této kapitoly budete potřebovat asi 200 minut.

Texty v této kapitole převzaty z

The Merck Manual of Diagnosis and Therapy, eighteenth edition, 2006, ISBN 0911910-18-2.

<http://www.nlm.nih.gov/medlineplus/ency/article/007448.htm> @

Physical medicine and rehabilitation are services that can help people regain body functions they lost due to medical conditions or injury. Physical medicine and rehabilitation services also include sports medicine and injury prevention.

Rehabilitation aims to facilitate recovery from loss of function. Loss may be due to fracture, amputation, stroke or another neurologic disorder, arthritis, cardiac impairment, or prolonged deconditioning (eg, after some disorders and surgical procedures).

Many injuries or medical conditions can affect the ability to function:

- brain disorders, such as stroke, multiple sclerosis, or cerebral palsy,

- chronic pain, including back and neck pain,

- major bone or joint surgery, severe burns, or limb amputation,

- severe arthritis becoming worse over time,

- severe weakness after recovering from a serious illness (such as infection or heart failure or respiratory failure),

- spinal cord injury or brain injury.

Children may need rehabilitation services for:

- Down syndrome or other genetic disorders,

- mental retardation,

- muscular dystrophy or other neuromuscular disorders,

- sensory deprivation disorder, autism, or developmental disorders,

- speech disorders and language problems.

Rehabilitation may involve physical, occupational, and speech therapy; psychologic counselling; and social services. For some patients, the goal is complete recovery with full, unrestricted function; for others, it is recovery of the ability to perform as many activities of daily living (ADLs) as possible. Results of rehabilitation depend on

the nature of the loss and the patient's motivation. Progress may be slow for elderly patients and for patients who lack muscle strength or motivation.

### **#7.1 Rehabilitation program**

To initiate formal rehabilitation therapy, a physician must write a referral or prescription to a physiatrist, therapist, or rehabilitation center. The referral/prescription should state the diagnosis and goal of therapy. The diagnosis may be specific (eg, after left-sided stroke, residual right-sided deficits in upper and lower extremities) or functional (eg, generalized weakness due to bed rest). Goals should be as specific as possible (eg, training to use a prosthetic limb, maximizing general muscle strength and overall endurance). Although vague instructions (eg, "physical therapy to evaluate and treat") are often accepted, they are not optimal. Physicians unfamiliar with writing referrals for rehabilitation can consult a therapist, physiatrist, or orthopaedic surgeon.

Rehabilitation may begin in an acute care hospital, but such hospitals rarely have intensive rehabilitation programs. Rehabilitation hospitals usually provide the most extensive and intensive care; they should be considered for patients who have good potential for recovery and can participate in and tolerate aggressive therapy (generally, about or more than 3 h/day). Many nursing homes have less intensive programs (generally, 1 to 3h/day, up to 5 days/wk) and thus are better suited to patients less able to tolerate therapy (eg, frail or elderly patients). Less varied and less frequent rehabilitation programs may be offered in outpatient settings or at home and are appropriate for many patients. However, outpatient rehabilitation can be intensive (several hours/day up to 5 days/wk).

Initial evaluation sets goals for restoring functions needed to perform ADLs. Basic ADLs (BADLs) consist of self-care tasks, including:

personal hygiene and grooming,

dressing and undressing,

self feeding,

functional transfers (getting into and out of bed or wheelchair, getting onto or off toilet, etc.),

bowel and bladder management,

ambulation (walking without use of use of an assistive device (walker, cane, or crutches) or using a wheelchair).

The referring physician and rehabilitation team determine which activities are achievable and which are essential for the patient's independence. Once ADL function is maximized, goals that can help improve quality of life are added. Patients improve at different rates. Some courses of therapy last only a few weeks; others last longer. Some patients who have completed initial therapy need additional therapy.

### **#7.2 Interdisciplinary approach**

An interdisciplinary approach is best because disability can lead to various problems (eg, depression, lack of motivation to regain lost function, financial problems). Thus, patients may require psychologic intervention and help from social workers. Also, family members may need help learning how to adjust to the patient's disability and to help the patient.

Team members will be doctors, nonphysician health professionals, the patient, and their family or caregivers. Physical medicine and rehabilitation doctors are also called physiatrists. Other types of doctors that may be members of a rehabilitation team include neurologists, orthopaedic surgeons, psychiatrists, and primary care doctors. Nonphysician health professionals may be occupational therapists, physical therapists, speech and language therapists, social workers, vocational counselors, nurses, psychologists, and dietitians or nutritionists.

### **#7.3 Joint and muscle function**

Physical therapy aims to improve joint and muscle function (eg, range of motion) and thus improve the patient's ability to stand, balance, walk, and climb stairs. For example, physical therapy is usually used to train lower-extremity amputees. Limited range of motion impairs function and tends to cause pain. Range-of-motion exercises stretch stiff joints. Stretching is usually most effective and least painful when tissue temperature is raised to about 43°C. Active range-of-motion exercise is used when patients can exercise without assistance; patients must move their limbs themselves. Active assistive range-of-motion exercise is used when muscles are weak or when joint movement causes discomfort; patients must move their limbs, but a therapist

helps them to do so. Passive range-of-motion exercise is used when patients cannot actively participate in exercise; no effort is required from patients.

Many exercises aim to improve muscle strength. Muscle strength may be increased with progressive resistive exercise. When a muscle is very weak, gravity alone is sufficient resistance. When muscle strength becomes fair, additional manual or mechanical resistance (eg, weights, spring tension) is needed. General conditioning exercises combine various exercises to treat the effects of debilitation, prolonged bed rest, or immobilization. The goals are to reestablish haemodynamic balance, increase cardiorespiratory capacity, and maintain range of motion and muscle strength.

#### **#7.4 Balance, ambulation and transfer training**

Coordination exercises improve motor skills by repeating a movement that works more than one joint and muscle simultaneously. Before proceeding to ambulation exercises, patients must be able to balance in a standing position. Balancing exercise is usually done using parallel bars with a therapist standing in front of or directly behind the patient. While holding the bars, patients shift weight from side to side and from forward to backward. Once patients can balance safely, they can proceed to ambulation exercises.

Ambulation is often the main goal of rehabilitation. If individual muscles are weak or spastic, an orthosis (eg, brace) may be used. Ambulation exercises are commonly started using parallel bars; as patients progress, they use a walker, crutches, or cane and then walk without devices. Some patients wear an assistive belt used by the therapist to help prevent falls.

Transfer training is particularly important after a hip fracture, amputation, or stroke. Transferring safely is critical to remaining at home. Patients who cannot transfer independently from bed to chair, chair to toilet, or chair to a standing position usually require attendants 24h/day. Adjusting the heights of chairs may help; sometimes assistive devices are useful.

#### **#7.5 Slovní zásoba ke kapitole 7**

& Slovní zásoba je uspořádána do tabulky.

additional	dodatečný, doplňkový	lack	postrádat, mít nedostatek
adjust	přízpůsobit,	last	trvat

appropriate	upravit vhodný	nature	podstata, charakter
attendant	obsluha, asistent	nursing home	domov pro seniory
belt	pás, popruh	orthopaedic surgeon	ortoped
brace	ortéza	parallel bars	bradla
course	průběh	proceed (to)	začít, přikročit (k)
debilitation	oslabení, vysílení	prolonged	dlouhotrvající
depend	záviset, záležet	recovery	zotavení, uzdravení
device	zařízení	referral	doporučení
effort	úsilí, snaha	regain	znovu získat
endurance	vytrvalost	resistive	odporový
extensive	rozsáhlý	shift	přesun
fair	přiměřený, uspokojivý	stiff	tuhý
general	celkový, obecný	suited	vhodný, přizpůsobený
grooming	péče o svůj vzhled	unfamiliar	neznalý
initial	počáteční, výchozí	weights	činky
&			

### §Shrnutí kapitoly 7§

V této kapitole jste si osvojili slovní zásobu týkající se fyzikální medicíny a rehabilitace.

