20th June 2024
OET Listening – Part C

Put the words below into the correct question and then think about your answer to the question:

overcome / manual / rapidly

1. In your opinion, do you prefer equipment with **manual** or automatic controls? Why?
2. How can we help patients to **overcome** difficult aspects of their treatment?
3. If an OET student would like to improve their skills **rapidly**, what would you suggest?

How would you prepare before you listen?

You hear an interview with a neurologist called Dr Alan Lode, who's talking about developments in the treatment of spinal cord injuries.

37. Dr Lode says that most of his quadriplegic patients ?

(A) want above all to regain use of their hands and arms.

(B) see having to use a wheelchair as their biggest problem.

(C) hope to overcome most of their problems at some stage in the future.

38. Dr Lode explains that one disadvantage of the original Brindley device is related to

(A) the danger of infection.

(B) the method of implantation.

(C) the need for manual control.

39. Dr Lode says the adapted Brindley device is now being used with artificial limbs to

(A) increase their range of movement.

(B) help them to respond more rapidly.

(C) improve the user's control over them.

M: Well, spinal cord injury's been called the testosterone disease, because four out of five spinal cord injuries happen to young men. So it's not surprising that for most of my quadriplegic patients the ability to have normal reproductive function's a very high priority, in fact it comes second after the ability to regain the use of their upper limbs. Bladder control comes third, but the use of the lower limbs comes way down the list, because modern wheelchairs are pretty effective.

M: Yes, this is one solution that's been developed, but it's not without its disadvantages. So the most common method of bladder control's still catheterisation. This is quite a simple procedure but it does carry a risk of UTIs as well as scarring of the urethra. So quite a number of patients do now use the Brindley device. In its original form this is an implant to which an external stimulator is applied manually, causing the bladder to contract and empty itself. The main snag's that in order for it to be inserted, the sensory nerves from the pelvis into the spinal cord have to be severed, and this causes weakening of the pelvic muscles and loss of sexual function. So they're now working on a new version of the device, which retains the sensory nerves and can actually read signals from them, allowing the patient to empty the bladder when necessary.

M: That's right. It records signals from individual nerves. And apart from its use for bladder control, another possible application is for patients who have artificial limbs. Prosthetics are quite sophisticated now – an amputee may have a range of prosthetics for different purposes, and in fact some can allow a user to out-perform a non-amputee in a sport such as running or mountain climbing, but what still doesn't work very well is their interface with the nervous system. The technology needed for recording signals from nerves for a whole limb's very complicated, so researchers are now looking at the adapted Brindley device as a way of approaching the problem.