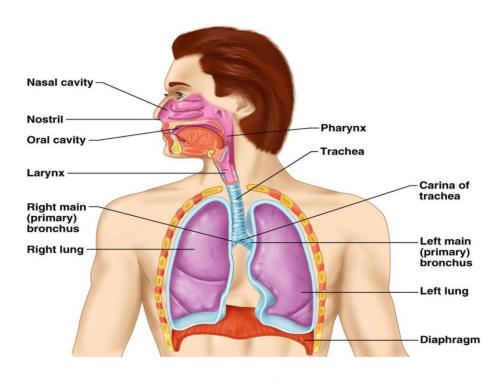
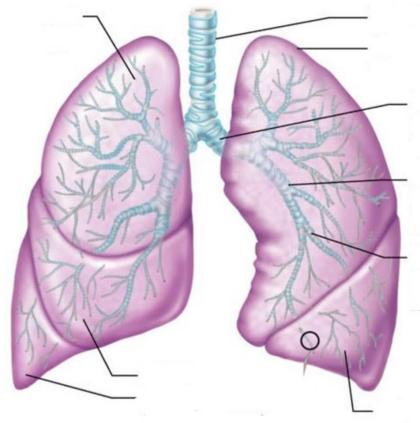
https://heartsfortheclass.blogspot.com/

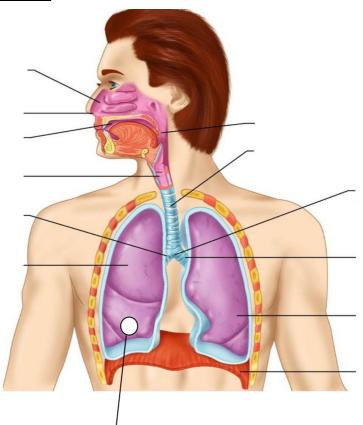
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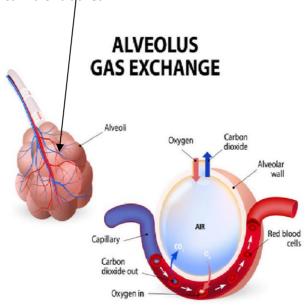


Nearly 9,500 people die early each year in London due to long-term exposure to air pollution. The premature deaths are due to two key pollutants, fine particulates known as PM2.5s and the toxic gas nitrogen dioxide (NO2or NOX), according to a study carried out by researchers at King's College London.

Caption the respiratory system:



Nasal cavity, nose, oral cavity, Pharynx, trachea, left lung, diaphragm, right main(primary) bronchus, larynx, right lung, left main (primary) bronchus, carina of trachea.

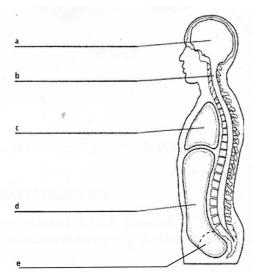


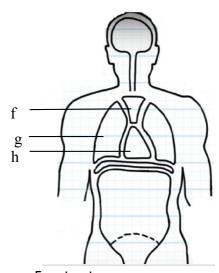
<u>Draw the air path</u> with the PM 2,5 and with nanoparticules in the respiratory tract. PM2,5=Particulate Matter less than 2,5 micrometre, nanoparticules are 0,001 micromètre. Nanoparticles pass through the blood at the alveoli.

Eye irritation, lung and throat irritation. trouble breathing. lung cancer, problems with babies at birth (for example, low birth weight), heart disease.

ı have ideas to prote		

Body cavities https://www.youtube.com/watch?v=xL4TWO5CC84





Sagittal section

Front cut

- 1° Caption cavities a,b,c,d,e,f,g,h.
- 2° Name the organ which separates the thoracic cavity from the abdominopelvic cavity:
- 3° Complete the grid with the names of the cavities and the organs they contain.

Cavity	Organ(s)

FIGHT DEPRESSION, EAT HEALTHY FOOD!

Eating healthy foods may lower depression risk

By Agata Blaszczak Boxe Published September 21, 2015



Following a diet rich in produce and low in processed meats even if you don't do it perfectly may be helpful in preventing depression, according

to a large new study.

To lower the risk of depression, "People can eat everything, but everything in moderation," as long as they try to eat lots of vegetables, fruits, nuts and fish, and avoid fast food and processed meats, said study author Almudena Sanchez-Villegas of the University of Las Palmas de Gran Canaria.

At the start of the study, researchers asked 15,000 Spanish university graduates who had never had depression what they normally ate. Then they asked them again, 10 years later.

The researchers looked at how closely the participants' everyday diets adhered to three healthy diet patterns that involved consuming high amounts of fruits, vegetables, legumes, nuts and fish, and avoiding processed meats. These principles are part of the Mediterranean diet and other healthy diets.

After 8.5 years, 1,550 people in the study reported being diagnosed with depression or using antidepressant drugs.

The researchers found that the people in the study who stuck to the healthy patterns to a moderate or a high extent had a lower risk of depression than those who did not follow these diets at all, or who adhered to them to a low degree. For example, the risk of depression over the study period for the people who moderately adhered to the Mediterranean diet was about 25 to 30 percent lower than for those who did not adhere to the diet at all, or who adhered to it only to a very small extent, the researchers found. [7 Ways to Recognize Depression in 20-Somethings]

"Even a moderate adherence to these healthy dietary patterns was associated with an important reduction in the risk of developing depression," Sanchez-Villegas told Live Science.

Moreover, the researchers saw no extra benefit for depression risk when participants followed the diets very closely, compared with moderate adherence, she said.

The researchers don't know for sure what may explain the link between these dietary patterns and people's risk of depression. However, one potential mechanism is that people who follow these patterns may have a lower risk of depression because they get adequate levels of some micronutrients, such as B vitamins, folate or zinc all of which are essential to brain health, Sanchez-Villegas said.

Conversely, the people who don't follow these patterns may have a higher risk of depression because of their nutrient deficits, she said.

Sanchez-Villegas' previous research, published in 2006 and 2009, also showed a link between following a Mediterranean diet and a lower risk of depression.

The new study was published Sept. 16 in the journal BMC Medicine.

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Taken from: FOX NEWS - Health section http://www.foxnews.com/health/2015/09/21/seting-healthy-foods-may-lowerdepression-risk/ Task created and adapted by Karol Adrian Meza

WORK IN GROUPS.

Read out loud and answer the questions.

There are 6 paragraphs on the left column and 7 on the right.

1st column:

- 1) If you don't do this diet well, can it still prevent depression?
- 2) If you want to eat a bit of everything, what do you have to do?
- 3) On what type of people was the study done?
- 4) What diet is healthy?
- 5) 8 years later, what was the problem with the students?
- 6) Why did some students have less depressions?

Column 2

- 1) What is the percentage of students with less depression who did the diet?
- 2) Did it work even if it was moderate?
- 3) If you followed the diet very well or moderately, was the result the same?
- 4) Those who were depressed lacked(manque de) something:
- 5) What did studies show?

NOW SAY WHAT YOU THINK ABOUT THE LINK BETWEEN FOOD AND DEPRESSION:...





WATCH THIS VIDEO AND DO THE NEXT ACTIVITY:

1)Look up the unknow vocabulary

2) Write a few sentenes to describe this diet.

As indicated from a recent **<u>study</u>** done by researchers at Deakin University in Australia.

The study consisted of 67 men and women with moderate to severe depression who had relatively unhealthy diets, grading each participant's **mood** on a scale of Researchers put half of the recruited subjects on a modified Mediterranean diet; better known as, a "Modimed" diet.

After a 12-week study, researchers saw an <u>average</u> of an 11 point improvement with 32 percent lowering their mood scores so low, they no longer met the criteria for depression!

At this point, you may be questioning how little they had to eat to feel better.

After all, it is a diet. The wonderful news, calories were not <u>restricted!</u>

The participants ate to their hearts' content.

So what did they eat to get happier and what on earth is a Modimed diet?

The Modimed diet encourages foods such as **whole grains**, fruits, vegetables, low-fat dairy, lean red meat, fish, eggs and olive oil.

Subjects had a maximum two sugar-sweetened beverage per week and maximum 2 alcoholic drinks per day.

Although that sounds brutally difficult to follow - especially that last part - surprisingly, the diet cost 19% less than standard unhealthy diets, and was much easier to stick to with 31 out of 33 participants making it all the way to the end of the study!

What is so special about the Modimed diet?

It incorporates more healthy ingredients such as olive oil and nuts while removing harmful and unhealthy foods such as **processed meats** and refined carbohydrates.

The diet is specific enough to limit sweets and processed foods while being broad enough to encompass all food groups.

The incorporation of little processed oils that are high in essential omega <u>fatty acids</u> also aids in improving mood, especially because omega fatty acids cannot be produced by our bodies; the only source is food.

It may be difficult to believe that a simple diet change can completely alter your mood and improve your depression. But is it really that far off?

Considering the many processed and GM foods, and refined sugars in nearly all products we as individuals consume on a daily basis, it should come to no surprise how our diets have altered our nutrition intake for our brains.

There is still ongoing research for finding the best diet and types of foods we should be eating to improve depression symptoms.

But for now, this shows promising <u>results</u> and a great way to focus on your health while paying attention to your diet.

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$\underline{https://www.youtube.com/watch?v{=}VVL{-}8zr2hk4}$

You watched a video during the last lesson. What do you remember about the multiple choice questions.

Cherchez l'intrus:

- 1) Diseases: tetanus diphteria breast yellow fever
- 2) Parts of the head: nose ear hip forehead
- 3) Joints: elbow ankle cheek neck
- 4) Eyelid eyelid flu iris lens
- 5) Bones: skull cornea rib spine
- 6) Organs: spleen toe bladder heart

MUSCULOSKELETAL SYSTEM

What are musculoskeletal disorders?



MSDs are common. And your risk of developing them increases with age. The severity of MSDs can vary. In some cases, they cause pain and discomfort that interferes with everyday activities. Early diagnosis and treatment may help ease symptoms and improve long-term outlook.

What are the symptoms of MSDs?

Symptoms of MSDs can include: recurrent pain * stiff joints * swelling * dull aches

They can affect any major area of your musculoskeletal system, including the following:

neck * shoulders * wrists * back * hips * legs * knees * feet

In some cases, the symptoms of MSDs interfere with everyday activities like walking or typing. You may develop a limited range of motion or have trouble completing routine tasks.

What causes MSDs? Your risk of developing MSDs is affected by:

age * occupation * activity level * lifestyle * family history

Certain activities can cause wear and tear on your musculoskeletal system, leading to MSDs. These include:

- sitting in the same position at a computer every day * engaging in repetitive motions
- lifting heavy weights * maintaining poor posture at work

Ecrire des phrases au conditionnel: If you + Verbe au present + you COULD/ MIGHT (verbe à l'infinitif)

ex: If you lift heavy weights, you could damage your back.

Verbs: Break * damage * you have more chances to... * dislocate * break * you might have * it could provoke... * you could have *more verbs?