Na jejím základě byste měli být schopni popsat cíle a průběh léčebné rehabilitace.

### §Kontrolní otázky a úkoly§

1. What are aims of physical medicine and rehabilitation?
2. What is the difference between active (assistive) and passive range-of-motion exercises?
3. What groups of patients may need rehabilitation?
4. What exercises can improve muscle strength?
5. What is the benefit of proprioceptive neuromuscular facilitation?

6. Why is ambulation so important in rehabilitation and how is it being trained?

7. What is usually written in a referral?

### §Úkoly k textu§

\*1

Match the nouns.

§ Spojujte podstatná jména. Jsou uspořádána do sloupců A a B. Ve sloupci A je anglický výraz, ze sloupce B přiřaďte jeho český ekvivalent. &

A:

ability

ambulation

approach

outpatient

progress

rate

recovery

B:

ambulantní pacient

obnovení, uzdravení

chůze

pokrok

přístup

schopnost

rychlost, míra

## § Část pro zájemce§

\*1

Check the meaning of these phrases used in rehabilitation. If necessary, work with a dictionary.

§ Ověřte význam těchto spojení používaných v rehabilitaci. V případě potřeby pracujte se slovníkem. &

admit to

allied health professionals

ambulate

apply

assess

breathe

cause

complain of

confirm

die of

discharge from

fall

follow exercise

get worse

gym

check-up

injury

instruct



joint replacement

maintain

make an appointment with a doctor

make progress

modalities

order

perform

physician

prescribe

prognosis

provide

recommend

recover from

refer a patient to a specialist

referral

regain

relieve

require

resist

restore

restrict

result

set

suffer from

suspect

swell

tear

therapeutic exercise

tighten

undergo

### **§Otázky k zamyšlení§**

1. Have you undergone any rehabilitation?

### **§Korespondenční úkoly§**

What are so-called IADLs? Do not forget to cite the source of information. Co jsou tzv. IADLs? Nezapomeňte citovat informační zdroj.

### **§Citovaná a doporučená literatura§**

The Merck Manual of Diagnosis and Therapy, eighteenth edition, 2006, ISBN: 0911910-18-2

DeLisa's Physical Medicine & Rehabilitation. Principles and practice. Volume II. Fifth edition. Lippincott Williams & Wilkins, 2010.

Gogelová, H.: Angličtina pro fyzioterapeuty. GRADA Publishing, 2011. ISBN: 978-80-247-3531-3.

<http://www.nlm.nih.gov/medlineplus/ency/article/007448.htm>

<http://medical-dictionary.thefreedictionary.com/>

## **#8 Ergoterapie**

**V této kapitole se dozvíte:**

čím se zabývá a jaké jsou cíle ergoterapie,

na základě případové studie, jaká může být pracovní náplň ergoterapeuta.

**Po jejím prostudování byste měli být schopni:**

vysvětlit cíle a prostředky ergoterapie,

charakterizovat příklady pracovních úkolů ergoterapeutů.

**Klíčová slova kapitoly:** occupational therapy, occupation, assessment, work.

**@Průvodce studiem**

Uvedení do problematiky kapitoly.

Na zvládnutí této kapitoly budete potřebovat asi 120 minut.

Texty v této kapitole převzaty z

<http://www.wfot.org/AboutUs/AboutOccupationalTherapy/HowdoOTswork.aspx>

[http://www.prospects.ac.uk/case\\_studies\\_paediatric\\_occupational\\_therapist\\_fiona\\_loudoun.htm](http://www.prospects.ac.uk/case_studies_paediatric_occupational_therapist_fiona_loudoun.htm) @

Occupational therapy is a client-centred health profession concerned with promoting health and well being through occupation. The primary goal of occupational therapy is to enable people to participate in the activities of everyday life. Occupational therapists achieve this outcome by working with people and communities to enhance their ability to engage in the occupations they want to, need to, or are expected to do, or by modifying the occupation or the environment to better support their occupational engagement (WFOT 2012).

In occupational therapy, occupations refer to the everyday activities that people do as individuals, in families and with communities to occupy time and bring meaning and purpose to life. Occupations include things people need to, want to and are expected to do.

The occupational therapy process is based on initial and repeated assessments. The occupational therapist together with the person they are working with focus on individual and environmental abilities and problems related to activities in the person's daily life. Assessment includes the use of standardised procedures,

interviews, observations in a variety of settings and consultation with significant people in the person's life. The results of the assessment are the basis of the plan which includes short and long-term aims of treatment. The plan should be relevant to the person's development stage, habits, roles, life-style preferences and the environment.

Intervention focuses on programs that are person oriented and environmental. These are designed to facilitate the performance of everyday tasks and adaptation of settings in which the person works, lives and socialises. Examples include teaching new techniques and providing equipment which facilitate independence in personal care, reducing environmental barriers and providing resources to lessen stress.

Occupational therapists help people with mental, physical or social disabilities to independently carry out every day tasks or occupations. They work with children and adults of all ages, whose difficulties may have been present since birth, or the result of an accident, illness, ageing or lifestyle.

Occupational therapists create individual treatment programmes to help people carry out their daily tasks and to do so with more confidence and independence. They may suggest changes to the person's environment, whether that be at home, work or school, and may introduce the use of equipment which will help with some activities. Occupational therapists review the treatments periodically, evaluate progress and make changes to the treatment as needed.

Occupational therapists recognise the importance of teamwork. Cooperation and coordination with other professionals, families, caregivers and volunteers are important in the realisation of the holistic approach.

### **#8.1 Case study**

Fiona is a paediatric occupational therapist and works for the NHS. She graduated from Robert Gordon University in 2007 after studying for a BSc in Occupational Therapy. Fiona currently works in the community with children with disabilities, specialising in working with children with autistic spectrum disorders; she has been working in this area of occupational therapy for around two years.

Throughout school I always knew I wanted a career that involved working with people. I did work experience with physiotherapists, which I enjoyed, but I knew it

really wasn't for me. I did some research into occupational therapy and thought it sounded really interesting. The BSc in Occupational Therapy is a required qualification in becoming an occupational therapist. Obtaining it also allowed me to become a member of the Health Professions Council.

Studying for my degree allowed me to develop important skills, in particular being an effective team worker and a good listener.

Although I studied the theory of occupational therapy, including different models and approaches, the best experience I gained during my degree was during placements where I gained practical experience.

In my current role, I assess children up to 18 years old who face challenges within their home, community or school to enable them to become more independent with activities of daily living. This can involve using formal assessments or even observing children within the nursery or school setting. We use play as a form of assessment in order to identify the child's areas of need and ability.

I really enjoy my job, in particular working with various different children and families. The different situations you come across really keep you on your toes!

Jobs in paediatrics are hard to come across for newly qualified therapists, therefore I made sure I had lots of experience out of work. This included getting voluntary work with a children's club while ensuring that the skills I was acquiring could be transferred to a work setting. I would advise anyone wishing to work as an occupational therapist to obtain some related work experience or voluntary work. This will help to get an understanding of the role and the different areas occupational therapists work in.

## **#8.2 Slovní zásoba ke kapitole 8**

& Slovní zásoba je uspořádána do tabulky.

acquire	osvojit si, získat	outcome	výsledek
carry out	provádět, vykonávat	placement	stáž
come across	narazit na, setkat se	purpose	účel

confidence	jistota	recognise	rozpoznat, uznat
enhance	zlepšit, zvýšit	research	průzkum, výzkum
equipment	vybavení	resources	zdroj
gain	získat, dostat	review	posoudit, přezkoumat
lessen	zmenšit	task	úkol
observation &	pozorování		

### §Shrnutí kapitoly 8§

V této kapitole jste se seznámili s prací ergoterapeutů, kterou byste měli být schopni stručně charakterizovat.

