

LISTENING TEST

Guided Practice eBook

Sample Test 4



Test-taking skills, vocabulary activities and
extended answer keys

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Introduction to OET Listening

The OET Listening sub-test consists of three parts, and a total of 42 question items. The topics are of generic healthcare interest and accessible to candidates across all professions. The total length of the Listening audio is about 40 minutes, including recorded speech and pauses to allow you time to write your answers. On test day, you will hear each recording once and are expected to write your answers while listening.

The OET Listening sub-test structure

Part A – consultation extracts

- ▶ 2 audios (patient-professional consultations, approximately 5 minutes each)
- ▶ 24 questions (12 per audio)
- ▶ Question type: note completion

Part A assesses your ability to identify specific information during a consultation. You will listen to two recorded consultations between a health professional and a patient, and you will complete the health professional's notes using the information you hear. Note: the health professionals may be any one of the 12 professions who can take OET.

Part B – short workplace extracts

- ▶ 6 audios (monologues or dialogues, approximately 1 minute each)
- ▶ 6 questions (1 question per audio)
- ▶ Question type: 3-option multiple choice

Part B assesses your ability to identify the detail, gist, opinion or purpose of short extracts from the healthcare workplace. You will listen to six recorded extracts (e.g., team briefings, handovers, or health professional-patient dialogues) and you will answer one multiple-choice question for each extract.

Part C – presentation extracts

- ▶ 2 audios (monologues or interviews, approximately 5 minutes each)
- ▶ 12 questions (6 per audio)
- ▶ Question type: 3-option multiple choice

Part C assesses your ability to follow a recorded presentation or interview on a range of accessible healthcare topics. You will listen to two different extracts, and you will answer six multiple-choice questions for each extract.

How is listening ability assessed in OET?

The OET Listening sub-test is designed to assess a range of listening skills, such as identifying specific information, detail, gist, opinion or the speaker's purpose. These skills are assessed through note-completion tasks and multiple-choice questions.

Assessors who mark the Listening sub-test are qualified and highly trained. Candidate responses are assessed against an established marking guide. During the marking session, problematic or unforeseen answers are referred to a sub-group of senior assessors for guidance and all papers are double-marked to ensure fairness and consistency.

How is the Listening sub-test scored?

There are a total of 42 marks available in the Listening sub-test. Part A accounts for 24 marks, Part B accounts for 6 marks, and Part C accounts for 12 marks. Your answers for Part A are double marked by trained OET Assessors, and Parts B and C are computer scanned and automatically scored.

How to use this eBook

The aim of this book is to build test-taking skills and vocabulary. The practice test has been divided into its separate parts. Each part begins with pre-listening activities that will help you prepare to listen. Then there is the test section itself, followed by vocabulary-boosting activities based on the questions and transcript/s for that section.

Follow these steps to make the most of this practice eBook:

- 1) Start with Part A, Extract 1
- 2) Do the pre-listening activities
- 3) Review the answers to the pre-listening activities (at the end of this book)
- 4) Complete the practice test section (e.g., Part A, Extract 1)
- 5) Check the answers in the extended answer key and review your own answers
- 6) Complete the Language to Know activity
- 7) Check your answers
- 8) Repeat the same steps for each section of the test.

At the end of the book, there are Vocabulary Templates. Use these to create your own flashcards and vocabulary lists.

Part A | Pre-Listening Activities

Look at the instructions for Listening Part A on page 8, and answer these questions.

1. How many audio extracts will you hear? _____
2. How many people will speak in each extract? _____
3. Who will the speakers be? _____
4. What type of questions will you answer in Part A? *Select one:*
multiple choice / short answer / note completion

☐ ☐ ☐

Extract 1

Look at Extract 1: Questions 1-12 on page 9.

5. Who are the two speakers? *Select two:*

A paediatrician / A patient / A parent / A carer

☐ ☐ ☐ ☐

6. What should you write to answer the questions?

7. Look at the context statement ('You hear a...') and the questions. What is the main problem that will be discussed?

8. The sub-headings help you to keep up with the audio. What are the five sub-headings in Extract 1?

I. _____

II. _____

III. _____

IV. _____

V. _____

► (Tip): Use the headings, sub-headings and text around the gaps to help you follow the audio. This text will also give you clues about the types of words to listen for.