Obesity

What is it?

Diagnosis



Symptoms	Complication

Prevalence



Causes

Treatment

Obesity set to rise in the UK



https://www.youtube.com/watch?v=fk6qlHSp1z4

1)What can you advise children to do to fight obesity?	UK UP TO 48% OF MEN & 43% OF WOMEN OBESE BY 2030
2) Governments have ignored this health problem for over years.	
3) In 2011, how many adults in the world suffered from obesity?	
4) In 2011, how many children in the world suffered from obesity?	OVERWEIGHT OR OBESE TYPE 2 DIABETES SLEEP APNEA
5) Does this only happen in poor countries?	HEART HEART
6) What will happen in the US in 2030 if the current trend continues?	HIGH BLOOD PRESSURE AND STROKE OSTEOARTHRITIS OSTEOARTHRITIS FATTY LIVER DISEASE DISEASE DISEASE DISEASE
7) In the UK, the situation will be O the same O almost the same	O very different in 2030
8) How many women are obese in Japan and China?	
9) What are great temptations that can make people obese?	
10) Did politicians do anything about it? Why?	20
11) People have two parts to play to remain healthy, can you name them?	1. Reduces body fat 2. Increases lifespan 3. Oxygenates body 4. Strengthens muscles 11. Maintains mobility 12. Improves memory 13. Improves coordination 14. Strengthens bones
12) What diseases have you got less chances to have if you have a healthy diet?	5. Manages chronic pain 15. Improves complexion 6. Wards off viruses 16. Detoxifies body 7. Reduces diabetes risk 17. Decreases stress 8. Strengthens heart 18. Boosts immune system 9. Clears arteries 19. Lowers blood pressure 10. Boosts mood 20. Reduces cancer risk
ESSAY: Write down what processed food you eat the most.(y	
Say what healthy food you eat regularly. Can you talk about twhen there isn't any lockdown.	he exercise you do during lockdown and
when there ish t any lockdown.	

obesity

What is it?







Excessive fat in the body

Diagnosis

BMI =
$$\frac{\text{weight (kg)}}{\text{height (m}^2)}$$



Diagnosis



BMI Body Mass Index >30



>94cm for men >80cm for women

+ waist size



+ excessive fat

Symptoms



Breathlessness



Excessive sweating

Some



Skin problems

Joints pain Back pain

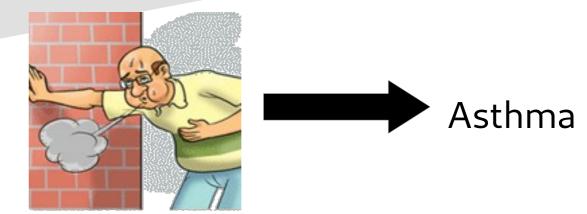




Psychological impact



Complications









Arthritis

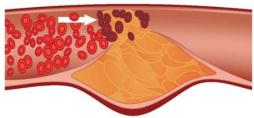
Complications



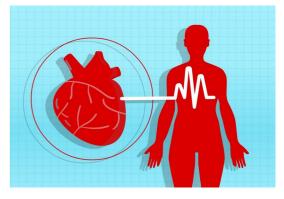
Type 2 diabetes



Some cancers



Atherosclerosis

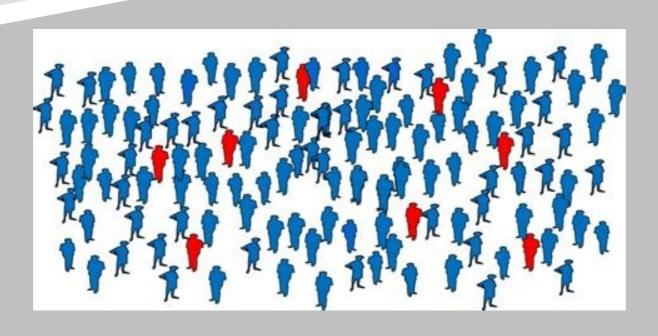


Hypertension



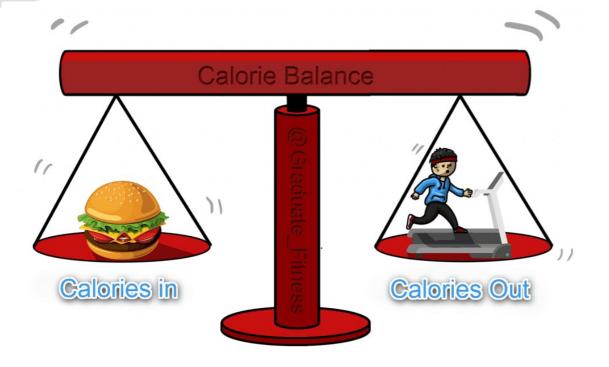
Stroke Heart attack Kidney disease

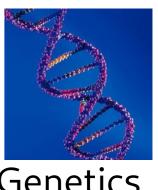
Prevalence



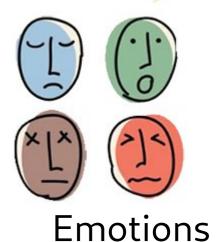
UK. 2020 1 in 4 adult 1 in 5 children (age 10)

Causes





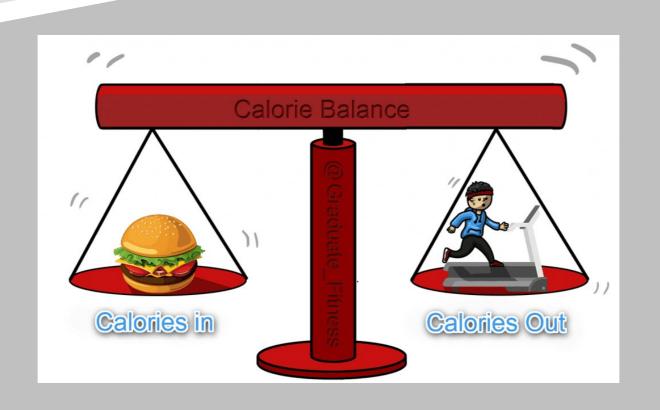
Genetics

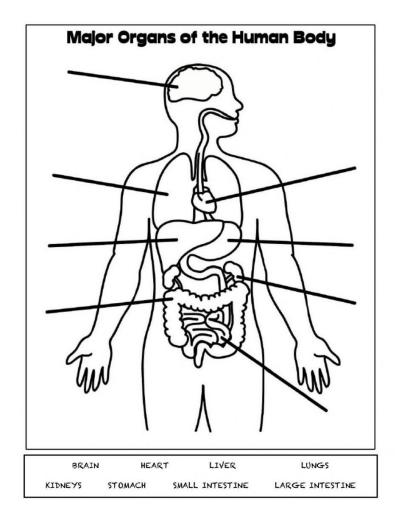


Unbalanced diet:

too many calories in: sodas, junk food, alcohol,... not enough calories out: not enough exercise

Treatment





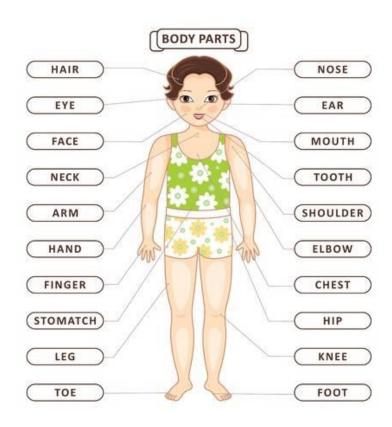
If I wake up with a bad fever

En France	In the UK	In the US
J'appelle mon médecin traitant pour prendre rendez-vous	I call my	I call my
Je vais au cabinet médical	I go to the	I go to the
Le médecin m'examine puis me donne une ordonnance	The and gives me	The and gives me
La consultation coûte 26€, elle est prise en charge par la sécurité sociale.		

If I fall in the stairs and break a leg

J'appelle le 17 ou le 112	I call	I call
Je vais aux urgences	I go to the	I go to the

- organs donations (revision of anatomy and organs)
- la précarité
 menstruelles (avec le
 documentaire Netflix
 Les règles de la Liberté
 et une collecte
 organisée au lycée
 avec l'assoc Règles
 Elémentaires + les
 règles)
- la pollution de l'air
 (London Smog,
 episode of the crown.
 lungs)
- robots who take care of patients (Pepper, Romeo E3C)
- diversity, inclusion
 (dans le manuel + study of scenes from the movie WONDER + A scientific article on the syndrome de Treacher Collins)







https://www.languageguide.org/english-uk/vocabulary/body/

The face

https://www.languageguide.org/english-uk/vocabulary/face/

Ambulance medicine sling...

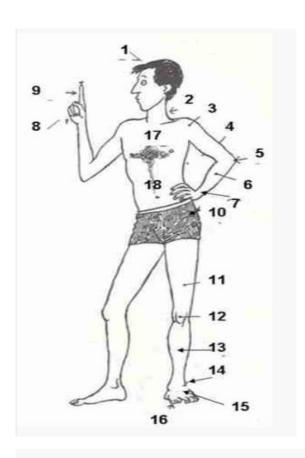
https://www.languageguide.org/english-uk/vocabulary/medicine/

organs skeleton

https://www.languageguide.org/english-uk/vocabulary/body2/

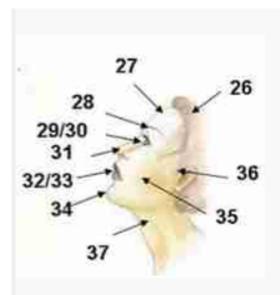
Digestive system

https://www.languageguide.org/english-uk/vocabulary/digestive-system/



Notre corps : Our body

1	La tête	The head
2	Le cou	The neck
3	L'épaule	The shoulder
4	Le bras	The upper arm
5	Le coude	The elbow
6	L'avant-bras	The forearm
7	Le poignet	The wrist
8	La main	The hand
9	Le doigt	The finger
10	La hanche	The hip
11	La cuisse	The thigh
12	Le genou	The knee
13	La jambe	The leg
14	La cheville	The ankle
15	Le pied	The foot
16	Les orteils	The toes
17	Le thorax	The chest
18	L'abdomen	The abdomen



Notre tête: Our head

26	Les cheveux	The hair
27	Le front	The forehead
28	Les sourcils	The eyebrows
29	Les yeux	The eyes
30	Les cils	The eyelashes
31	Le nez	The nose
32	La bouche	The mouth
33	Les lèvres	The lips
34	Le menton	The chin
35	La joue	The cheek
36	L'oreille	The ear
37	La gorge	The throat
35 36	La joue L'oreille	The cheek The ear

Watch pictures of famous people and describe their faces

Ex: She has got long hair and a wide/narrow forehead.

She has got thick/thin eyebrows and brown eyes

She has got long eyelashes.