### §Kontrolní otázky a úkoly§

1. What is the goal of occupational therapy?
2. How can you explain the term "occupation" in this context?
3. What patients/clients do occupational therapists work with?

### §Úkoly k textu§

\*1

Find synonyms.

§ Najděte slova stejného významu. Slova jsou uspořádána do sloupců A a B. &

A:

joint

goal

participate

position

power

prolonged

raise

stiff

treat

B:

aim

articulation

care

be concerned

long-term

increase

location

strength

rigid

### **§Korespondenční úkoly§**

What does the abbreviation WFOT mean? Co znamená zkratka WFOT?

### **§Citovaná a doporučená literatura§**

<http://www.wfot.org/AboutUs/AboutOccupationalTherapy/HowdoOTswork.aspx>

[http://www.prospects.ac.uk/case\\_studies\\_paediatric\\_occupational\\_therapist\\_fiona\\_loudoun.htm](http://www.prospects.ac.uk/case_studies_paediatric_occupational_therapist_fiona_loudoun.htm)

<http://www.aota.org/About-Occupational-Therapy/Patients-Clients/Adults/Hip/DailyActivitiesAfterHipReplacement.aspx>

## **#9 Geriatrie a péče o pacienty vyššího věku**

**V této kapitole se dozvíte:**

jaký je rozdíl mezi geriatrií a gerontologií,  
jak se mění biologické funkce člověka v závislosti na věku,  
o specifických potřebách lidí vyššího věku v oblasti zdravotní péče,  
o potřebě interdisciplinární spolupráce při péči o pacienty vyššího věku,  
v jakých zařízeních je lidem vyššího věku poskytována zdravotní péče,  
jaké jsou výhody/nevýhody hospitalizace a domácí péče.

**Po jejím prostudování byste měli být schopni:**

vysvětlit specifika biologických funkcí člověka ve vyšším věku,  
objasnit rozdíl mezi geriatrií a gerontologií,  
stručně charakterizovat zdravotnická zařízení, v nichž je seniorům poskytována  
zdravotní péče,  
popsat výhody a nevýhody hospitalizace v porovnání s domácí péčí o pacienta ve  
vyšším věku.

**Klíčová slova kapitoly:** the elderly, geriatrics, gerontology, ageing, health care  
needs, geriatric symptoms, disorders, interdisciplinary care, delivery of health care,  
settings, home care, nursing home, hospitalization, hospice.

**@Průvodce studiem**

Uvedení do problematiky kapitoly.

Na zvládnutí této kapitoly budete potřebovat asi 280 minut.

Texty v této kapitole převzaty z

The Merck Manual of Diagnosis and Therapy, eighteenth edition, 2006, ISBN:  
0911910-18-2. @

Geriatrics refers to medical care for the elderly, an age group that is not easy to  
define precisely. Gerontology is the study of ageing, including biologic, sociologic,  
and psychologic changes.



### **#9.1 The elderly and their health care needs**

Most age-related biologic functions peak before age 30 and gradually decline linearly thereafter. The decline may be critical during stress, but it generally has little or no effect on daily activities. Therefore, disorders, rather than normal ageing, are the primary cause of functional loss during old age. Also, in many cases, the declines that occur with ageing may be due at least partly to lifestyle, behaviour, diet, or environment and thus can be modified. For example, aerobic exercise can prevent or partially reverse declines in maximal exercise capacity (O<sub>2</sub> consumption per unit time), muscle strength, and glucose tolerance in healthy but sedentary older people. The unmodifiable effects of ageing may be less dramatic than thought, and healthier, more vigorous ageing may be possible for many people.

Around 1900 in the USA, people over 65 accounted for 4% of the population. Now, they account for more than 13% (37 million). In 2026, when post-World War II baby boomers begin to reach age 80, estimates suggest that over 20% (almost 80 million) will be over 65. People over 65 are in better health than their predecessors and remain healthier longer. Because of these improvements in health, decline tends to be most dramatic in the oldest old.

The elderly have different, often more complicated, health care needs. On average, an elderly patient has 6 diagnosable disorders, and the primary care physician is often unaware of some of them. A disorder in one organ system can weaken another system, exacerbating the deterioration of both and leading to disability, dependence, and, without intervention, death. Multiple disorders complicate diagnosis and treatment, and the effects of the disorders are magnified by social disadvantage (eg, isolation) and poverty.

### **#9.2 Geriatric symptoms, disorders and interdisciplinary care**

Certain common geriatric symptoms (dizziness, syncope, falling, mobility problems, weight or appetite loss) require particular attention because they may result from disorders of multiple organ systems. Also, physician should use the history, physical examination, and simple laboratory tests to actively screen elderly patients for disorders that occur only or commonly in the elderly (eg, urinary incontinence, chronic lymphocytic leukemia, degenerative osteoarthritis, dementia, falls, hip fracture, osteoporosis, parkinsonism, pressure ulcers, prostate cancer, stroke). Common treatable disorders include vitamin B12 deficiency, heart failure, GI

bleeding, diabetes mellitus, foot disorders interfering with mobility, oral disorders interfering with eating, hearing and vision abnormalities, dementia, and depression. In the elderly, these disorders are often diagnosed late or missed or, if noticed, may be erroneously attributed to ageing. Prescription and over-the-counter (OTC) drug use should be reviewed frequently, especially for drug interactions and use of drugs considered inappropriate for the elderly. Early detection of disorders or potential drug interactions results in early intervention, which can prevent deterioration and improve quality of life often through relatively minor, inexpensive interventions as lifestyle changes.

Caring for elderly patients with multiple disorders requires good diagnostic, analytic, and interpersonal skills. Often, early diagnosis depends on the clinician's familiarity with the patient's behaviour and history, including mental status. Commonly, the first signs of a physical disorder, often at a treatable stage, are mental or emotional. If patients have multiple disorders, treatments (eg, bed rest, surgery, drugs) must be well integrated and monitored to avoid iatrogenic consequences. With complete bed rest, elderly patients can lose 5 to 6% of muscle mass and strength each day, and the effects of bed rest alone can ultimately result in death. Treating one disorder without treating associated disorders may accelerate decline.

For the above reasons, many elderly patients require interdisciplinary care – coordinated care, typically by physicians, nurses, pharmacists, and sometimes dietitians, physical and occupational therapists, and social workers. For the oldest patients care is usually best managed by a geriatrician. Interdisciplinary care aims to ensure that the most qualified health care practitioner provides care for each problem and that care is not duplicated. Interdisciplinary care is not available everywhere.

### **#9.3 Care for elderly patients**

Because the elderly tend to have multiple disorders and may have social or functional problems, they use a disproportionately large amount of health care resources.

Sometimes the elderly unintentionally delay delivery of health care. Many elderly people believe that not feeling well is natural, unavoidable part of ageing. Thus, they often do not tell a physician about symptoms that may indicate serious but treatable disorders, although they may tell family members. Depression (which is common), the cumulative losses of old age, and discomfort due to a disorder may make the

elderly less interested in regaining health. Patients with impaired cognition may have difficulty describing problems, impeding the physician's evaluation. Also, the elderly may be reluctant to seek care because they fear hospitalization, which they may associate with dying.

Care may be delivered in various settings, including a physician's office, the patient's home, an assisted living facility, a nursing home, a hospital, and a hospice facility. Coordination of this care, especially across multiple settings for a particular patient, is called continuity of care. In general, the lowest, least restrictive level of care suitable to a person's needs should be used. This approach conserves financial resources and helps preserve the person's independence and functioning.