9. Look at the 12 gaps (Questions 1-12) and decide what type of word or phrase is missing. You may not be able to guess the exact terms, but you may be able to guess some information (e.g., part of speech (noun, adjective, etc.), location, feeling, treatment, activity).

1) **2 adjectives, symptoms of skin condition** _____

2) _____

3) _____

4) _____

5) _____

6) _____

7) _____

8) _____

9) _____

10) _____

11) _____

12) _____

Now listen and complete: **Part A | Extract 1**

[Click here for audio](#)



Occupational English Test

Listening Test

This test has three parts. In each part you'll hear a number of different extracts. At the start of each extract, you'll hear this sound: --beep--

You'll have time to read the questions before you hear each extract and you'll hear each extract **ONCE ONLY**. Complete your answers as you listen.

At the end of the test you'll have two minutes to check your answers.

Part A

In this part of the test, you'll hear two different extracts. In each extract, a health professional is talking to a patient.

For **questions 1-24**, complete the notes with information that you hear.

Now, look at the notes for extract one.

Extract 1: Questions 1-12

You hear a paediatrician talking to the mother of a six-year-old boy called Daniel. For **questions 1-12**, complete the notes with a word or short phrase that you hear.

You now have thirty seconds to look at the notes.

Patient Daniel Lemmings (6 years old)

Description of physical complaint

- skin on Daniel's hands is both **(1)**_____
- Daniel's pain described as **(2)**_____
 - no itching or scratching
 - occasionally accompanied by **(3)**_____
- Daniel's condition began last **(4)**_____
- Daniel's symptoms worsened by **(5)**_____

Treatments already tried

- over-the-counter remedies (e.g., skin products)
- home remedies, e.g.:
 - wearing silk gloves at night
 - treating with **(6)**_____
- uses his sister's **(7)**_____
- seems to improve during the **(8)**_____

Background information

- Daniel has no problems at school
- People describe Daniel's character as **(9)**_____
- Daniel has tantrums
 - finds any **(10)**_____ hard to handle
- Daniel is overly worried about **(11)**_____ on his food

Mother's concerns

- She worries he may be developing **(12)**_____
- She wants advice on how to deal with the situation

Check your answers on Pages 36 - 37

Part A | Extract 1 | Language to Know

► After you do a sample Listening test, you can use the transcript in several ways.

- 1) Listen again and read along. This will help you get comfortable with the pace.
- 2) Write down any unfamiliar terms and look up the meanings. Add these to the Language to Know and/or Flashcards in this eBook.
- 3) Practise speaking at the same time as the speakers. This will help you improve your pronunciation, intonation and vocabulary.

Match the words from the question sheet / transcript on the left (1 - 13) with the meaning on the right (A - M) by entering the corresponding letter - the first one has been completed for you.

1. reluctant	B
2. pin down	
3. clear up	
4. give in	
5. remedy	
6. exhaust	
7. eczema	
8. allude to	
9. sum up	
10. tantrum	
11. set it off	
12. clingfilm	
13. OCD	

- A. something that makes you better when you are sick
- B. not wanting to do something
- C. try all the possible options until there are none left
- D. a short period of very angry behaviour by a child
- E. mention something without actually saying the word
- F. stop fighting against what the other person wants
- G. an anxiety disorder where the patient shows compulsive behaviours
- H. plastic material used to cover food to keep it fresh
- I. cause something to happen
- J. confirm the facts
- K. a medical condition that makes areas of skin become red and dry
- L. go away, change into a better condition
- M. briefly describe the important facts or characteristics of something or someone

Note: The definitions above are accurate for this particular context. Some of the words / phrases might have a different meaning in a different context.

Answers on Page 38

Part A | Extract 2 | Pre-Listening Activities

Look at Extract 2: Questions 13-24 on page 12, and answer these questions.