Her nose is small and round(pointed)

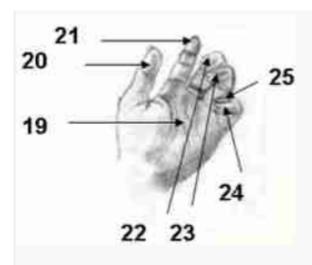
She has got a big mouth and thick lips

She has got a small chin.

Her cheeks are rosy

She has got small pointed ears.

She has got a long (short) throat.



Notre main: Our hand

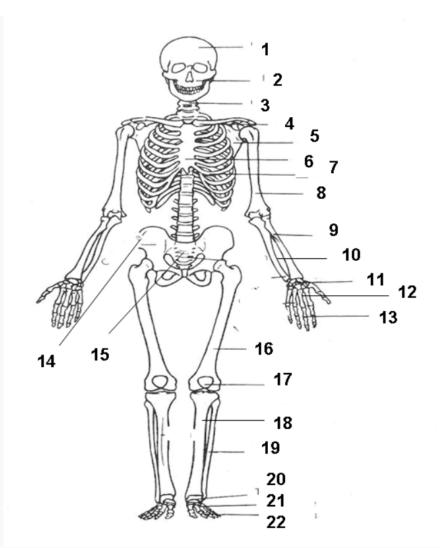
19	La paume	The palm
20	Le pouce	The thumb
21	L'index	The index finger / forefinger
22	Le majeur	The middle finger
23	L'annulaire	The ring finger
24	L'auriculaire	The little finger
25	Un ongle	A nail

1. Organ of smell which forms the beginning of the respiratory tract. = the (<u>E S O N</u>)
2. The joint between the hand and the forearm. = the (<u>S W R I I</u>)
3. The arch of short hairs on the ridge extending over the eye. = the (O E E R Y W B)
4. The first finger of your hand. = the (<u>H</u> <u>M</u> <u>B</u> <u>U</u> <u>T</u>)
5. The articulation of the femur and the tibia covered anteriorly by the patella. = the (N K E E)
6. Under your mouth it is the lowermost part of the face.= the (<u>I</u> <u>C</u> <u>N</u> <u>H</u>)
7. Thin hard layer covering the outer tip of the fingers or toes. = the (N A I L S)
8. The part of the body enclosed between the ribs and the breastbone. the (<u>C S I E H</u>)
9. The joint between the forearm and the upper arm. = the (<u>E L O W B</u>)
10. Organ of hearing, responsible for maintaining equilibrium. = the (A R E)
1. Organ of smell which forms the beginning of the respiratory tract. = the [Pas de réponse] ★ nose
 Organ of smell which forms the beginning of the respiratory tract. = the [Pas de réponse] * nose The joint between the hand and the forearm. = the [Pas de réponse] * wrist
2. The joint between the hand and the forearm. = the [Pas de réponse] ★ wrist
 The joint between the hand and the forearm. = the [Pas de réponse] * wrist The arch of short hairs on the ridge extending over the eye. = the [Pas de réponse] * eyebrow
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 The joint between the hand and the forearm. = the [Pas de réponse] * wrist The arch of short hairs on the ridge extending over the eye. = the [Pas de réponse] * eyebrow The first finger of your hand. = the [Pas de réponse] * thumb The articulation of the femur and the tibia covered anteriorly by the patella. = the [Pas de réponse] * knee
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Le squelette

1	Le crâne	The skull
2	La face	The face
3	Le rachis*	The spine
4	La clavicule	The collar bone
5	L'omoplate	The shoulder blade
6	Le sternum	The breast bone
7	Les côtes	The ribs
8	L'humérus	The humerus
9	Le radius	The radius
10	Le cubitus	The ulna
11	Les carpes	The carpus
12	Les métacarpes	The metacarpals
13	La phalange	The phalanx
14	L'os iliaque	The ilium
15	Le sacrum	The sacrum
16	Le fémur	The femur
17	La rotule	The patella
18	Le tibia	The tibia
19	Le péroné	The fibula
20	Les tarses	The tarsus
21	Les métatarses	The metatarsals
22	Les phalanges	The phalanxes

^{*} rachis = colonne vertébrale





```
Nous allons chez le médecin (the doctor's) pour soulager une douleur (a pain) dont nous souffrons (to suffer from ...)

Faire mal = to hurt = to ache [eik] avec de nombreuses expressions:

an eye ache= mal aux yeux;

an ear ache = mal aux oreilles,

a shoulder ache = mal à une épaule;

a toothache = mal aux dents;

a stomach ache = mal au ventre

a backache = mal au dos;

a tummy ache = mal au ventre (familier)

MAIS a heartache = le cœur brisé (abstrait) et a sore throat = mal à la gorge
```





1 - There has been a huge accident on the motorway A doctor v 's bringing a few patients to the hospital and landing on the roof!			
2 - 'Ouch! Mom! I've fallen down and my knee's bleeding' 'Come here, darling. I'll clean it for you and put a splinter on your knee.'			
3 - 'Move away, please An old lady has just died and needs fresh air.'			
4 - 'Errrr I have a headache, Mommy' 'Let me feel your forehead! Oh dear, you must have a bruise v, you're burning up'			
5 - 'Open your mouth Stick your tongue out Oh dear, you have a sore throat , it's scarlet!			
6 - 'Oh! My finger hurts!' 'Show me! Yes, I can see a crutch here'			
- 'Just a minute I'll take it out with an injection v, and then, I'll clean your finger'			
7 - You know, Clara's Mom has fallen while having a shower. She has a splinter and can't walk at all			
- 'I wonder how she'll manage to go from one place to another Will she use tweezers ?'			
- 'Of course not! She'll just use a pair of crutches'			
1 - There has been a huge accident on the motorway A <u>doctor</u> * <u>chopper</u> 's bringing a few patients to the hospital and landing on the roof! If y a eu un gros accident sur l'autoroute Un hélicoptère amène quelques patients à l'hôpital et atterrit sur le toit.			
Il y a eu un accident grave et des blessés sont évacués par hélicoptère.			
2 - 'Ouch! Mom! I've fallen down and my knee's bleeding' 'Come here, darling. I'll clean it for you and put a splinter * plaster on your knee.' 'Maman Je suis tombée et mon genou saigne' 'Viens, ma chérie, je vais te le nettoyer et mettre un pansement sur ton genou.'			
to bleed, I bled, bled = saigner => blood = le sang ; to put a plaster on a scratch = mettre un sparadrap sur une griffure ;			
3 - 'Move away, please An old lady has just <u>died * fainted</u> and needs fresh air.' 'Circulez Une vieille dame s'est évanouie et a besoin d'air'			
'Move away' = Ne restez pas là!; to faint = s'évanouir. = to lose (lost lost) consciousness;			
4 - 'Errrr I have a headache, Mommy' 'Let me feel your forehead! Oh dear, you must have a bruise * have a fever, you're burning up' 'Ohhhh Maman, j'ai mal à la tête' 'Montre-moi ton front Mais tu dois avoir de la fièvre, tu es brûlante'			
To have a headache = avoir mal à la tête ; the forehead = le front => On touche souvent le front d'un enfant pour savoir s'il est chaud et a de la température.			
5 - 'Open your mouth Stick your tongue out Oh dear, you have a sore throat ✓, it's scarlet! Ouvre la bouche très fort Tire la langue Tu as mal à la gorge Elle est écarlate!			
'To stick, I stuck, stuck = coller => to stick out = tirer en dehors de the tongue = la langue ; scarlet = écarlate, cramoisi, rouge vif.			
6 - 'Oh! My finger hurts!' 'Show me! Yes, I can see a <u>crutch</u> * <u>splinter</u> here' Oh! J'ai mal au doigt!' 'Montre! Ah oui Je vois une écharde, là!'			
To hurt, I hurt = faire mal; a splinter = une écharde.			
- 'Just a minute I'll take it out with <u>an injection</u> * <u>tweezers</u> , and then, I'll clean your finger' 'Attends une minute Je vais la retirer avec une pince à épiler, et ensuite, je te nettoierai le doigt.'			
'Une pince à épiler = tweezers ; Après avoir retiré l'écharde, il faut désinfecter la piqûre.			
7 - You know, Clara's Mom has fallen while having a shower. She has a <u>splinter</u> * a <u>sprained ankle</u> and can't walk at all Tu sais, la maman de Clara est tombée pendant qu'elle prenait sa douche. Elle a une entorse et ne peut pas marcher du tout			
'To have a shower' = prendre une douche ; to fall, I fell, fallen = tomber ; a sprained ankle = une entorse.			
- 'I wonder how she'll manage to go from one place to another Will she use tweezers * a wheelchair ?' 'Je me demande comment elle va aller d'un endroit à un autre Est-ce qu'elle utilisera un fauteuil roulant ?'			
Un fauteuil roulant = un fauteuil à roues => a wheelchair ; to wonder = se demander ; to manage to do = to succeed in + ing = réussir à.			
- 'Of course not! She'll just use a pair of crutches /'			

A ROBOT NURSE working for old-aged people.

Complete the blanks with these words: Medicine ** tasks ** communicate ** help	
Today, robotic nurses are robots that	AIBA II
https://www.youtube.com/watch?v=wOzw71j4b78 What can this robot do?	
Is the robot hard?	
Its touch senses are made of metal rubber plastic	
Can Riba II detect the weight of a person?	国が帰国
It can lift \square 50 \square 80 \square 110 kilograms.	
Normally you need \square_1 \square_3 \square_2 people to lift up so	omeone
With Riba II you need \square_1 \square_3 \square_2 people to lift up s	someone
Riba II doesn't look like a real person because it could scare	ye speak to elderly people.
https://www.youtube.co/watch?v=0LaVwDmLDLw(The same robot on A	merican news)
MOXI https://www.youtube.com/watch?v=MVC4YAT2dNs	
A nurse-assisting robot named Moxi has been working with clinical staff ounit at a Hospital in Dallas.	on the neurology
In groups, make a list of the different tasks given to MOXI.	
What do people think of MOXI and what are the big advantages for the pe	ople working at the hospital?
What do you think of this robot?	

Two people in the same situation, one is using a robot, the other is not.

Describe the two people using can/can't; have to/doesn't have to; need to/ doesn't need to

a) Paraplegic climbing stairs





b) People with no arms eating





c) Elderly people in nursing house during Covid-19 times





Watch How robots can help people with disabilities walk again.

- 1) Write down the advantages and drawbacks of wheelchairs
- 2) Write down the advantages and drawbacks of robots
- 3) Why is it so difficult to make a walking robot for a disabled person?
- 4) How did Luz's health change since she has started using her robot?

How robots can help people with disabilities walk again.

Après avoir visionné de 0 à 7'07

3'20 to 6'19

"Science is there to remove wheelchairs from the world altogether and so the question is why hasn't it happened? Because it's not easy, it's hard, it's very very hard."

Ames' students have adapted a bipedal exoskeleton from French start-up Wandercraft to closely mimic walking.