Home care is commonly used after hospital discharge, but hospitalization is not a prerequisite. Usually, home care is indicated when patients need monitoring, education, adjustment of drugs, dressing changes, and limited physical therapy. In general, home care is not suitable for patients who need assistance more than 0.5 to 1 h 3 times/wk, although special arrangements can sometimes be made. Nurses provide services under the supervision of a physician, who consults with them as changes in care are needed. Few people with a serious, chronic disorder can afford full home care even though most would prefer to remain at home. In the USA Medicare covers some home care services in certain circumstances, which depend on the Medicare option chosen. Services include personal care; part-time skilled nursing care; physical, occupational and speech therapy; social services; durable medical equipment; and medical supplies. Private insurance policies may be purchased to cover long-term home care.

The term nursing home refers specifically to a skilled nursing facility. In the USA, people over 65 occupy 90% of 1.7 million nursing home beds. About 45% of people over 65 spend some time in a nursing home; of these, more than 50% stay over 1 yr, and a minority of these will die there. However, twice as many functionally dependent elderly live in the community as in nursing homes, and 25% of the community-dwelling elderly have no living relatives. A nursing home may be needed temporarily to facilitate recovery from an acute disorder, especially hip fracture, myocardial infarction (MI), or stroke. In such cases, a nursing home that can provide services relevant to patient's needs (eg, high-quality physical therapy or rehabilitation) should

be chosen. Nursing homes vary in services provided and in quality. The most common reasons for long-term nursing home care are incontinence, dementia, and immobility. Certain problems (eg, decline in functional ability, undernutrition, weight loss, pressure ulcers, constipation, infections, depression, use of multiple drugs) commonly develop or worsen in residents of nursing homes but sometimes can be prevented with attentive care.

Only seriously ill elderly patients should be hospitalized. Hospitalization itself poses risks to elderly patients because of confinement, immobility, diagnostic testing, and treatments (including drugs). When patients are transferred to or from a hospital, drugs are likely to be added or changed, leading to a higher risk of adverse effects. In the hospital, elderly patients frequently experience nighttime confusion, fall, fracture a bone with no identifiable trauma, or become unable to walk; many develop pressure ulcers, urinary incontinence, fecal impaction, and urinary retention. Convalescence may be prolonged.

Hospices provide care for the dying. The goal is to alleviate symptoms and keep people comfortable rather than to cure a disorder. Hospice care can be provided in the home, a nursing home, or a separate inpatient facility. In the US, hospice care tends to be started very late in fatal disorders, especially disorders other than cancer (eg, Alzheimer's disease, heart failure, chronic lung disorders).

#### **#9.4 Slovní zásoba ke kapitole 9**

& Slovní zásoba je uspořádána do tabulky.

account (for)	být zodpovědný (za)	interfere (with)	narušit
afford	dovolit si	magnify	zvětšovat
alleviate	zmírnit, ulehčit	medical supplies	zdravotnické potřeby
arrangement	opatření, uspořádání	over-the- counter drug	volně prodejný lék
attentive	pozorný	peak	vrcholit
attribute	přičítat,	pose risk (to)	představovat

	připisovat		riziko
circumstance	okolnost	predecessor	předchůdce
community	obec, společenství	prerequisite	předpoklad
confinement	omezení (volného) pohybu	preserve	zachovat
confusion	zmatek	purchase	koupit
conserve	zachovat, šetřit	refer to	odkázat se na, zmínit
consumption	spotřeba	regain	znovu získat
cumulative	sčítající se	reluctant	neochotný, nedobrovolný
decline	pokles, úpadek	resident	obyvatel
delay	odložit, oddálit	resources	prostředky, zdroje
discharge	propuštění	restrictive	omezující
dizziness	závrať	reverse	zvrátit
dressing change	převaz	sedentary	sedavý
durable	odolný, trvanlivý	seek	hledat
dwel	žít, bydlet	setting	prostředí, zařízení
erroneously	chybně	skilled	odborný, kvalifikovaný
estimate	odhadnout	syncope	synkopa (mdloba)
exacerbate	zhoršit	temporarily	dočasně
familiarity	obeznámenost	treatable	léčitelný
fecal impaction	impaktovaná	unaware	nevědomý si

		stolice		
health delivery	care	poskytování zdravotní péče	unavoidable	nevyhnutelný
impede		bránit, ztěžovat	vigorous	rázný, vitální
&				

### §Shrnutí kapitoly 9§

V této kapitole jste si osvojili slovní zásobu k tématu geriatry a potřeb starších lidí v oblasti zdravotní péče.

Měli byste být schopni popsat příznaky stárnutí, zdravotní problémy typické ve vyšším věku a zařízení, která poskytují péči pacientům vyššího věku

### §Kontrolní otázky a úkoly§

1. Explain the difference between gerontology and geriatrics.
2. In which way are health care needs of elderly patients specific?
3. What are common geriatric symptoms and disorders?
4. What does the term “interdisciplinary care” mean?
5. What settings can be involved in care for elderly patients?
6. What type of care should be preferred – home care or hospitalization? Why?
7. What risks does hospitalization pose to the elderly?

### §Úkoly k textu§

\*1

Organize the vocabulary.

§ Rozdělte slovní zásobu do čtyř stejně početných skupin pojmenovaných:

First aid kit

Factors influencing ageing

Staff

Symptoms

Slova k roztřídění: bandage, behaviour, diet, dizziness, environment, falling, geriatrician, lifestyle, nurse, plaster, scissors, social worker, syncope, tweezers, weight loss. &

### §Otázky k zamyšlení§

How numerous is the population of people over 65 in the Czech Republic?

### §Citovaná a doporučená literatura§

Glendinning, E. H., Howard, R.: Professional English in Use. Medicine.  
Cambridge University Press, 2007. ISBN: 978-0-521-68201-5.

## #10 Ostatní soustavy lidského těla

### V této kapitole se dozvíte:

jaké typy bolesti existují,

jakými prostředky může být léčena bolest a zánět bez použití medikace.

### Po jejím prostudování byste měli být schopni:

charakterizovat bolest,

objasnit, jakým způsobem může být v rehabilitaci léčena bolest bez použití medikace.

**Klíčová slova kapitoly:** pain, nondrug treatment, heat, hot packs, paraffin bath, hydrotherapy, short wave diathermy, microwave diathermy, ultrasound, cold, transcutaneous electrical nerve stimulation, cervical traction, massage, acupuncture.

### @Průvodce studiem

Na zvládnutí této kapitoly budete potřebovat asi 150 minut .

Texty v této kapitole převzaty z

The Merck Manual of Diagnosis and Therapy, eighteenth edition, 2006, ISBN: 0911910-18-2. @

### **#10.1 Pain**

Pain is the most common reason patients seek medical care. It has sensory and emotional components and is often classified as acute or chronic. Acute pain is frequently associated with anxiety and hyperactivity of the sympathetic nervous system (eg, tachycardia, increased respiratory rate and blood pressure, dilated pupils). Chronic pain does not involve sympathetic hyperactivity but may be associated with vegetative signs (eg, fatigue, loss of libido, loss of appetite) and depressed mood. People vary considerably in their tolerance for pain.

Clinicians should evaluate the cause, severity, and nature of the pain and its effect on activities and psychologic well-being. The history should include quality (eg, burning, cramping, aching, deep, superficial, shooting), severity, location, patterns of referred pain, duration, course, timing (including frequency of remissions), pattern and degree of fluctuation, and exacerbating and relieving factors. The patient's level of function should be assessed, focusing on activities of daily living (eg, dressing, bathing), employment, avocations, and personal relationships (including sexual).

### **#10.2 Nondrug treatment**

Treatment of pain and inflammation aims to facilitate movement and improve coordination of muscles and joints. Nondrug treatments, often provided by physical therapists, include heat, cold, electrical stimulation, cervical traction, massage, and acupuncture. These treatments are used for many disorders of muscles, tendons and ligaments. Prescribers should include the diagnosis, type of treatment (eg, ultrasound or hot pack), location of application (eg, low back, left elbow), frequency (eg, once/wk, every other day), and duration (eg, 1 wk). More detail as dosage or duration of individual treatments is unnecessary because therapists make these decisions.