1. Who are the two speakers? _____

2. The sub-headings help you to keep up with the audio. What are the four sub-headings in Extract 2?

I. _____ III. _____

II. _____ IV. _____

3. Look at the 12 gaps (Questions 13-24) and decide what type of word or phrase is missing. You may not be able to guess the exact terms, but you may be able to guess some information (e.g., part of speech (noun, adjective, etc.), location, feeling, treatment, activity).

13) **Adjective, describe feeling when eating** _____

14) _____

15) _____

16) _____

17) _____

18) _____

19) _____

20) _____

21) _____

22) _____

23) _____

24) _____

Answers on Page 39

Now listen and complete: Part A | Extract 2

[Click here for audio](#)



Extract 2: Questions 13-24

You hear a consultant gastroenterologist talking to a patient called Vincent Sykes. For **questions 13-24**, complete the notes with a word or short phrase that you hear.

You now have 30 seconds to look at the notes.

Patient Vincent Sykes

Symptoms

- loss of weight
- stomach feels **(13)** _____ soon after starting meals
- **(14)** _____ sensation when swallowing food
- stools are pale and **(15)** _____
- stomach described as **(16)** _____
- some jaundice
- says his skin feels **(17)** _____
- extreme fatigue
- pain in stomach area, spreading to back
- pain is worse when he's **(18)** _____
- he describes pain as feeling like **(19)** _____

Background

- has always liked **(20)** _____ foods
- now retired from work
- employed 30 years in a **(21)** _____
- used to smoke 20 cigarettes daily
- moderate drinker

Medical history

- **(22)** _____ infection two years ago
- last year diagnosed with **(23)** _____
- blood clot in leg six months ago (treated with warfarin)
- last month diagnosed with **(24)** _____

That is the end of Part A. Now look at Part B.

Check your answers on Page 40 - 41

Part A | Extract 2 | Language to Know

Match the words from the question sheet / transcript on the left (1 - 13) with the meaning on the right (A - M) by entering the corresponding letter.

1. loo	
2. gassy	
3. itchy	
4. shattered	
5. drop off	
6. heartburn	
7. got/have a sweet tooth	
8. retired	
9. resting on my shoulders	
10. gets (me) down	
11. gave up	
12. gallstones	
13. warfarin	

- A. very tired
- B. small stones made of cholesterol that form in the gallbladder and sometimes cause pain
- C. toilet
- D. having a lot of responsibility
- E. enjoy eating sugary foods, e.g. cake, chocolate, etc.
- F. stopped working permanently because of old age or ill health
- G. a medication that thins the blood
- H. stopped / quit
- I. makes (me) feel unhappy or depressed
- J. start to fall asleep
- K. full of gas
- L. a burning feeling in the upper abdomen caused by poor digestion
- M. a feeling on your skin that makes you want to scratch

Note: The definitions above are accurate for this particular context. Some of the words / phrases might have a different meaning in a different context.

Answers on Page 42

Part B | Pre-Listening Activities

Look at the Part B instructions at the top of page 16

1. What type of questions will you answer in Part B? *Select one:*

multiple choice / short answer / note completion

☐☐☐

2. Is there time to read each question before the audio plays? ☐ Yes ☐ No

➤ To answer Part B questions, you need to focus on the question and understand the differences between the answer options.

3. Look at Questions 25 - 30. For each question, identify important words and complete these notes. 25 has been done as an example. Answer key on pages 43 - 44

25 Speaker/s: elderly patient + palliative care nurse

Key words in question/stem: What, concerned

Key words in answer options:

A. change, weight

B. new treatment

C. abdominal discomfort

26 Speaker/s: _____

Key words in question/stem: _____

Key words in answer options:

A. _____

B. _____

C. _____

27 Speaker/s: _____

Key words in question/stem: _____

Key words in answer options:

A. _____

B. _____

C. _____

28 Speaker/s: _____

Key words in question/stem: _____

Key words in answer options:

A. _____

B. _____

C. _____

29 Speaker/s: _____

Key words in question/stem: _____

Key words in answer options:

A. _____

B. _____

C. _____

30 Speaker/s: _____

Key words in question/stem: _____

Key words in answer options:

A. _____

B. _____

C. _____

Now listen and complete: Part B[Click here for audio](#)**Part B**

In this part of the test, you'll hear six different extracts. In each extract, you'll hear people talking in a different healthcare setting.