« So, this is a full lower body exoskeleton. It's specifically aimed at restoring mobility for complete paraplegics right now as a starting point. That is people with no function on their legs whatsoever. »

It goes fully from sitting to standing. Ames says it's the first exoskeleton to allow walking without leaning forward on crutches like other models.

- « The person can get in it and walk with it dynamically, without crutches, meaning their arms are free to move. We have a video that's the example of a paraplegic walking out the need for crutches, walking dynamically EVER! » walking robots are nothing new, during the pandemic, Boston dynamics even programmed its robot Spot to do autonomous farm work like herding sheeps but getting a walking robot to function with a person inside is a completely different engineering hurdle. Boston Dynamics, I mean, this took them 15 years, hundreds of employees, X amount of money to get to the point where they have these robots doing great things right. Now, you have to take all that knowledge, put it in a little nutshell and bring it over to restoring mobility. If we're gonna really restore mobility, we have to understand the human system, we have to understand robotic systems and we have to understand the interface between human and robotic systems. In essence Ames and his students are calculating algorithms to mimic human walking and train the robot to respond to a user's motion.
- « The reality is the world is built for bipedalism, all our structures outside, inside, are built for legs. (and so) wheels are actually surprisingly enough not found in nature. When you're in a wheelchair, you cannot fall, right? But the cost is it limits you to an incredible degree and so I advocate that with the correct science, you know, we can absolutely get rid of wheels for legs. » Legs allow us to remain upright for much of our day, a position that has far-

reaching benefits.

- « Our whole body is connected. It's an interconnected thing. If you don't move your legs frequently enough, things go wrong all the way up the chain. and so The ability to move people in natural rhythmic motions has real value. And so that's why things like this exoskeleton has value even if it's not yet at a point where you can take it home with you and go shopping with it. »
- « My other two kiddos are neurotypical kids and I hardly get them sitting for more than 20 minutes so it's not natural to a kid to be sitting. »

For growing children like Luz who uses Magoo's Trexo robot, being upright is especially important.

« Her weight was great but she wasn't getting long enough and with the treksgo, since we've had it she's had amazing length on her legs. She's able to breathe much better when she's upright. »

How robots can help people with disabilities walk again. Comprehension

Who is who? Read the text and find who these names are refering to:

Ames – Wandercraft – Spot – Luz – Maggu – Trexo

Descripti	A small French firm in robotics	This robot created by Boston	The person who created Trexo	Professor working on an exoskeleton	A 3 year old girl with cerebral palsy	This robot
on		Dynamics				
Name						

Quote the text to answer the questions below:

1)	What	is the	goal	of	Ames	'robot	?
----	------	--------	------	----	------	--------	---

- 2) What is Ames'robot best achievement?
- 3) What did Spot do during the Covid pandemic?
- 4) What did it take Boston Dynamics to create Spot?
- 5) What are Ames'students training robots for?
- 6) What is surprisingly not found in nature?
- 7) What happens when you don't move your legs?

How robots can help people with disabilities walk again. Comprehension

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ion						
Name	Wandercraft	Spot	Maggu	Ames	Luz	Trexo

Quote the text to answer the questions below:

1) What is the goal of Ames'robot?

It's specifically aimed at restoring mobility for complete paraplegics

- 2) What is Ames'robot best achievement? *it's the first exoskeleton to allow walking without leaning forward on crutches*
- 3) What did Spot do during the Covid pandemic? autonomous farm work like herding sheeps
- 4) What did it take Boston Dynamics to create Spot ? this took them 15 years , hundreds of employees, X amount of money
- 5) What are Ames'students training robots for? respond to a user's motion
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- 7) What happens when you don't move your legs? things go wrong all the way up the chain

Fill in the blanks with words from the audio document

your body is a solid mass:,,
of us But it turns out that our bodies contain many important
Body cavities have several important functions. Firstly, they delicate organs, like for example the brain from bumps and shock when we walk, run and jump. Secondly, cavities allow organs to change
The human body consists in two main cavities : the body cavity and the body cavity.
Let's start with the dorsal body cavity. It can be divided into two parts: the
Next is the ventral body cavity. It can be subdivided into two parts : the cavity and thecavity which
is separated by a muscular shape called the
bladder and internal organs.

Fill in the blanks with words from the audio document

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a partition called the The abdominopelvic cavity can be subdivided
into a superior cavity and an inferior cavity. The
abdominal cavity contains the, liver, spleen,,
intestine and most of the intestine. The pelvic cavity contains the
bladder and internal organs.

If you prick and prod at your abdomen, you might be tempted to think that your body is a solid mass: bone, muscle, organs and tragically for some of us fat. But it turns out that our bodies contain many important spaces or cavities. Some of these cavities, like for example the nasal cavity, open to the outside of the body. However, most of our cavities are internal.

Body cavities have several important functions. Firstly, they protect delicate organs, like for example the brain from bumps and shock when we walk, run and jump. Secondly, cavities allow organs to change shape and size. For example, our lungs, stomach and bladder can all expand and contract because they sit inside cavities.

The human body consists in two main cavities: the dorsal body cavity and the ventral body cavity.

Let's start with the dorsal body cavity. It can be divided into two parts: the cranial cavity and the spinal cavity. The cranial cavity is the space formed by the bones of the skull, it contains the brain. The spinal cavity which is sometimes also called the vertebral canal is a space formed by the bones of the vertebral column. The spinal cavity contains the spinal cord.

Next is the ventral body cavity. It can be subdivided into two parts: the superior thoracic cavity and the inferior abdominopelvic cavity which is separated by a flat muscular shape called the diaphragm. The superior thoracic cavity can be subdivided into the left and right pleural cavities and a central pericardial cavity. The pleural cavities contain the lungs and the pericardial cavity contains the heart. Separating these three cavities is a partition called the mediastinum. The abdominopelvic cavity can be subdivided into a superior abdominal cavity and an inferior pelvic cavity. The abdominal cavity contains the stomach, liver, spleen, kidneys, small intestine and most of the large intestine. The pelvic cavity contains the bladder and internal reproductive organs.

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Liens pollutions atmosphérique et santé

Pollution et asthme aux US

https://www.bing.com/videos/search?q=Athemospheric+pollution%3a+a+public+health+pro blem&&view=detail&mid=0C49624B3C305130FEEA0C49624B3C305130FEEA&&FORM=VRD GAR&ru=%2Fvideos%2Fsearch%3Fg%3DAthemospheric%2520pollution%253A%2520a%2520 public%2520health%2520problem%26gs%3Dn%26form%3DQBVDMH%26sp%3D-1%26pg%3Dathemospheric%2520pollution%253A%2520a%2520public%2520health%2520pr oblem%26sc%3D0-48%26sk%3D%26cvid%3D76895DA436124F99A55E8027D515B912

Pollution a Londres:

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\$IMON BIRKETT: London is back where we thought it was 60 years ago. In 1952, there were pver 4,000 deaths due to short term exposure to visible air pollution. We only found out ten sears ago that the health impact of long-term exposure to air pollution dwarfs that from short-term exposure. The mayor of London, Boris Johnson, calculated that there were 4,300 ∉arly deaths due to long-term exposure to invisible air pollution in 2008 alone. We're back where we started.

W DR DAVID GREEN: We're at the Mountain Road monitoring station on the roadside in Central W London. This tells us about people's exposure close to the road in Central London. Air pollution comes from a number of sources, in urban background locations it comes from traffic, from domestic heating and from industry. As you get close to the road more and more of it is dominated by emissions from vehicles.

BIMON BIRKETT: Road transport is responsible for about 80% of the most harmful emissions gn London. Diesel pollution is a particular problem. Diesel vehicles produce for example something like 20 times as many of the dangerous particles as petrol vehicles. And we need to tackle these problems which focus on the larger vehicles, on taxis, on buses but also on private cars.

m DR FRANK KELLY : The modern engines produce particles which are very, very small indeed and much much smaller than a human hair so you can't see them. The issue is that they seem to be coded with complex chemicals, metals and organic compounds and these are garried deep into our lung. So this is really a new challenge for mankind, we didn't have these types of particles before. So that's the first problem. The second problem is there's just so many of them. In London we're exceeding the European guidelines for particular pollution and for some of the gas's pollutants. We know from studies that we've done in animals and man, in chamber studies, that exposure to these particles leads to health effects.

\$ON: I've been jogging in London for approximately 10 years and I find that running through the pollution really is starting to get to my lungs: I'm coughing and wheezing a little bit. It's Gery subtle but and obviously you can't see the pollution, I really find it's actually affecting me.

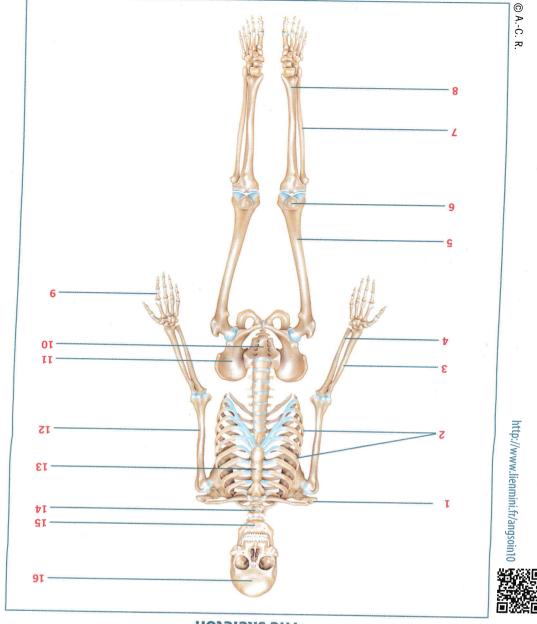
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The skeleton

edin •

• sternum

• pnwerns

e radius

- nids/sidit

 - elvisq •

 - sacrum
- nməj elləteq •

e cubitus

- fibula

- - səbuelehq •
- Complétez la légende avec les mots suivants : Écoutez, puis répétez.



Réponse p. 67

wej\əldibnem •

• skull

• clavicle

vertebral column/spine

.gu

ease?

99 .q 92

/j'never

ST2S:

Homework: Apprendre de nouveau les parties du corps. Ecrire 5 phrases, une par sens

Touch* sight* smell* taste* hearing

Examples:

I have lost my sense of touch since my accident

She has lost her sight because of the fire. She is blind and she has a guide-dog.

They can't smell anything because of the co-vid.

My sister has the virus so she can't taste her food.

He is very old so his hearing is not very good. He is almost deaf.

Revision: The body parts

THE 5 SENSES

Regardez la video et apprenez le vocabulaire. Watch the video and learn the vocabulary. https://study.com/academy/lesson/the-five-senses-their-functions.html

There are five senses – sight(verbe: SEE), smell(verbe et nom), touch(V et N), taste(Verbe et nom) and hearing(verbe: HEAR).