Heat provides temporary relief in subacute and chronic traumatic and inflammatory disorders (sprains, strains, muscle spasm, back pain, whiplash injuries, or various forms of arthritis...). Heat increases blood flow and the extensibility of connective tissue and also decreases joint stiffness, pain, and muscle spasm and helps relieve inflammation and oedema. Heat application may be superficial or deep. Intensity and duration of the physiologic effects depend mainly on tissue temperature, rate of temperature elevation, and area treated. Infrared heat is applied with a lamp, usually for 20 min/day. Contraindications include any advanced heart disorder, peripheral



vascular disease, or impaired skin sensation (particularly to temperature and pain). Precautions must be taken to avoid burns.

Hot packs are cotton cloth containers filled with silicate gel; they are boiled in water or warmed in a microwave oven, then applied to the skin. The packs must not be too hot. Wrapping the packs in several layers of towels helps protect the skin from burns.

For a paraffin bath, the affected area is dipped in, immersed in, or painted with melted wax that has been heated to 49°C. The heat can be retained by wrapped the affected area with towels for 20 minutes. Paraffin is usually applied to small joints – typically, by dipping or immersion for a hand and by painting for a knee or an elbow. Paraffin should not be applied to open wounds or used on patients allergic to it.

Hydrotherapy may be used to enhance wound healing. Agitated warm water stimulates blood flow and debrides burns and wounds. This treatment is often given in a Hubbard tank (a large industrial whirlpool) with water heated to 35.5 to 37.7°C. Total immersion in water heated to 37.7 to 40°C may also help relax muscles and relieve pain. Hydrotherapy is particularly useful with range-of-motion exercises.

Ultrasound uses high-frequency sound waves to penetrate deep (4 to 10 cm) into the tissue; its effects are thermal, mechanical, chemical, and biologic. It is indicated for tendinitis, contractures, osteoarthritis, and bone injuries. Ultrasound should not be applied to ischemic tissue or areas of acute infection. Also, it should not be applied over the eyes, brain, spinal cord, ears, heart, reproductive organs, brachial plexus, or bones that are healing.

For acute injury or pain cold seems to be better than heat. Cold may help relieve muscle spasm, acute low back pain, and acute inflammation; cold may also help induce some local anesthesia. Cold is usually used during the first few hours or the day after an injury. Cold may be applied locally using an ice bag, a cold pack, or volatile fluids, which cool by evaporation. The spread of cold on the skin depends on the thickness of the epidermis, underlying fat and muscle, water content of the tissue, and rate of blood flow. Care must be taken to avoid tissue damage and hypothermia. Cold should not be applied over poorly perfused areas.

Transcutaneous electrical nerve stimulation (TENS) uses low current at low-frequency oscillation to relieve pain. Patients feel a gentle tingling sensation without

increased muscle tension. Often, patients are taught to use the TENS device and decide when to apply treatment. Because TENS may cause arrhythmia, it is contraindicated in patients with any advanced heart disorder or a pacemaker. It should not be applied over the eyes.

Cervical traction is often indicated for chronic neck pain due to cervical spondylosis, disk prolapsed, or whiplash injuries. Vertical traction (with patients in a sitting position) is more effective than horizontal traction (with patients lying in bed). Traction is usually combined with other physical therapy, including exercises and manual stretching.

Massage may mobilize contracted tissues, relieve pain, and reduce swelling and induration associated with trauma (eg, fracture, joint injury, sprain, strain, bruise, peripheral nerve injury). Massage should be considered for low back pain, arthritis, hemiplegia, paraplegia, quadriplegia, multiple sclerosis, and cerebral palsy. Only a licensed massage therapist should perform massage for treatment of an injury.

Thin needles are inserted through the skin at specific body sites, frequently far from the site of pain. Acupuncture is sometimes used with other treatments to manage chronic pain and to enhance rehabilitation after stroke.

### **#10.3 Slovní zásoba ke kapitole 10**

& Slovní zásoba je uspořádána do tabulky.

aching	bolavý	paint	natřít, potřít
agitated	rozrušený	pattern	vzor, schéma
anxiety	úzkost	penetrate	proniknout
avocation	koníček, zábava	perfuse	zalít, promýt
avoid	vyhnout se	precaution	preventivní opatření
clinician	klinický lékař	relief	úleva
cramping	způsobující křeč	remission	dočasná úleva
current	proud	retain	ponechat,

			uchovat
debride	vyčistit	seek	hledat
dip	ponořit, namočit	sensation	cit, vnímání
disk prolapsed	vyhřezlá ploténka	shooting	vystřelující
dosage	dávkování	stiffness	ztuhlost
evaporation	odpařování	superficial	povrchový
exacerbate	zhoršit	tingling	brnění, mravenčení
extensibility	roztáhnout	volatile	nestálý, těkavý
hot pack	teplý zábal	wax	paraffin, vosk
induce	přivodit, vyvolat	well-being	pocit pohody, zdraví
induration	zatvrdnutí	whiplash injury	hyperextenze (hyperflexe) krku
insert	vložit	wrap	zabalit, ovázat

&

### §Část pro zájemce§

\*1

Match the words and their description.

§ Spojte výrazy ve sloupci A s jejich popisem ze sloupce B. &

A:

acupuncture

aromatherapy

herbal remedies

homeopathy

hypnotism

massage

reflexology

B:

Giving people very small amounts of drugs.

Treating people by pressing parts of their feet in order to treat problems in other parts of their body.

Treating people by rubbing various parts of their body to relieve pain.

Treating people with medicines made from special herbs and plants.

Treating people with needles to stimulate nerve impulses.

Treating people with special oils, which are used in a bath or rubbed into the skin.

Treating somebody by putting them into a deep sleep and controlling what they think.

### **§Shrnutí kapitoly 10§**

V této kapitole jste si osvojili slovní zásobu týkající se léčby bolesti a zánětu bez použití medikace.

Měli byste být schopni popsat, jakými prostředky a postupy je možné bolest a zánět bez použití medikace léčit.

### **§Kontrolní otázky a úkoly§**

1. How do acute and chronic pain differ?
2. What aspects of pain should be considered when treating it?
3. What is the effect of heat on the body? In which health conditions can heat be applied?
4. Explain the effect of hydrotherapy.
5. When is the use of cold beneficial?
6. What does the abbreviation TENS mean?

7. In which cases are massage and cervical traction applied?

### §Úkoly k textu§

\*1

Find antonyms.

§ Najděte slova opačného významu. Výrazy jsou uspořádány do sloupců A a B. &

A:

add

improve

incompetent

minority

regain

serious

temporarily

B:

lose

majority

permanently

skilled

slight

take away

worsen

### §Otázky k zamyšlení§

Have you experienced any of the treatments mentioned in text?

## §Korespondenční úkoly§

Zjistěte, jaký je rozdíl mezi anglickými výrazy „ache“ a „pain“. Citujte informační zdroj.  
Find out what the difference between the expressions “ache” and “pain” is. Cite the source of information.

## §Citovaná a doporučená literatura§

Oxford Studijní slovník : výkladový slovník angličtiny s českým překladem. Oxford University Press : 2010, ISBN: 978-0-19-430655-3.

The Merck Manual of Diagnosis and Therapy, eighteenth edition, 2006, ISBN: 0911910-18-2.

## #11 Asistivní technologie

### V této kapitole se dozvíte:

- co to jsou asistivní technologie,
- jaké jsou běžné zdravotní pomůcky napomáhající chůzi,
- jaké jsou výhody jednotlivých pomůcek.

### Po jejím prostudování byste měli být schopni:

- vysvětlit termín asistivní technologie,
- charakterizovat pomůcky pro chůzi,
- objasnit výhody některých pomůcek.

**Klíčová slova kapitoly:** assistive technology, orthosis, walking aids, cane, crutches, walking frame, trolley, wheelchair, prosthesis.

### @Průvodce studiem

Na zvládnutí této kapitoly budete potřebovat asi 150 minut.