For **questions 25-30**, choose the answer (**A**, **B** or **C**) which fits best according to what you hear. You'll have time to read each question before you listen. Complete your answers as you listen.

Now look at question 25.

Fill the circle in completely. Example: 

- 25.** You hear a palliative care nurse talking to an elderly patient.

What is the patient most concerned about?

- ☐ **A** a change in her weight
- ☐ **B** her new treatment regime
- ☐ **C** some abdominal discomfort

- 26.** You hear a pharmacist talking to a customer who is in pain.

What is the customer seeking help about?

- ☐ **A** an increase in her arthritic pain
- ☐ **B** discomfort due to a bite splint
- ☐ **C** a potential drug interaction

- 27.** You hear a dietitian talking to a patient about a new treatment plan for diabetes.

How does the patient react to the plan?

- ☐ **A** She's unsure whether she could manage it.
- ☐ **B** She wonders how effective it would be.
- ☐ **C** She's keen to give it a try.

28. You hear a senior nurse advising a trainee about a condition called venous thromboembolism (VTE).

She stresses that the trainee should

- (A) pay special attention to identifying the symptoms.
- (B) ask for help immediately whenever there are any concerns.
- (C) follow the standard treatment procedure whenever possible.

29. You hear an eye specialist talking to her patient.

What is the specialist doing?

- (A) reassuring him about the prognosis for his vision
- (B) expressing concern about the extent of his recovery
- (C) confirming that his experience matches the clinical evidence

30. You hear a cardiologist updating hospital colleagues about trials of urine testing.

He reports that urine testing of hypertensive out-patients has led to

- (A) improved adherence to BP treatment.
- (B) a reduction in the level of BP medication needed.
- (C) the offer of optional BP therapies to high-risk groups.

That is the end of Part B. Now look at Part C.

Answers on Page 45 - 46

Part B | Language to Know

Use the Part B transcript on pages 59 - 61 to find synonyms for these words/expressions:

Question 25

1.	to create a problem:	
2.	a medication that helps you empty your bowels:	
3.	describes something that happens sometimes:	
4.	swollen and rounded because of containing too much air, liquid, or food:	
5.	changes:	

Question 26

1.	suddenly starts or becomes worse:	
2.	a condition where joints become swollen and painful:	
3.	discovering the truth or cause:	
4.	something that protects your teeth when you sleep:	
5.	continuing for a long time (especially of a disease or something bad):	

Question 27

1.	reducing:	
2.	stopping:	
3.	the result of your actions:	
4.	do something that might be difficult:	
5.	the idea that something will happen in the future:	

Question 28

1.	a possibly dangerous condition that occurs when blood thickens to form clots in a vein:	
2.	notice or discover:	
3.	think or believe something to be probable:	
4.	the moment a patient is allowed to leave hospital after an operation or treatment:	
5.	a test to find out if and how a patient's blood thickens to forms clots:	

Question 29

1.	change to original or natural shape:	
2.	by the smallest amount:	
3.	in a limited way or partly:	
4.	the part at the back of the eye that receives light and sends images of what we see to the brain:	
5.	something, e.g. skin, that is not smooth:	

Question 30

1.	experience difficulty and make a great effort to do (something):	
2.	not planned or intended:	
3.	the act of following a rule or treatment plan:	
4.	result or effect of an action:	
5.	important discovery/event that helps improve a situation:	

Answers on pages 47 - 48

Part C | Pre-Listening Activities

Look at the Part C instructions at the top of the following page (21)

There are two extracts in Part C.

1. How many questions in each extract? _____
2. What question type is used? *Select one:* ☐ gap fill ☐ short answer ☐ multiple choice
3. How much time do you have to read the questions? _____

Extract 1

Look at the context statement on the following page, under the heading (Extract 1: Questions 31-36)

4. What is the type of audio you will hear? *Select one:* ☐ Interview ☐ Presentation
5. What is the main topic of discussion? _____

► **Before the audio starts, read all the questions and notice the important words. This will help you identify the correct answer and recognise when the next question is beginning.**

6. Look at Questions 31-36.

Write the most important words in the questions (not the A-C options).