Pour simple lecture :

- 1. There are five senses sight, smell, touch, taste and hearing.
- 2. Our senses help us to understand what's happening around us.
- 3. Our senses send messages through receptor cells to our brain, using our nervous system to deliver that message.
- 4. There are four kinds of taste receptors on the tongue bitter, sweet, salt and sour(Give examples of foo).
- 5. Some parts of the skin are more sensitive than others this is because they have more receptor cells.
- 6. We taste food using both our sense of taste and smell.
- 7. It's fun to experiment with your senses (blind test)
- 8. If you cup your hand around your ear, you'll hear more things this is because you're helping your ear gather more sounds.
- 9. Not everyone is able to use all five of their senses. If someone cannot see, they are blind; if someone cannot hear, they are deaf
- 10. We can use all five of our senses at the same time without even realising it!

GROUP-WORK

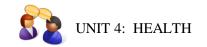
Work in groups on the five senses. You can use one phone in each group.

- 1)Dites en anglais la partie du corps qui correspond à chaque sens:
- 2) lick *listen * watch * hear * point sniff * chew *blink * stroke * smell

Dites les deux mots qui correspondent à chaque sens

- 3)Regardez les documents sur chaque sens. Ecrivez dans chaque groupe les mots importants.
- 4) <u>Ecrire</u> dans chaque groupe sur feuille les problèmes que l'on peut rencontrer liés à chaque sens/ Write the problems you can have that concern each senses

Surname, firstname :	••••					
1) When hospitals use robots, it saves them						
Sheets Smoney Seds Stime						
2) Robots can perform tasks that are physically demanding useless stressful for nurses						
3) When robots take care of people, they can't comby talking	ommunicate information emotions					
4) Experts think that robots will replace part of th 5) Write the definition of a nurse :	ne nurses. True False					
towith patients. 8) What can Riba II do if someone falls on the flo	or ?					
9) Its touch senses are made of metal	<u> </u>					
10) With Riba II you need 1 3 11) Name these 6 pieces of food	people to lift up someone					
12) What type of food is a yogurt ?						
☐ Vegetable	Spice					
□ _{Meat}	Dairy product					
13) What type of food is cinnamon?						
└──Vegetable	Spice					
Meat 14) Give an example of something we can drink f	Dairy product					
14) Give an example of something we can drink i	or breaklast. (Make a full Semence)					
15) Give an example of a processed food. (Make	a full sentence)					
16) Why is junk food unhealthy?						
it contains a lot of fat, salt and sugar	it has a lot of pesticides					
it is too spicy	it has a lot of alcohol					
17) In which countries is obesity a major health p						
Only in the US	Only in rich countries					
In the poorest countries	In rich and middle-income countries					
18) How does a doctor diagnose obesity?	DMI weigt size and fet aveces					
☐ Weight and body shape ☐ Patient looks too fat	☐BMI, waist size and fat excess☐Too much blood cholesterol					
Faliciil IUUNS IUU Ial	IOO IIIUCII DIOOU GIOIESIEIOI					

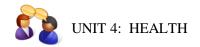


Our Bodies

1. Find a verb that tells you what different body parts do. Some verbs can be used for more than one body part.

					1		_	,
see	chew	shrug	taste	shake	smell	hear	touch	hold
lift	smile	kick	bend	watch	talk	carry	run	poke
1. elbow								
Doctor:	Can you			vour	knee?			
Doctor: Can you your knee? Mother: Can you this box downstairs?								
	Boyfriend: I want to your hand.							
						rs. It's so		
Outside	cloudy.				the star	15. 16 5 50	© 100 hard Parista Massia	
Child: I	•		so fa	ast. My le	egs are too	n short		
				of ro		o smort.		
						l phone is	cutting o	11 f
						You migh		
						gum in		JCK.
							C1a55.	
				for the			hoovy hov	70 0
]		
						Answer 1		
						it to		ie.
Father:	Don't			so much T	v. You'	ll strain y	our eyes.	

	Ho	ow to Express Sickness	w to Express Sickness/Symptoms/Conditions	nns
	HAVE/HAS	IS/AM/ARE	I/YOU/HE/SHE + (VERB)	MY (BODY PART)S
	a headache a stomachache a backache a toothache a sore throat a cold a runny/stuffy nose a cough an allergy poison ivy a rash a sore acne a bruise a burn bigh blood pressure cramps a cramp in my a fever the flu diarrhea nausea indigestion/gas heartburn	dizzy tired/sleepy nauseous pregnant sick depressed allergic to	broke my arm sprained my arm twisted my arm got a bee sting/mosquito bite got sick caught a cold got hit by a car was in a car accident fell down slipped tripped cut myself poked myself	My is sore My is sore My is mected My is infected My is bleeding My is throbbing My is throbbing My is burning My aches My aches My aches My is sore
3 How to Express Cha	cancer AIDS diabetes asthma Alzheimer's heart disease (I had/am having) a heart attack epilepsy	mentally ill mentally disabled physically disabled diabetic hypoglycemic		



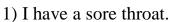
WHAT SHOULD I DO?

- 1) I have a sore throat.
- 2) I have a toothache.
- 3) I have a stomachache.
- 4) I have a backache.
- 5) I am dizzy.
- 6) I have a rash.
- 7) I have a cold.
- 8) I cut my hand.
- 9) I have an earache.
- 10) I have a headache.
- 11) I broke my leg.
- 12) I sprained my ankle.

- a) You should use ear drops.
- b) You should sit down and rest.
- c) You should gargle with salt and warm water.
- d) You should put ice on it.
- e) You should take an aspirin and rest.
- f) You shouldn't eat anything spicy.
- g) You should clean it and put a band aid on it.
- h) You shouldn't drink anything too hot or too cold.
- i) You shouldn't scratch it.
- j) You should drink lots of fluids and stay warm.
- k) You shouldn't lift heavy things.
- 1) You should go to the doctor and get a cast.



WHAT SHOULD I DO?



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- 3) I have a stomachache.
- 4) I have a backache.
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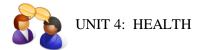
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Unit 4

Activity	Purpose	Page
1	The Human Body - to learn and remember body part vocabulary - to review and drill body parts - to practice speaking and spelling body part names	2
2	Our Bodies - to describe actions using body parts	8
3	Talking About Health Problems - to understand how to talk about various health issues - to introduce the learners to <i>should/ shouldn't</i> - to review expressing symptoms and giving advice, using <i>should/ shouldn't</i> for treatments - to practice using <i>have</i> , <i>be</i> or <i>verb</i> with each symptom or illness correctly - option: practice asking "Do?" or "Did?" questions	10
4	Making a Doctor's Appointment - to introduce the vocabulary and expressions needed for making a doctor's appointment by telephone - to learn the language for confirming or changing a doctor's appointment	18
5	A Medical Check-Up - to understand the verbs typically paired with basic medical procedures - to fill in a chart - to become aware of what to expect at a Canadian check-up - to practice which verbs are typically paired with which basic medical procedure - to practice speaking with the doctor about problems and symptoms, length of ailment, previous medications, drug allergies	21
6	Reading Prescriptions - to read and understand prescription labels - to practice a dialogue	28
7	MB Health Basics - to either introduce or review basic health information and procedures for the rural Manitoba area - to practice reading and speaking - review of should - review of vocabulary	30



Activity 1

Purpose:

- to learn and remember body part vocabulary
- to review and drill body parts
- to practice speaking and spelling body part names

CLB Level:

2/3

Time:

50 - 60 minutes

Materials:

- a *Human Body* worksheet for each learner
- one set of *Draw and Guess cards* to be used for a whole class activity
- Crossword Puzzles
 A and B for each pair
 of learners

1. The Human Body

Instructions:

- 1. Present the vocabulary for the human body on the board, including all basic exterior parts and some basic interior organs. In order to present this, the teacher could draw a picture of a human body on the board and fill it in together with the students, getting an idea of the learners' prior knowledge.
- 2. Hand out the *Human Body* worksheet to each learner and have the learners label the body diagram, reinforcing and practicing the vocabulary they just learned. Check the answers together as a class.

Answer Key:				
1) hair	2) eyebrow	3) ear	4) eye	5) head
6) nose	7) neck	8) mouth	9) throat	10) shoulder
11) heart	12) lung	13) arm	14) liver	15) elbow
16) stomach	17) kidney	18) bladder	19) hand	20) fingers
21) thigh	22) knee	23) leg	24) ankle	25) foot
26) toe				

- 3. Prepare the *Draw and Guess cards* for this next game. Divide the class into 2 teams. Write Team 1 at the top of one side of the board and Team 2 at the top of the other. Keep track of points here.
- 4. The teacher chooses one card from the *Draw and Guess cards*. One player from each team comes to the board, is shown the word on the card, and draws what is on the card. Each team will watch what the two players are drawing and guess what is drawn. The first player to guess correctly wins a point for his / her team. Continue playing until the cards run out or until everyone has had a chance to draw.
- 5. Divide the class into two groups, A and B. Hand out *Crossword*A to Group A and *Crossword B* to Group B. Have learner A sit across from learner B to ensure they cannot read each others sheet.
- 6. Each learner will take turns reading a clue to fill in the missing information on his/her puzzle.

 To keep this more controlled the following dialogue can be written on the board:



A: What's 3 down?

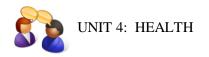
B: *There are 5 of these on your hand.*

A: Oh! Is it fingers?

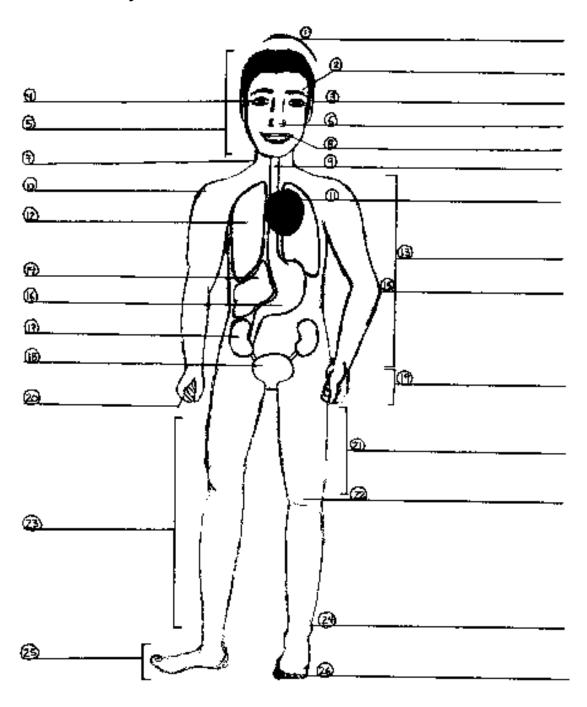
B: Yeah. That's right.

Variation: Prior to dividing them into pairs have the A learners fill in the A answers from their clues and the B learners fill in the B answers from their clues. Once they have finished, place them into pairs to fill in the other half in the same way as above.