Texty v této kapitole převzaty z

DeLisa's Physical Medicine & Rehabilitation. Principles and practice. Volume II. Fifth edition. Lippincott Williams & Wilkins, 2010, str. 1997-2015. @

Humans have used tools to accomplish everyday tasks in many cultures throughout history (and prehistory), but the perception remains that the use of technology as a tool for persons with disabilities is a fairly recent phenomenon. In fact, James and Thorpe describe any number of assistive devices used as early as the 6th or 7th century B.C. Their descriptions include partial dentures, artificial legs and hands, and drinking tubes and straws. The earliest documented account of optical and lens technologies, or eyeglasses, came from Venice around A.D. 1300. The term assistive technology to describe devices used to facilitate the accomplishment of everyday tasks by persons with disabilities is actually more recent development.

Assistive technology (AT) is a tool used by someone with a disability to perform everyday tasks such as getting dressed, moving around, or controlling his or her environment, learning, working, or engaging in recreational activities. As a tool, assistive technology is no different than using a hammer to drive a nail. AT use often begins shortly after birth and continues throughout the life span of individuals with disabilities.

AT tends to be divided into two major categories: low technology and high technology. Low-technology devices tend to be simple, nonelectronic devices. Items such as dressing aids, pencil grips, picture-based communication boards for persons who are nonspeaking, and magnifiers for persons with visual impairments fall within the category of low-tech devices. High-technology devices are typically described as sophisticated, electronic devices such as power wheelchairs, computers, or augmentive and alternative communication devices that provide voice output for persons who are nonspeaking. These devices are usually fairly expensive and often require extensive training to ensure they are used to their fullest potential.

### **#11.1 Assistive technology for mobility impairments**

Individuals with mobility impairments often present with unique needs and abilities. Some may demonstrate only lower-body impairment, such as spinal cord injury or spina bifida, with no other complications. AT solutions might include crutches, a scooter, or a wheelchair. How to support a patient during ambulation? Aides should place one arm under that of the patient, gently grasp the patient's forearm, and lock their arm firmly under the patient's axilla. Thus, if the patient starts to fall, the aide can provide support at the patient's shoulder.

Simple modifications or adaptations to the environment, such as removing physical barriers to access (wide doorway or a ramp instead of stairs), may be all that is needed. For others, automobile hand controls, adapted saddles for horseback riding, sit skis for downhill skiing, or even placing bricks under a desk or table to allow the wheelchair user to work comfortably at a workstation may be necessary accommodations. Other adaptive equipment for persons with mobility impairments might include a van with an attached lift. Many individuals who use wheelchairs drive a wide range of motor vehicles as well as bicycles using specially customized hand controls for turning and braking.

For someone with upper-body mobility impairment, such as poor hand control or paralysis, assistive devices might include alternate keyboards or other input methods to access a computer. Alternate keyboards come in many shapes and sizes. There are expanded keyboards which provide a larger surface area than a standard keyboard, larger letters with a contrasting yellow background, and options such as delayed response of the activated key for individuals who have difficulty either initiating touch or removing their finger after they have activated the key.

Manual wheelchairs offer many advantages over powered mobility. They are much easier to transport because of their lighter weight. No special equipment is needed to place a manual wheelchair in a backseat, and individuals with paraplegia and tetraplegia are often capable of transporting their wheelchairs independently without additional technology. In addition, manual wheelchairs generally require less maintenance than power devices, and there are no concerns related to batteries or controllers. Finally, manual wheelchairs offer a degree of physical exercise that can benefit the wheelchair user.

The institutional wheelchair is intended for institutional use, where many people may use the same wheelchair. They are typically used in airports, hospitals, and nursing care facilities. They are inappropriate for active people who use wheelchairs for personal mobility, including older persons in nursing homes. They are designed to be inexpensive, to accommodate larger variations in body size, to be low maintenance, and to be attendant propelled. They are designed neither for the comfort of the person being transported nor for the person pushing the chair. They typically fold to reduce the area for storage and transportation and solid tires are commonly used to



reduce maintenance. There is very little, if anything, that can be adjusted to fit the user on this chair.

The use of powered mobility facilitates independence, improves occupational performance, and is correlated with a higher sense of quality of life for people who cannot ambulate or propel a manual wheelchair effectively. A number of components can be attached to both manual and power wheelchairs as footrests, armrests, clothing guards, or wheel locks.

### **#11.2 Assistive technology for communication disorders**

For individuals with severe expressive communication impairments, there is a wide range of AT devices available. For persons who have reduced phonation or breath support and speak very quietly, there are a number of portable amplification systems available that work much like a sound system in a large lecture hall. There is also a device available that clarifies speech for individuals with dysarthria. Children and adults with severe expressive communication impairments can benefit academically, vocationally, emotionally, and socially from the provision of a device that allows them to communicate their thoughts, learn and share information and ideas, and otherwise participate in life activities.

### **#11.3 Electronic aids to daily living**

Electronic aids to daily living (EADLs) also described as environmental control units, provide alternative control of electrical and battery operated devices within the environment. These devices may include the TV, VCR, stereo, lights appliances, telephone, door, electric bed, and more. EADLs are designed to improve independence of ADLs. EADLs are primarily used in the home, but can also be used at work and school.

EADLs provide alternative control and are designed for persons who are unable to use standard controls such as light switches or other electronic or battery-operated appliances and fixtures. EADLs can be helpful for persons with physical and cognitive disabilities. For example, a person who has aphasia and motor impairments due to stroke may not be able to easily select a new TV channel. This person may benefit from a solution as simple as a standard TV remote control.

A person with cerebral palsy may have difficulty with small buttons or a remote control. This person may benefit from an EADL that is accessed by a switch to scan

choices. Persons of all ages can benefit from this technology as well. For example, entry level EADLs provide alternative control of toys for very young children.

EADLs are controlled by three different access methods: direct, switch, and voice. Direct access is generally finger-to-button, as on a standard remote control. Some EADLs have enlarged buttons or keyguards to assist direct access. Enlarged buttons can also make the buttons easier to see. Typically, individuals who use direct EADLs have fair to good fine motor control and vision.

In switch access, any type of switch can be placed at the best location for activation by the person. The first switch activation begins a scan of choices, usually of general categories (i.e., TV, lights, phone). The second switch activation chooses one of these categories. Choices within that category are now scanned (i.e., channel up, channel down, mute). A third switch activation selects the desired function, and the signal is sent to the TV. Most of these systems have visual displays with small text in English (although some EADLs are available in other languages) and no speech feedback. The person generally must have good sequencing skills and vision and be able to read.

Voice-operated EADLs respond to verbal commands. For example, if the user says „TV on,“ a signal is immediately sent to the TV to turn it on. The individual using the device needs to have a consistent, understandable voice to operate these EADLs. They must also remember the available commands or be able to read a list to remind themselves. A person with a high-level spinal cord injury is a typical patient who could benefit from this type of device.

#### **#11.4 Slovní zásoba ke kapitole 11**

& Slovní zásoba je uspořádána do tabulky.

access	přístup, zpřístupnit	fixture	pevná součást
accommodation	přizpůsobení	fold	složít
accomplish	provést	grip	rukojeť
account	zpráva	initiate	zahájit
adjust	upravit	input	vstup, přísun
amplification	zvětšení	intend	zamýšlet
artificial	umělý	lecture hall	přednášková místnost

attendant propelled	poháněný doprovázející osobou	magnifier	lupa
augmentive back seat brake	zvětšovací zadní sedadlo brzdit	mute perception phonation	tlumítko vjem účast hlasu při mluvení
brick	cihla	provision	zajištění, zaopatření
clarify	vyjasnit	remote control	dálkové ovládání
command concern	příkaz záležitost	saddle sequencing skills	sedlo, opora třídící dovednosti
denture desired device	umělý chrup požadovaný zařízení, přístroj	storage straw tire	uložení brčko pneumatika, obruč
drive a nail &	zatlouct hřebík	tool	(pracovní) nástroj
extensive &	rozsáhlý		

### §Shrnutí kapitoly 11§

V této kapitole jste si osvojili slovní zásobu související s asistivními technologiemi a zdravotními pomůckami. Měli byste být schopni blíže popsat výhody a nevýhody jednotlivých pomůcek pro zlepšení mobility.