31 has been done for you...

31. reason, rise, antibiotic, decade to 2010

32. _____

33. _____

34. _____

35. _____

36. _____

Answers on page 49

Now listen and complete: Part C | Extract 1[Click here for audio](#)**Part C**

In this part of the test, you'll hear two different extracts. In each extract, you'll hear health professionals talking about aspects of their work.

For **questions 31-42**, choose the answer (**A**, **B** or **C**) which fits best according to what you hear. Complete your answers as you listen.

Now look at extract one.

Fill the circle in completely. Example: 

Extract 1: Questions 31-36

You hear a micro-biologist called Dr Jane Finn giving a presentation about the overuse of antibiotics

You now have 90 seconds to read **questions 31-36**.

- 31.** What reason does Dr Finn give for the rise in antibiotic use in the decade to 2010?
- ☐ (A) the ready availability of the drugs online
 - ☐ (B) the time pressures that doctors were working under
 - ☐ (C) the fear felt by doctors of failing to treat possible infections
- 32.** What reservation does Dr Finn have about a recent fall in the number of antibiotics prescribed in the UK?
- ☐ (A) It seems to have no effect on drug resistance rates.
 - ☐ (B) It may be causing actual harm to certain patients.
 - ☐ (C) It doesn't reflect an even pattern of distribution.
- 33.** Dr Finn criticises recent news reports on completing antibiotic treatment because
- ☐ (A) they are based on inaccurate evidence.
 - ☐ (B) they are likely to leave readers confused.
 - ☐ (C) they fail to differentiate between infections.

34. Dr Finn mentions the incidence of MRSA in UK hospitals to exemplify how

- (A) infections can spread through a range of channels.
- (B) infection control requires a wide-ranging approach.
- (C) an infection develops resistance to different antibiotics.

35. What does Dr Finn find most shocking about antibiotics being used on livestock?

- (A) They are routinely consumed by healthy animals.
- (B) There is a probable link with drug resistance in humans.
- (C) The total amount given to animals exceeds that used by humans.

36. Dr Finn welcomes the progress that has been made in the

- (A) production of new antibiotics by pharmaceutical firms.
- (B) control of levels of antibiotic waste in the environment.
- (C) selective use of antibiotics to target specific infections.

Now look at extract two.

Answers on Pages 50 - 51

Part C | Extract 1 | Language to Know

Use the question sheet and transcript for Extract 1 on pages 63-65 to search for words or phrases that you are not familiar with.

Use the 'Language to Know' tables below and on the following pages (24-25) to write the new words/phrases, their meaning, translation, related words and an example sentence. If you need to check the meaning of a word/phrase, ask your teacher or use 'Cambridge Dictionary'. Review the table regularly or create your own flashcards (template on pages 33-34) to help you remember the language.

Two examples have been done for you.

Word / Phrase: <i>pose (verb)</i>	
Meaning: <i>To cause a problem or difficulty</i>	
Translation:	Related words:
Example sentence: <i>The overuse of antibiotics poses a problem as eventually patients become resistant to them.</i>	

Word / Phrase: <i>staggering (adjective)</i>	
Meaning: <i>Very shocking and surprising</i>	
Translation:	Related words: <i>stagger (v)</i> <i>staggeringly (adverb)</i>
Example sentence: <i>The amount of misinformation about antibiotics available on social media is staggering.</i>	

Word / Phrase:	
Meaning:	
Translation:	Related words:
Example sentence:	

Word / Phrase:	
Meaning:	
Translation:	Related words:
Example sentence:	

Word / Phrase:	
Meaning:	
Translation:	Related words:
Example sentence:	

Word / Phrase:	
Meaning:	
Translation:	Related words:
Example sentence:	

Word / Phrase:	
Meaning:	
Translation:	Related words:
Example sentence:	

Word / Phrase:	
Meaning:	
Translation:	Related words:
Example sentence:	

Word / Phrase:	
Meaning:	
Translation:	Related words:
Example sentence:	

Word / Phrase:	
Meaning:	
Translation:	Related words:
Example sentence:	

Word / Phrase:	
Meaning:	
Translation:	Related words:
Example sentence:	

Part C | Extract 2 | Pre-Listening Activities

Look at the context statement under the heading: **Extract 2: Questions 37-42** on the following page.