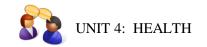




The Human Body



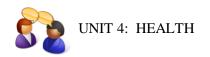
ankle	arm	bladder	ear	elbow	eye
eyebrow	foot	hair	hand	head	heart
kidney	knee	leg	liver	lung	mouth
neck	nose	shoulder	stomach	thigh	toe
throat	fingers			1	Human Body worksheet



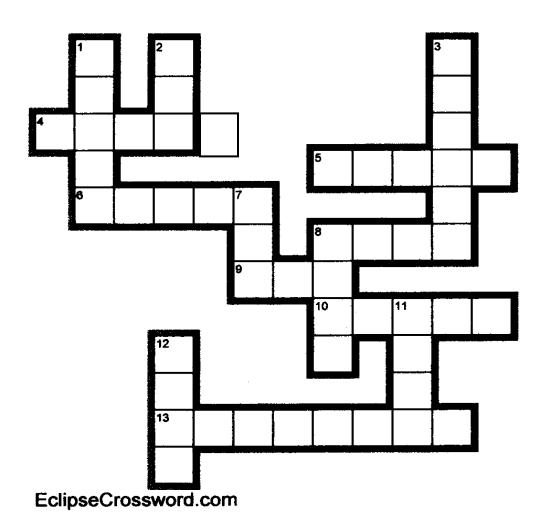
Draw and Guess Cards

	Draw and G	uess Carus	
head	hair	eyebrow	eye
nose	mouth	ear	neck
throat	shoulder	lungs	heart
liver	kidneys	bladder	arm
hand	fingers	foot	toes
ankle	elbow	thigh	knee

1 Draw and Guess cards



Puzzle A – Across

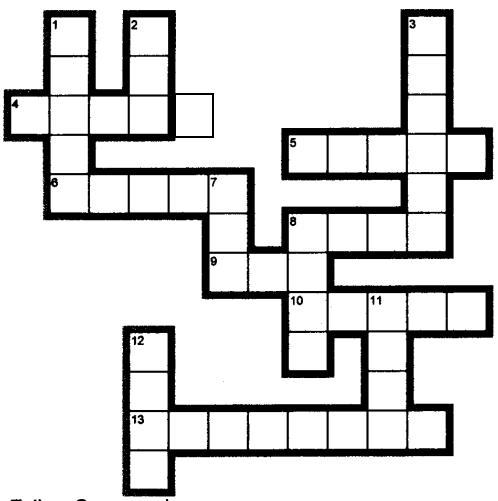


- 4. you need these to breathe
- 5. this is the top part of your leg
- 6. this is the motor of your body
- 8. this is on your head; you brush it
- 9. you use this to see
- 10. this is a small bone on the side of your foot
- 13. this connects your arm to your neck

1 Puzzle A worksheet

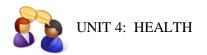


Puzzle B – Down



EclipseCrossword.com

- 1. you eat with this
- 2. you walk or run with this
- 3. there are 5 of these on your hand
- 7. there are 5 of these on your foot
- 8. this is under your hair
- 11. this is between your thigh and your calf
- 12. you use this to smell



Activity 2

Purpose:

- to describe actions using body parts

CLB Level:

Time:

20 minutes

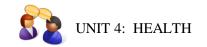
Materials:

- *Our Bodies* worksheet for each learner

2. Our Bodies

Instructions:

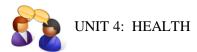
- 1. Have learners quickly review body parts. Pantomime different motions with body parts (bend your knee, shake your head, etc.) and ask learners what you are doing?
- 2. Hand out *Our Bodies* worksheets to learners and introduce any new verbs with gestures. Have learners fill in the sentences with the verbs as a class or individually.
- 3. Review the sentences together, discussing them as you go through them.



Our Bodies

1. Find a verb that tells you what different body parts do. Some verbs can be used for more than one body part.

					1		_	,
see	chew	shrug	taste	shake	smell	hear	touch	hold
lift	smile	kick	bend	watch	talk	carry	run	poke
 shoul leg arm tongu head mouth 	der e n	nks using		9. ears 10. fing 11. nose 12. teeth 13. han	ers ers n d k			
Doctor:	Can you			your	knee?			
						ownstairs	9	
								-7
						rs. It's so		
Outside	cloudy.				the star	15. 16 5 50	© 100 hard Parista Massia	
Child: I	•		so fa	ast. My le	egs are too	n short		
				of ro		o smort.		
						l phone is	cutting o	11 f
						You migh		
						gum in		JCK.
							C1a55.	
				for the			hoovy hov	70 0
]		
						Answer 1		
						it to		ie.
Father:	Don't			so much T	v. You'	ll strain y	our eyes.	



Activity 3

Purpose:

- to understand how to talk about various health issues
- to introduce the learners to *should/ shouldn't*
- to review expressing symptoms and giving advice, using *should/ shouldn't* for treatments
- to practice using *have*, *be* or *verb* with each symptom or illness correctly

CLB Level:

3 +

Time:

An hour and a half

Materials:

- How to Express Chart for each learner
- What Should I Do Worksheet for each learner (each page makes 2 copies)
- one set of

Symptom/Treatment
Match-Up cards for the class

- a set of *Symptom* cards for each pair
- *Doctor, What Should I Do* worksheet for each learner
- Advice Survey worksheet for each learner
- at least 2 sets of Symptom Flash cards per class cut up

3. Talking about Health Problems

Instructions:

- 1. Hand out a *How to Express Chart* to each learner. Go through the list with students, explaining each point briefly, but making sure everything is understood.
- 2. As a class, ask learners to tell you some common health problems that occur in their families and write them on the board. Then, ask for some possible treatments for each. Explain the concept and structure of *should* in a sentence, giving an example of this on the board. Use the examples they've given to demonstrate this structure. *Example:*

I have a cold. → You should drink lots of fluids and stay warm.

(Subject + should + basic verb)

3. Hand out the *What Should I Do* worksheet to each learner. Give the learners 10 minutes or so to match the symptoms and treatments. Then check the answers.

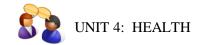
Answer Key:

1) I have a sore throat.	c	a) You should use ear drops.
2) I have a toothache.	h	b) You should sit down and rest,
3) I have a stomachache.	f	c) You should gargle with salt and warm
		water.
4) I have a backache.	k	d) You should put ice on it.
5) I am dizzy.	b	e) You should take an aspirin and rest.
6) I have a rash.	i	f) You shouldn't eat anything spicy.
7) I have a cold.	j	g) You should clean it and put a band aid
		on it.
8) I cut my hand.	g	h) You shouldn't drink anything too hot
		or too cold.
9) I have an earache.	a	i) You shouldn't scratch it.
10) I have a headache.	e	j) You should drink lots of fluids and
		stay warm.
11) I broke my leg.	1	k) You shouldn't lift heavy things.
12) I sprained my ankle.	d	1) You should go to the doctor and get a
		cast.

4. Hand out the *Symptom/Treatment Match Up* cards, one card to each learner. Ensure that the number of cards given out have a partner card. (The teacher may wish to copy the symptoms cards onto one color of paper and the treatment cards onto another color as to make it clearer to the learners whom their match may be.)

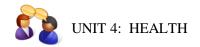
ENGLISH FOR DAILY LIFE

South Eastman English & Literacy Services



- 5. Have the learners walk around the class reading their card to other learners. They are to match the symptom or treatment to their own card. Once all the learners have found their partner, have them read their cards to the whole class.
- 6. In these newly formed pairs, learners are ready for the next activity. Hand out the *Doctor*, *What Should I Do* worksheet to each learner and a set of *Symptom* cards to each pair. (In order to give writing practice, the teacher may opt to copy only the *Symptom* cards and just write the dialogue for the *Doctor*, *What should I do* worksheet on the board. Students can then copy this dialogue into their notes.) Pairs should place the cards face down and take turns picking one up and practicing the dialogue.
- 7. After they have done this with the dialogue guide for a few rounds, take away the dialogue guide and allow them to try it completely on their own.
- 8. Explain how we use *should/shouldn't* to give advice in non-health related situations as well. Brainstorm some examples with learners on the board. Hand out the *Advice Survey* worksheet to each learner.
 - Have the learners walk around the class and tell their "problem" to various learners a different learner for each question. That learner then gives them advice using *should / shouldn't*. To show the question has been asked, learners should write the advice they were given in the second column.

	Ho	ow to Express Sickness	w to Express Sickness/Symptoms/Conditions	nns
	HAVE/HAS	IS/AM/ARE	I/YOU/HE/SHE + (VERB)	MY (BODY PART)S
	a headache a stomachache a backache a toothache a sore throat a cold a runny/stuffy nose a cough an allergy poison ivy a rash a sore acne a bruise a burn bigh blood pressure cramps a cramp in my a fever the flu diarrhea nausea indigestion/gas heartburn	dizzy tired/sleepy nauseous pregnant sick depressed allergic to	broke my arm sprained my arm twisted my arm got a bee sting/mosquito bite got sick caught a cold got hit by a car was in a car accident fell down slipped tripped cut myself poked myself	My is sore My is sore My is mected My is infected My is bleeding My is throbbing My is throbbing My is burning My aches My aches My aches My is sore
3 How to Express Cha	cancer AIDS diabetes asthma Alzheimer's heart disease (I had/am having) a heart attack epilepsy	mentally ill mentally disabled physically disabled diabetic hypoglycemic		



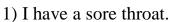
WHAT SHOULD I DO?

- 1) I have a sore throat.
- 2) I have a toothache.
- 3) I have a stomachache.
- 4) I have a backache.
- 5) I am dizzy.
- 6) I have a rash.
- 7) I have a cold.
- 8) I cut my hand.
- 9) I have an earache.
- 10) I have a headache.
- 11) I broke my leg.
- 12) I sprained my ankle.

- a) You should use ear drops.
- b) You should sit down and rest.
- c) You should gargle with salt and warm water.
- d) You should put ice on it.
- e) You should take an aspirin and rest.
- f) You shouldn't eat anything spicy.
- g) You should clean it and put a band aid on it.
- h) You shouldn't drink anything too hot or too cold.
- i) You shouldn't scratch it.
- j) You should drink lots of fluids and stay warm.
- k) You shouldn't lift heavy things.
- 1) You should go to the doctor and get a cast.



WHAT SHOULD I DO?



- 2) I have a toothache.
- 3) I have a stomachache.
- 4) I have a backache.
- 5) I am dizzy.
- 6) I have a rash.
- 7) I have a cold.
- 8) I cut my hand.
- 9) I have an earache.
- 10) I have a headache.
- 11) I broke my leg.
- 12) I sprained my ankle.

- a) You should use ear drops.
- b) You should sit down and rest.
- c) You should gargle with salt and warm water.
- d) You should put ice on it.
- e) You should take an aspirin and rest.
- f) You shouldn't eat anything spicy.
- g) You should clean it and put a band aid on it.
- h) You shouldn't drink anything too hot or too cold.
- i) You shouldn't scratch it.
- j) You should drink lots of fluids and stay warm.
- k) You shouldn't lift heavy things.
- 1) You should go to the doctor and get a cast.