### §Kontrolní otázky a úkoly§

1. Clarify the term “assistive technology”.
2. Give examples of walking aids. What type of patients are they designed for?

### §Úkoly k textu§

\*1

Organize the vocabulary.

§ Rozdělte slovní zásobu do čtyř stejnoměrných skupin nazvaných:

ADLs

Exercises

Pain

Walking aids

Slova k roztřídění: balance, bathing, burning, cane, conditioning, cramping, crutch, dressing, grooming, prosthesis, resistance, self feeding, shooting, strengthening, superficial, walker. &

### **§Korespondenční úkoly§**

Your friends are looking for some medical supplies for their disabled grandmother. They need your advice on aids to daily living (bathing, toileting, dressing). Look up 7 suitable aids on <http://www.medicalsupplygroup.com/Default.aspx>. Vaši přátelé hledají zdravotní pomůcky pro svou babičku. Potřebují Vaši radu ohledně ADL pomůcek (koupání, toaleta, oblékání). Vyhledejte 7 vhodných pomůcky na <http://www.medicalsupplygroup.com/Default.aspx>.

### **§Citovaná a doporučená literatura§**

The Merck Manual of Diagnosis and Therapy, eighteenth edition, 2006, ISBN: 0911910-18-2

<http://www.washington.edu/accessit/articles?109>

[http://www.ricability.org.uk/consumer\\_reports/mobility\\_reports/stepping\\_out/frames\\_and\\_trolleys/](http://www.ricability.org.uk/consumer_reports/mobility_reports/stepping_out/frames_and_trolleys/)

<http://www.ossur.co.uk/>

<http://videos.disabled-world.com/category/disability-sports-videos>

## **#12 Protetika**

### **V této kapitole se dozvíte:**

základní slovní zásobu vztahující se k protetice,

jak probíhá proces vybavení pacienta protetickou pomůckou.

### **Po jejím prostudování byste měli být schopni:**

vysvětlit termín protetika a objasnit, čím se zabývá,  
charakterizovat, jak probíhá proces vybavení pacienta protetickou pomůckou,  
popsat, jaké typy protéz existují,  
objasnit hlavní cíle rehabilitace u pacientů s protetickou pomůckou.

**Klíčová slova kapitoly:** amputation, prosthetics, amputee, prosthesis, follow-up, ADLs.

### **@Průvodce studiem**

Na zvládnutí této kapitoly budete potřebovat asi 150 minut.

Texty v této kapitole převzaty z

[http://www.amputee-coalition.org/inmotion/nov\\_dec\\_05/pros\\_rehab\\_tech\\_seniors.html](http://www.amputee-coalition.org/inmotion/nov_dec_05/pros_rehab_tech_seniors.html)

<http://www.oandplibrary.org/alp/chap04-01.asp> @

Statistics tell us that the majority of people in the United States who require an amputation are age 65 and older. Moreover, the deadly diseases of diabetes, obesity and severe peripheral vascular disease – all of which can lead to amputations – are increasing at horrifying rates as the overall population ages. The following numbers, provided by the Amputee Coalition of America, illustrate the extent of limb loss in the U.S.:

More than 1.6 million people in the U.S. have some type of limb loss, excluding fingers and toes.

More than 185,000 amputations are performed annually in this country.

The prevalence rate is highest among people age 65 and older (19.4 per 1,000).

18.2 million Americans have diabetes, and 41 million have prediabetes.

More than half of amputations performed on people age 50 and older are due to diabetes or peripheral vascular disease. A study at Johns Hopkins University

showed that there are about 86,000 diabetes related amputations performed in the U.S. each year.

### **#12.1 Prosthetics**

Prosthetics is the branch of medicine or surgery that deals with the production and application of artificial body parts. The artificial limb is called a prosthesis (plural – prostheses) and the prosthetist is the health care professional who fabricates and fits artificial limbs and similar devices prescribed by a physician.

The prosthetist of today is a highly skilled individual who must meet significant educational and professional standards prior to obtaining board certification. The prosthetists function as a consultant to rehabilitation programs and hospitals is also now more clearly defined.

When amputation of a limb is being considered, it is important to inform the patient as early as possible about future rehabilitation. It is not unusual for the recent amputee to become depressed, withdrawn, or angry; in fact, it is unusual when amputation seems to have no effect on the persons attitude. Patient education and counseling can come from several sources, including a formal clinic, an amputee support group, or individuals such as the prosthetist, nurse, or social worker. Whenever possible, both the prosthetist and a support group should be contacted immediately following amputation because each can provide the patient with valuable information.

When the amputee is ready for prosthetic fitting, additional orientation information should be offered. An explanation of the different stages of the rehabilitation process is in order, including how long the preparatory prosthesis will be used and when the evaluation for a definitive prosthesis will occur. Many amputees are seen in a prosthetic clinic setting 1 or more months following their amputation. Unfortunately, in many cases they still have not been informed of the entire process and are confused by the number of health care professionals in attendance. Whenever a new patient is seen, it is best for the prosthetist to assume that no one has yet explained the process and to offer a concise overview of the prosthetic procedures about to begin. The amputee tends to develop confidence in the person willing to spend the time to provide a clear explanation of the rehabilitation process, and this can enhance the overall outcome.

There are five generic types of prostheses: postoperative, initial, preparatory, definitive, and special-purpose prostheses. Although progression through all five levels may be desirable, only selected amputees will receive the postoperative or initial prostheses, which are directly molded on the residual limb. Most amputees will have preparatory and definitive prostheses, but a much smaller number will receive special-purpose prostheses for showering or for swimming and other sports.

### **#12.2 Follow-up**

Proper patient follow-up is of critical importance in prosthetics. New amputees in particular require follow-up at frequent intervals; they should be developing not only tolerance to pressures of the prosthesis against the skin but also general physical endurance. Patients will have many questions after wearing the prosthesis for a week or two, such as how to use the prosthesis while driving a car and during sports activities and dancing, choosing the proper shoes, and wearing the prosthesis to the beach. In addition, a number of minor problems can occur during the first few weeks of prosthetic wear from pressure areas in the socket, discomfort while sitting, or problems when wearing different shoes. These concerns can be easily corrected during a follow-up visit.

Patients should be seen, at the very minimum, every 4 to 6 months. The prosthesis contains many moving mechanical components that require cleaning, maintenance, or replacement at intervals. Some components, particularly joint mechanisms, must be cleaned and adjusted on a regular basis because they directly affect the function of the prosthesis. Changes in the volume or shape of the patient's residual limb will frequently require socket adjustments, particularly during the first month of wearing a new prosthesis.

Learning to transfer safely is the most important initial goal for anyone who has a lower-limb amputation. Success with this first goal of rehabilitation means regaining the ability to transfer independently in and out of bed, on and off the toilet, and in and out of the shower or bathtub. Transfer training should begin the first day after surgery. Working on the strength and skills to transfer independently needs to happen well before the new amputation site is healed enough to even consider a prosthesis.

In addition to transfer training, a set of skills known as Activities of Daily Living (ADLs) must be incorporated very early into the recovery process. ADLs include personal hygiene, dressing, eating and bathroom skills.

After mastering transfers and ADLs, the next skills to work on include walking in parallel bars or with a walker for at least 25 feet to manage and maintain personal space and possessions.