1. What is the type of audio you will hear? *Select one:* ☐ Interview ☐ Presentation

2. What is the main topic of discussion? _____

3. Look at Questions 37-42.

Write the most important words in the questions (not the A-C options). 37 has been done for

37. what, helping patients _____

38. _____

39. _____

40. _____

41. _____

42. _____

Answers on page 52

Now listen and complete: Part C | Extract 2[Click here for audio](#)**Extract 2: Questions 37-42**

You hear a rheumatologist called Michael Evans talking about osteoarthritis.

You now have 90 seconds to read **questions 37-42**.

37. What does Michael suggest about helping patients with osteoarthritis?
- (A) It's easiest when the patient is young.
 - (B) It may involve dealing with a range of problems.
 - (C) It will be more difficult if the condition is genetic.
38. Why does Michael mention obesity in relation to osteoarthritis in the hands?
- (A) to show how assumptions about it can be wrong
 - (B) to explain the role of fat molecules in its development
 - (C) to illustrate how attention to diet can alleviate the symptoms
39. What does Michael say about osteoarthritis of the knee?
- (A) People with the condition are unlikely to benefit from running.
 - (B) Running is probably effective as a means of preventing it.
 - (C) Marathon runners should take precautions to avoid it.
40. What does Michael say about damage to the cruciate ligament amongst netball players?
- (A) Professional players are more likely to suffer this kind of injury.
 - (B) This can be avoided by training players how to move correctly.
 - (C) Players who receive surgery for this are at higher risk of osteoarthritis.

41. What does Michael say about the use of imaging techniques to diagnose knee osteoarthritis?

- (A) It may fail to reveal the full extent of the problem.
- (B) An unexpected cause for the pain may be identified.
- (C) The results are unlikely to affect the treatment given.

42. What does Michael say about recent developments in osteoarthritis treatment?

- (A) New drugs may be able to restore joint tissues.
- (B) Stem cell injections have only a short-term effect on the joint.
- (C) Lifestyle changes have reduced the need for joint replacements.

That is the end of Part C.

You now have two minutes to check your answers.

THAT IS THE END OF THE LISTENING TEST

Answers on pages 53 -54

Part C | Extract 2 | Language to Know

Use the question sheet and transcript for Extract 2 on pages 65-67 to search for words or phrases that you are not familiar with.

Use the 'Language to Know' tables below and on the following pages (30-31) to write the new words/phrases, their meaning, translation, related words and an example sentence. If you need to check the meaning of a word/phrase, ask your teacher or use 'Cambridge Dictionary'. Review the table regularly or create your own flashcards (template on pages 33-34) to help you remember the language.

Word / Phrase:	
Meaning:	
Translation:	Related words:
Example sentence:	

Word / Phrase:	
Meaning:	
Translation:	Related words:
Example sentence:	

Word / Phrase:	
Meaning:	
Translation:	Related words:
Example sentence:	

Word / Phrase:	
Meaning:	
Translation:	Related words:
Example sentence:	

Word / Phrase:	
Meaning:	
Translation:	Related words:
Example sentence:	

Word / Phrase:	
Meaning:	
Translation:	Related words:
Example sentence:	

Word / Phrase:	
Meaning:	
Translation:	Related words:
Example sentence:	

Word / Phrase:	
Meaning:	
Translation:	Related words:
Example sentence:	

Word / Phrase:	
Meaning:	
Translation:	Related words:
Example sentence:	

Word / Phrase:	
Meaning:	
Translation:	Related words:
Example sentence:	

Word / Phrase:	
Meaning:	
Translation:	Related words:
Example sentence:	

Vocabulary Templates

Continue to build your vocabulary using our printable Language to Know and Flashcard templates. Use them to collect and review new words and phrases that you find in OET Sample tests or other places.