I have a sore throat.	I have a toothache.	I have a stomachache.	
I have a backache.	I am dizzy.		
I cut my hand.	I have an earache.	I have a headache.	
You should gargle with salt and warm water.	You shouldn't drink anything hot or cold.	You shouldn't eat anything spicy.	
You shouldn't lift heavy things.	You should sit down and rest.	You shouldn't scratch it.	
You should wrap it up and get stitches.	You should use ear drops.	You should take an aspirin and rest.	

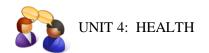
³ Symptom/Treatment Match-Up Cards



Doctor, What Should I do?

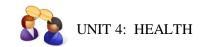


Doctor:	What's the matter?			
Patient:	I have			
	I am			
	I (verb)			
Doctor:	You should			
	You shouldn't			_•
Doctor:	Doctor, What's the matter?	What Should	d I do?	
	,	What Should	d I do?	
	What's the matter?	What Should	d I do?	
	What's the matter? I have	What Should	d I do?	
	What's the matter? I have I am	What Should	d I do?	



a sore throat	a cold	a rash	
an earache	a backache	a toothache	
a fever	dizzy	sleepy	
the flu	sprained my ankle	got a bee sting	
cut my hand	indigestion	pregnant	
broke my leg	got a mosquito bite	nauseous	
a headache	a stomachache	burnt my hand	

Symptom Cards

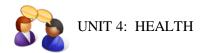


ADVICE SURVEY



PROBLEM	ADVICE (You should / shouldn't)
I always lose my wallet.	
I need to exercise, but I don't have time.	
My friend is very homesick.	
I want to make more Canadian friends.	
I feel very tired everyday.	
My child is getting bad grades at school.	
My car always breaks down.	
I really don't like cold weather, but I live in Manitoba.	

Advice Survey worksheet



Activity 4

Purpose:

- to introduce the vocabulary and expressions needed for making a doctor's appointment by telephone
- to learn the language for confirming or changing a doctor's appointment

CLB Level:

3 +

Time:

30 minutes

Materials:

- Making an Appointment worksheet for each learner (each page makes 2 copies)
- Confirming or Changing an Appointment worksheet for each learner

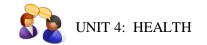
4. Making a Doctor's Appointment

Instructions:

- 1. Talk with the learners about making a doctor's appointment. Ask learners if they've ever done this in English and what kinds of questions are usually asked of them over the phone. Hand out the *Making an Appointment* worksheet to each learner.
- 2. Have the learners read the worksheet and make predictions about what might go in the blanks. Then, learners listen and write as the teacher dictates the dialogue to them. Check the answers together as a class, asking what they were able to predict beforehand and what was new for them.
- 3. Divide the class into pairs and have the learners practice the dialogue.

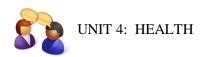
Dialogue: Making an Appointment

- **A:** Good Morning. Dr. Brown's office. How may I help you?
- **B:** Hello. I'd like to make an appointment.
- **A:** Are you a patient of Dr. Brown's?
- B: Yes, I am.
- **A:** Could I have your <u>name</u> and <u>health card number</u>, please?
- **B:** My name is John Bergen and my medical number is 555 555 555.
- **A:** OK. Can you come in on Monday at 10:00 am?
- **B:** Do you have anything sooner?
- **A:** Let me see... How about tomorrow afternoon at 3:00 pm?
- **B:** That's great.
- **A:** Good. See you tomorrow afternoon at 3:00 pm.
- 4. Brainstorm possible expressions needed to confirm and change a doctor's appointment.
- 5. Divide the class into pairs. Hand out the *Confirming or Changing an Appointment* worksheet and have the learners try the three substitutions, as speaking practice.



Making an Appointment

A :	Good Morning. Dr. Br	5)) 1111 2 5))		
B :	Hello	to	an appointment.	
A:	Are you a	of Dr. Brown's	??	
B :		·		
	Could I have yourase?	and		,
B :	My name is John Berge	en and my health car	d number is	
A:	OK	<i>i</i>	n on Monday at 10:00 a	m?
B:	Do you have anything	sooner?		
A:	Let me see How abo	ut tomorrow	at	pm?
B:	That's	·		
	Good		ifternoon at 3:00 pm.	
		Making an Ap		
· A:	Good Morning. Dr. Bi	Making an Ap	pointment nay Iyou	
A : B:	Good Morning. Dr. Br. Hello.	Making an Ap	pointment may Iyou an appointment.	
A: B:	Good Morning. Dr. Bi Hello Are you a	Making an Apgrown's office. How to to of Dr. Brown's	pointment may Iyou an appointment.	
A: B: A:	Good Morning. Dr. Br Hello Are you a,	Making an Ap rown's office. How to to of Dr. Brown's	pointment nay Iyou an appointment.	?
A: B: A:	Good Morning. Dr. Br Hello Are you a,	Making an Ap rown's office. How to of Dr. Brown's and	pointment may Iyou an appointment.	?
A: B: A: B:	Good Morning. Dr. Br Hello Are you a Could I have your ase?	Making an Ap rown's office. How to to of Dr. Brown's and	pointment nay Iyou an appointment.	?
A: B: A: B: B:	Good Morning. Dr. Br. Hello, Are you a, Could I have your, ase? My name is John Berge	Making an Apprown's office. How to to of Dr. Brown's and en and my health car	pointment may I you an appointment.	?
A: B: A: B: A: ple B:	Good Morning. Dr. Br. Hello, Are you a, Could I have your, ase? My name is John Berge	Making an Apprown's office. How have to to of Dr. Brown's and ien and my health can i	pointment may I you an appointment. ?? rd number is	?
A: B: A: B: A: B: B: B:	Good Morning. Dr. Br. Hello, Are you a, Could I have your ase? My name is John Berge OK	Making an Apprown's office. How it to to of Dr. Brown's and isooner?	pointment may I you an appointment. ?? rd number is	? , m?
A: B: A: B: A: B: A: A: A: A: A:	Good Morning. Dr. Br. Hello, Are you a, Could I have your ase? My name is John Berge OK	Making an Apprown's office. How have to to of Dr. Brown's and isooner?	pointment may I you an appointment. s? rd number is n on Monday at 10:00 an	? , m?

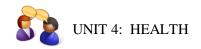


Confirming or Changing an Appointment



Confirming an Appointment	Changing an Appointment
A: Hello. Steinbach Medical Clinic. How may I help you? B: I'd like to confirm my appointment. A: What's your name and health card number, please? B: My name is Maria and my health card number is 123 456 789. A: OK. Just a minute Your appointment is on Oct. 5 at 2:00. B: Oh, yeah. That's right. Thank you. A: Did you want anything else? B: No, that's it. Thank you. A: OK. Then we'll see you on Oct. 5 at 2:00.	A: Hello. Steinbach Medical Clinic. How may I help you? B: I'd like to change my appointment. A: What's your name and health card number, please? B: My name is Maria and my health card number is 123 456 789. A: Just a minute Your appointment is on Oct. 5 at 2:00OK, Could you come in on Oct. 28 at 1:00? B: Yeah. That's good. Thank you. A: OK. So, we'll see you on Oct. 28 at 1:00. B: Thanks. Bye.

1) change your appointment	2) confirm your appointment	3) change your appointment	
name: Robert medical number: 333 444 555 new time: Nov. 2 at 3:15.	name: Valentina medical number: 111 222 333 new time: Oct. 10 at 10:30.	name: Alex medical number: 888 999 000 new time: Nov. 18 at 1:15.	



Activity 5

Purpose:

- to understand the verbs typically paired with basic medical procedures
- to fill in a chart
- to become aware of what to expect at a Canadian check-up
- to practice which verbs are typically paired with which basic medical procedure
- to practice speaking with the doctor about problems and symptoms, length of ailment, previous medications, drug allergies

CLB Level:

3 +

Time:

One hour and 20 minutes

Materials:

- At the Doctor: A Check-Up worksheet for each learner (each page makes 2 copies)
- *Pictures: A Check-Up* worksheet for each learner
- a set of *Sentence Strips* for each pair of learners
- Visit to the Doctor (adapted from bogglesworld.com) worksheet for each
- *Role Play* cards for as many 'patients' in the class

5. A Medical Check Up

Instructions:

- 1. Present the verbs: *Take, make, check, give / get, have* on the board and brainstorm with learners which medical procedures could go with each verb. Cover all the information on the Master List below. *Explain that some procedures could work with more than one of the verbs: e.g. *Take my blood pressure / Check my blood pressure*.
- 2. Hand out *At the Doctor: A Check-Up* worksheet and have learners fill in the chart. This could be done individually, in partners, or in groups.

(It may be beneficial to have them fill in this chart from memory by turning over their notes and erasing the board from the brainstorming activity.)

Answer Kev:

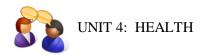
Answer Key.			CIVE	
TAKE	MAKE	СНЕСК	GIVE/ GET	HAVE
your temperature	an appointment	eyes / ears / mouth or throat	a needle / injection	an operation
a blood sample	a mistake	heartbeat	a cast	surgery
medicine		your medical history	stitches	a baby
your pulse		your height / weight	advice from the doctor	
an X-ray				
your blood pressure				

- 3. Brainstorm what may be expected at a Canadian check-up and discuss cultural differences between countries.
- 4. Hand out *Pictures: A Check-Up* worksheet to each learner. Check the answers together once they're finished.

Note 1: This worksheet could be used after the worksheet: A check-

up – Fill in the chart (Activity 11).

Note 2: This worksheet could be used to review past simple tense. If the past tense has not yet been learned, this would also be a



good worksheet to practice first person vs. third person in the present simple tense.

Answer Key:

- 1) I make / made an appointment.
- 2) I wait / waited for the doctor.
- 3) The doctor greets / greeted me. OR The doctor talks / talked with me.
- 4) The doctor takes / took my blood pressure. OR The doctor checks / checked my blood pressure.
- 5) The doctor checks / checked my ears.
- 6) The doctor checks / checked my eyes.
- 7) The doctor checks / checked my mouth / throat.
- 8) The doctor checks / checked my heartbeat.
- 9) The doctor takes / took my temperature.
- 10) I asked the doctor questions.
- 11) The lab tech takes / took a blood sample. OR I get / got a needle / injection.
- 12) The X-ray tech takes / took an X-ray.
- 5. Brainstorm with learners how a typical doctor's appointment might go. Discuss some of the things the patient and the doctor might say or ask. Hand out a set of *Sentence Strips* to each pair of learners. Have them place the sentence strips in order. Check the answers and discuss the dialogue with all the class. Explain any new vocabulary. Then, have learners practice reading the dialogue in pairs.
 - 6. Divide the class into A's (Doctors) and B's (Patients).
 - 7. Hand out *Visit to the Doctor* worksheet and *Role Play* cards in the following manner:

A's (Doctors) get only the worksheet

A's (Doctors)need a pen for filling information on the worksheet A's (Doctors) will be sitting while the patients come to them.