### #12.3 Slovní zásoba ke kapitole 12

& Slovní zásoba je uspořádána do tabulky.

adjust	upravit	molded	tvarovaný
amputee	člověk amputací	s overall	celkový
assume	předpokládat	procedure	postup
attendance	přítomnost	prosthesis, prostheses	protéza
board certification	osvědčení (profesní) organizace	prosthetic fitting	vybavení protézou
concise	stručný	prosthetist	protetik
desirable	žádoucí	residual limb	pahýl
exclude	vyloučit	socket	lůžko protézy
follow-up	následná péče	stump	pahýl
maintenance	údržba	withdrawn	odtažený
&			

### §Shrnutí kapitoly 12§

V této kapitole jste si osvojili slovní zásobu týkající se protetiky.

Na jejím základě byste měli být schopni charakterizovat tento obor a popsat proces vybavení pacienta protetickou pomůckou.

### §Kontrolní otázky a úkoly§

1. What does prosthetics deal with?
2. Who should be involved in the care for an amputee?
3. What kinds of prostheses do you know?
4. Why is follow-up in amputees of great importance?



5. What skills should the amputees master within the follow-up?

### §Úkoly k textu§

\*1

Fill in the nouns or verbs.

§ Doplňte tvar slovesa odvozený od podstatného jména a naopak. Ve sloupci A jsou uvedena slovesa, ke kterým je třeba doplnit podstatné jméno. Ve sloupci B jsou uvedena podstatná jména, ke kterým je třeba doplnit sloveso. &

A:

produce

relieve

add

decide

B:

maintenance

increase

adjustment

transfer

### §Otázky k zamyšlení§

1. Is the number of amputees in the Czech Republic increasing?

### §Citovaná a doporučená literatura§

<http://www.limbless-association.org/>

<http://www.ncbi.nlm.nih.gov/books/NBK27302/>

<http://www.oandplibrary.org/alp/>

[http://www.amputee-coalition.org/inmotion/nov\\_dec\\_05/pros\\_rehab\\_tech\\_seniors.html](http://www.amputee-coalition.org/inmotion/nov_dec_05/pros_rehab_tech_seniors.html)

<http://www.ossur.co.uk/pages/16810>

## **#13 Profese terapeuta**

### **V této kapitole se dozvíte:**

co obnáší profese fyzioterapeuta a ergoterapeuta,

jaké by měl mít terapeut vlastnosti.

### **Po jejím prostudování byste měli být schopni:**

vysvětlit, co je náplní práce fyzioterapeuta a ergoterapeuta,

objasnit, z jakého důvodu se této profesi chcete věnovat.

**Klíčová slova kapitoly:** physiotherapist / physical therapist, occupational therapist, assessment, plan, teamwork, occupation.

### **@Průvodce studiem**

Uvedení do problematiky kapitoly.

Na zvládnutí této kapitoly budete potřebovat asi 140 minut.

Texty v této kapitole převzaty z

<http://www.health.qld.gov.au/workforus/careers/Physio.pdf>

<http://www.health.qld.gov.au/workforus/careers/OccupatTherapist.pdf> @

### **#13.1 Physiotherapist**

A physiotherapist is a health professional who provides treatment for people with physical problems caused by injury, illness, diseases and ageing. Physiotherapists use a range of treatments including mobilisation and manipulation of joints, massage, therapeutic exercise, electrotherapy and hydrotherapy to reduce pain, restore function and improve an individual's quality of life.

What does a physiotherapist do?

assess the physical condition of patients to diagnose problems and plan treatment,

use a range of techniques to strengthen and stretch muscles and joints to improve patient mobility (perform massage, hydrotherapy, breathing and relaxation techniques),

perform spinal and peripheral joint mobilisation and manipulation,

use equipment such as heat packs, exercise equipment, ice packs, ultrasound and electrotherapy to ease pain, reduce swelling and improve range of movement,

re-train patients to walk or to use walking frames, splints, crutches or wheelchairs,

educate patients, their families and the community to prevent injury and disability and to lead healthy lifestyles,

plan and implement community fitness programs,

treat a wide range of patients including premature babies, children with cerebral palsy, pregnant women, athletes, people undergoing rehabilitation, those needing help to recover from major surgery, heart disease or stroke, and the elderly to maintain fitness.

What should a physiotherapist be like?

interested in health and wellbeing

genuine interest in people,

good communication and empathy with others,

analytical and problem-solving skills,

ability to inspire confidence and motivate people.

### **#13.2 Occupational therapist**

Occupational therapists work with people of all ages with a variety of conditions caused by injury or illness, psychological or emotional difficulties, developmental delay or the effects of aging. Their goal is to assist individuals to improve their

everyday functional abilities and enable independence, well being and quality of life. Occupational therapists help patients maximise function and enable participation in their own lives. Places of employment may include hospitals, clinics, day and rehabilitation centres, home care programmes, special schools, industry and private enterprise. Many occupational therapists work in private practice and as educators and consultants.

What does an occupational therapist do?

conduct tests to assess functional, emotional, psychological, developmental and physical capabilities,

plan and direct specific therapeutic programs for individuals using vocational (jobs or careers), recreational, remedial, social and educational activities,

select and design a variety of activities that assist in affected movement or function and help individuals to regain personal care skills, such as eating and dressing,

monitor the progress of individuals and assist with the coordination of an effective health team,

assist children with disabilities to integrate into education programs and schools,

assess the ability of injured workers to return to their usual employment or to perform alternative duties,

design and modify the environment of clients to allow for better access and independence,

advise on the use of specialist equipment, such as home modifications, adapted kitchen utensils, wheelchairs and other assistive technologies, which help people within their environment,

assess the need for, develop and run health education programs,

undertake research or teach in academic institutions,

assist in policy development for health and other related areas.

What should an occupational therapist be like?

patient, initiative, flexible attitude,

practical, innovative and observant,

able to solve problems,

good interpersonal and communication skills,

able to work as part of a team and independently.

### #13.3 Slovní zásoba ke kapitole 13

advise	radit	policy	politika, postup
assess	ohodnotit	premature	předčasný
enhance	zvětšit, zlepšit	promote	podporovat
enterprise	podnik	remedial	léčebný, nápravný
genuine	upřímný	restore	obnovit
implement	uskutečnit	splint	dlaha
major surgery	chirurgický výkon	undertake	vykonat
observable	pozoruhodný	utensil	kuchyňská potřeba
outcome	výsledek	vocational	odborný (týkající se povolání)
patient	trpělivý		

### §Shrnutí kapitoly 13§

V této kapitole jste si osvojili slovní zásobu týkající se výkonu profese fyzioterapeuta a ergoterapeuta.

Měli byste být schopni vysvětlit, co je náplní práce při výkonu těchto povolání.

Měli byste být schopni stručně vysvětlit, proč se chcete v budoucnu věnovat práci terapeuta.

### **§Kontrolní otázky a úkoly§**

What does a physiotherapist / occupational therapist do?

What is the difference between these professions?

### **§Úkoly k textu§**

\*1

Odd man out.

§ Vyberte slovo, které se nehodí k ostatním slovům na řádku a zdůvodněte proč. &

1. affect, impact, influence, nurse
2. branch, chargé, contribution, taxation
3. clinic, facility, setting, tingling
4. drug, injury, over-the-counter, prescription
5. duration, frequency, gravity, location
6. exception, health education, prevention, vaccination
7. prosthetic fitting, socket, stump, supplies

### **§Korespondenční úkoly§**

Why do you want to become a physiotherapist / occupational therapist? Give reasons in about 300 words. Proč se chcete stát fyzioterapeutem / ergoterapeutem? Popište své důvody přibližně 300 slovy.

### **§Citovaná a doporučená literatura§**

<http://www.health.qld.gov.au/workforus/careers/Physio.pdf>

<http://www.health.qld.gov.au/workforus/careers/OccupatTherapist.pdf>

[http://www.prospects.ac.uk/occupational\\_therapist\\_job\\_description.htm](http://www.prospects.ac.uk/occupational_therapist_job_description.htm)