Language to Know template

As you read, watch TV, movies, or communicate in your daily life, use the template to record new words or phrases that you want to learn.

Flashcards template

Use this template to create your own flashcards to review language from your Language to Know template.

Instructions:

Print multiple copies in double sided format.

- Cut along the lines.
- Write the word/s you want to learn on one side and the meaning on the other side.
- Test yourself by looking at the meanings and guessing the word/phrase. Or, look at the word/phrase and guess the meanings.
- Practise regularly!

OET | FLASHCARDS



OET

Language to learn:



OET

Language to learn:

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Language to learn:

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Language to learn:

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Language to learn:



Meaning:

Meaning:

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Part A | Extract 1 | Pre-Listening Activities

Q1: Two

Q2: Two

Q3: A health professional and a patient

Q4: Note completion

Q5: A paediatrician, a parent

Q6: A word or short phrase that you hear

Q7: A problem related to the woman's son, Daniel

- Q8:**
- I. Patient
 - II. Description of physical complaint
 - III. Treatments already tried
 - IV. Background information
 - V. Mother's concerns

Q9: Suggested answers:

- 1) 2 adjectives, symptoms of skin condition
- 2) adjective to describe pain
- 3) noun, symptom
- 4) noun, period of time or season of the year
- 5) noun, something that makes skin complaint worse
- 6) noun, product to treat skin complaint
- 7) noun, product to treat skin complaint
- 8) noun, period of time
- 9) adjective, expression to describe character of patient
- 10) noun, something patient feels is difficult
- 11) noun, something (maybe unpleasant) you find on food
- 12) noun, medical condition, disease or symptom

Part A | Extract 1 | Listening Test | 1 - 7**Q1: cracked and dry**

According to the question sheet, you need to listen for adjectives ('both' means you need two) to describe a skin complaint on the hands. The mother says, 'It's mainly the skin - the way it looks. It's so cracked and dry.'

Q2: constant

The question sheet asks you to listen for a word to describe Daniel's pain. The mother says, 'From what he [Daniel] says, I believe the pain is pretty much constant.'

Q3: bleeding

The question sheet refers to the phrase 'occasionally accompanied by' and the paediatrician's question, 'Is this accompanied by any other symptoms?', indicates you should listen for a symptom that happens occasionally or sometimes. After the explanation about itching and scratching, the mother says, 'but the most worrying thing is that there's even bleeding sometimes.'

Q4: winter

The paediatrician asks, 'So, when did this all begin?'. In response, the mother says, 'I initially [first] put it down to [thought it was caused by] that cold snap we had last winter'. She also says, 'I thought it'd clear up [stop] in the spring'. She thought it would stop in the spring, but it began in the winter.

Q5: handwashing/hand washing

You should listen for a thing or activity that makes the symptoms worse. The mother says, 'I've tried to pin down what sets it off [starts it]'. She then says, 'the thing I keep coming back [returning] to is all the handwashing. It makes it worse.'

Q6: petroleum jelly

Use the heading 'Treatments already tried' and the text to follow the discussion into the topic of treatments. Question 6 is under the sub-heading of 'home remedies' and you should be ready for the answer after the mother mentions 'silk gloves'. Listen for a treatment they are using now. The mother says, 'He was OK with the petroleum jelly treatment though, so that's one of the things we still use now.'

Q7: aqueous cream

The question sheet asks you to listen for treatment belonging to Daniel's sister. The mother says, 'his older sister Sarah, has eczema. So, another thing we're doing is using Sarah's aqueous cream.'

Part A | Extract 1 | Listening Test | 8 - 12

Q8: school holidays

The mother says, 'It isn't always terrible,' This suggests you will hear about an improvement to the symptoms. She then says, 'Some weeks are better than others. Like, for instance, during the school holidays. There's a definite improvement then.'

Q9: highly(-)strung

Question 9 is under the next section 'Background information'. After the mother explains he has no problems at school, listen for a description (adjective or expression) of Daniel's character. She says, 'his teachers have alluded to the fact [suggested] that he's highly strung.'