B's (Patients) get the worksheet and one role card each

B's (Patients) need to follow the dialogue and speak, telling their problems to different doctors.

B's (Patients) will be visiting various doctors around the room.

- 8. Have the doctors fill in every space of their sheet, thus having talked with every patient in the class. (If there is not enough time for this, set a specific amount of doctors or patients each should interact with.)
- 9. Patients should continue to walk around, practicing the dialogue and their role with as many doctors as possible.
 - * variation: If learners become quite comfortable with the dialogue, the teacher could have the doctors (A) and Patients (B) fold back and not look at the dialogue in order to practice the role-play in a more natural way.



At the Doctor: A Check-up

	1200	ie Boeior. 11 en	ten up	
TAKE	MAKE	СНЕ	CK GET	HAVE
our temperature	a needle	an operation	your medical history	eyes / ears / mouth
n appointment itches our heartbeat	a cast surgery your height	your pulse an X-ray your weight	your blood pressure medicine advice from the doctor	a blood sample a mistake

your heartbeat your height your weight advice from the doctor

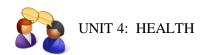
At the Doctor: A Check-up

At the Doctor. A Check-up					
TAKE	MAKE	СНЕС	CK	GET	HAVE
our temperature	a needle	an operation	vour	medical history	eyes / ears / mouth

your temperature an appointment stitches your heartbeat a needle a cast surgery your height

an operation your pulse an X-ray your weight your medical history your blood pressure medicine advice from the doctor eyes / ears / mouth a blood sample a mistake

At the Doctor: A Check Up worksheet

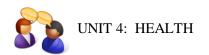


PICTURES: A CHECK-UP

1) I	2) I
The doctor	4) The doctor
5) The doctor	6) The doctor
7) The doctor	8) The doctor
9) The doctor	10) I
The lab tech	The x-ray tech



Sentence Strips
Hi there. What can I do for you?
I have bad stomach cramps.
Where does your stomach hurt?
Right here Ouch!
Yeah It's a little sore there, eh? How long have you had these stomach cramps?
For about 2 weeks.
That's a long time. Are you taking anything for them?
I drank fennel tea, but it isn't helping.
OK. Well, I'll write you a prescription. Do you have any drug allergies?
I don't think so.
OK Take this to the pharmacy and fill it. You should feel better soon.
OK. Thank you.
If this doesn't help, come back and see me again.
OK. I will.
Is there anything else?
No, that's everything. Thanks.
You're welcome. Bye.
Bye.



VISIT TO THE DOCTOR (Adapted from Bogglesworld.com)

A: Hi there. What can I do for you?

B: I have <u>bad stomach cramps.</u>

A: How long have you had these stomach cramps?

B: For about 2 weeks.

A: Are you taking anything for it?

B: *I drank fennel tea*, but it isn't helping.

A: OK. Do you have any drug allergies?

B: *I don't think so.*

A: All right. I'll write you a prescription.

Take this to the pharmacy and fill it. You should feel better soon.

B: OK. Thank you.

A: If this doesn't help, come back and see me.

B: Okay, I will.

A: Is there anything else?

B: No, that's everything. Thanks.

A: You're welcome. Bye.

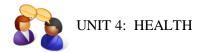


Name	Health Problem	Length of Problem	Previous medication	Allergies to Medication? (Yes / No)
example: Mary	Stomach cramps	2 weeks	Fennel tea	No



Role-Play Cards

	Role-Play Cards	
Problem: A sore throat	Problem: The flu	Problem: An earache
How long: 1 week	How long: 4 days	How long: 9 days
Previous Medication: Gargled with salt water	Previous Medication: Drank Peppermint tea and rested	Previous Medication: Put cotton balls in your ears
Allergies to Medication: Yes. Penicillin	Allergies to Medication: No.	Allergies to Medication: No.
Problem: A stomachache	Problem: A headache	Problem: A backache
How long: 3 days	How long: 3 weeks	How long: 1 month
Previous Medication: Took ant-acids	Previous Medication: Took aspirin	Previous Medication: Put ice on it
Allergies to Medication: Yes. Aspirin	Allergies to Medication: No.	Allergies to Medication: Yes. Aspirin
Problem: A cold	Problem: Bad acne	Problem: Burned my hand
How long: 1 month	How long: 1 year	How long: 4 days
Previous Medication: Took cough medicine and rested	Previous Medication: Soap from the drug store	Previous Medication: Cream from the drug store
Allergies to Medication: No.	Allergies to Medication: No.	Allergies to Medication: Yes. Novocain
i e e e e e e e e e e e e e e e e e e e	1	



Activity 6

Purpose:

to read and understand prescription labelsto practice a dialogue

CLB Level: 2/3

Time: 20 minutes

Materials:

- samples of empty prescription containers
- **Prescription Labels** worksheet for each learner

6. Reading Prescriptions

Instructions:

- 1. Show samples of empty prescription containers. Ask the learners questions:
 - e.g. What do people get prescriptions for?
 Where can you get prescriptions filled?
 Which pharmacy do you go to? etc.
- 2. Pass the prescription containers around the class, allowing the learners time to look over the prescriptions.
- 3. Write the following vocabulary words on the board: prescription tablet refill teaspoon side effects dosage medication warning drowsiness use care patient

<u>Optional Activity:</u> Draw a sample prescription on the board with basic information and have the learners find and give information using these words: patient, medicine, dosage, times daily, special directions. Have the learners find the appropriate information.

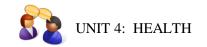
- 4. Hand out the *Prescription Labels* worksheet to each learner. Divide the learners into pairs. Have them ask each other the questions.
- 5. Using the dialog, have the learners refer to the labels and make new dialogs.
- 6. Lead a discussion with the entire class about the use of generic drugs, the price difference and whether or not they would use them.

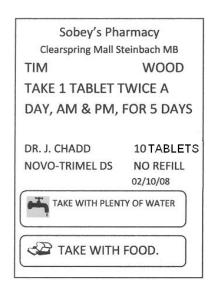
Note: label information

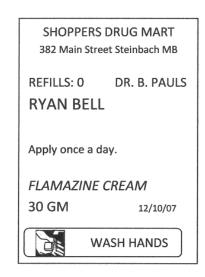
Novo-trimel is for infections – often used for respiratory infections

Flamazine is used for burns

Cotridin Syrup is a cough medicine









1. With a partner, look at these prescription labels and answer the questions.

- a. Who is the doctor?
- b. Who is the prescription for?
- c. What is the name of the medication?
- d. What is the dosage?
- e. What are the side effects?
- f. Are there special directions?
- g. What does "NO REFILL" mean?
- h. When was the prescription filled?

2. Dialogue: At the Pharmacy:

Practice this dialogue. Use the information above to make your own dialogue.

Pharmacist: Your prescription is ready now!

Patient: Thank you.

Pharmacist: Take one tablet every six hours.

Patient: One tablet every six hours. OK.

Anything else?

Pharmacist: Yes, drink lots of water.

3. Discussion:

What is a generic drug?



Activity 7

Purpose:

- to either introduce or review basic health information and procedures for the rural Manitoba area
- to practice reading and speaking
- review of should
- review of vocabulary

CLB Level:

3 / 4

Time:

45 minutes – one hour

Materials:

- **Reading A and B** for each pair of learners
- Manitoba Health Basics worksheet for each learner

7. MB Health Basics

Instructions:

- The following activity could be used as either an introduction to the health unit or a review to the health unit. Divide the class in half, giving *Reading A* to one half and *Reading B* to the other half.
- 2. Have the learners read their article and answer the comprehension questions on their worksheet. Let them try to figure out unknown vocabulary on their own with dictionary, etc... Teacher can assist where necessary.
- 3. Have the *Reading A* learners form pairs and the *Reading B* learners form pairs. In these pairs, students read aloud the story to one another and check their answers against one another's.
- 4. Then have the learners form new pairs, Learner A and Learner B and have the new partners tell each other about what they have read without reading directly from their Worksheets. Only use it as a guide.
 - *Variation For more advanced classes, the teacher could have learners either fold back the reading and just use the questions as a guide or even have the learners hand in their paper so as not to use it at all.
 - Note All telephone numbers in this activity are current as of 2008.
- 5. As a review of the information in the reading, hand out the *Manitoba Health Basics* worksheet to each learner.
- 6. Have the learners fill in the blanks individually and check together as a class.

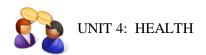


READING A

Where should I go if I have a health problem?

When you first move to Canada you should register for a Manitoba health card. To find a family doctor, you can call *Family Doctor Connection* at 1-204-786-7111. If you want to get a check-up, you can call your doctor's office to make an appointment. If you are sick and need help from the doctor right away and your doctor doesn't have time to see you, you can go to the walk-in clinic. If you have a medical emergency you should go to the hospital. If you don't know if you should go to the doctor's office, walk-in clinic, or emergency department at the hospital, you can call Health Links at 1-888-315-9257.

QUESTIONS Please answer the questions using: You should
1) What should you do when you first move to Canada?
2) What number should you call to find a family doctor?
3) What should you do if you want to see your doctor?
4) Where should you go if you are sick and you can't see your family doctor? .5)
Where should you go if you have a medical emergency?
Where should you call if you don't know where to go about your medical problem?
If you have any questions about where you should go for your health problem or if you need medical help in your language you can call Health Links at 1-888-315-9257. When you go to the doctor, you can tell him /her about how you feel. These things are called symptoms. Before the doctor writes you a prescription for medicine, he will often ask if you have any allergies. The doctor may ask about your family's medical history. After you are finished, you can take your prescription to the pharmacy. Here, you must pay for the medication if you don't have health insurance. QUESTIONS Please answer questions 1 – 3 using: You should
1) Where should you call if you need medical help in your language?
2) What should you tell your doctor about how you feel?
3) Before your doctor writes you a prescription what should you tell him about?
4) What does the doctor sometimes ask about your family?
5) Where can you take your prescription to get your medicine?
6) What must you do if you don't have health insurance?



Manitoba Health Basics



allergies health card prescription appointment Health Links symptoms

emergency insurance walk-in clinic family history pharmacy

	Symptoms was in clinic
1)	When you first move to Canada you should register for a Manitoba
2)	To find a doctor, you can call <i>Family Doctor Connection</i> at 1-204-786-7111.
3)	If you want to get a check-up, you can call your doctor's office to make an
4)	If you are sick and need help from the doctor right away and your doctor doesn't have time to see you, you can go to the
5)	If you have a medical you should go to the hospital.
5)	If you don't know if you should go to the doctor's office, walk-in clinic, or hospital, or you need health information in your language you can call at 1-888-315-9257.
7)	When you go to the doctor, you can tell him /her about your
8)	Before the doctor writes you a for medicine, he will often ask if you have any
9)	The doctor may ask about your family's medical
10	After you are finished, you can take your prescription to the Here, you must pay for the medication if you don't have health
	