Q10: change

According to the question sheet, after the section about tantrums, you should listen for the paediatrician's question 'So he finds it hard to cope with [hard to handle] change - is that a fair assessment?' The mother agrees with the assessment and says, 'Yes, but ...'.

Q11: germs

According to the question sheet, you should listen for something that Daniel is 'overly [very very] worried about' that you can find on food. His mother says, 'I now have to wrap all of his food in plastic clingfilm or he just won't eat it. He's convinced it'll have germs on it.'

Q12: OCD

Use the paediatrician's question, 'So what are your main concerns?' and the question sheet 'She worries he may be developing ...' to guide you. The mother says, 'What I am worried about is the possibility that this could be OCD, or at least the start of it [he may be developing it]'. She is not worried about Asperger's, as she says, 'I've heard about conditions such as Asperger's, but I don't honestly think it's that'.

Part A | Extract 2 | Pre-Listening Activities

1. reluctant	B. not wanting to do something
2. pin down	J. confirm the facts
3. clear up	L. go away, change into a better condition
4. give in	F. stop fighting against what the other person wants
5. remedy	A. something that makes you better when you are sick
6. exhaust	C. try all the possible options until there are none left
7. eczema	K. a medical condition that makes areas of skin become red and dry
8. allude to	E. mention something without actually saying the word
9. sum up	M. briefly describe the important facts or characteristics of something or someone
10. tantrum	D. a short period of very angry behaviour by a child
11. set it off	I. cause something to happen
12. clingfilm	H. plastic material used to cover food to keep it fresh
13. OCD	G. an anxiety disorder where the patient shows compulsive behaviours

Part A | Extract 2 | Pre-Listening Activities

Q1: A consultant gastroenterologist + a patient

Q2: I. Patient

II. Symptoms

III. Background

IV. Medical history

Q3: 13) adjective, describe feeling after eating

14) adjective, describe (maybe unpleasant) feeling when swallowing

15) adjective (probably not colour), describe stools

16) adjective, describe a feeling in the stomach

17) adjective, linked to skin condition

18) verb, activity/state when pain is worse

19) noun, medical (maybe stomach) condition

20) adjective, expression to describe type of food

21) noun, place of work

22) noun, type of infection

23) noun, medical condition

24) noun, medical condition

Part A | Extract 2 | Listening Test | 13 - 20

Q13: full

After the patient says, 'I've lost a bit of weight', listen for an adjective to describe how he feels after he starts eating. He says, 'when I am eating, I seem to get full so quickly, before I'm even halfway finished [soon after starting]'.

Q14: choking

The question sheet asks you to listen for a word to describe a 'sensation [feeling], when swallowing food'. Vincent says, 'I often feel like ... I'm choking to be honest.'

Q15: watery

Use the gastroenterologist's question, 'And what about your bowel habits?', and the question sheet's phrase, 'stools are pale and...', to guide you. You should listen for another adjective to describe stools. Vincent says, 'And my poo's [stool] a much lighter colour than it used to be ... and it's watery too'.

Q16: gassy

The question sheet asks you to listen for another adjective to describe the patient's stomach. Vincent says, 'And my stomach sometimes feels really ... well, gassy is the only way to describe it.'

Q17: itchy

The question sheet asks you to listen for another word to describe the feeling of the skin. After describing the symptoms of jaundice, Vincent says, 'my skin does a bit too. It's also really itchy these days, too – drives me mad.'

Q18: lying down

Vincent later talks about pain in the stomach, spreading to the back. The question sheet asks you to listen for when the pain is worse. Vincent says, 'It usually hurts much more when I'm laying down.'

Q19: heartburn

The question sheet asks you to listen for a noun, possibly a medical condition to compare the pain – 'he describes the pain like ...'. Vincent says, 'it felt similar to [like] heartburn'.

Q20: high(-)fat:

The question sheet asks you to listen for an adjective to describe food Vincent likes. Vincent says, 'I'd always loved my food, especially the high-fat stuff [things].'

Part A | Extract 2 | Listening Test | 21 - 24

Q21: paint factory

After mentioning that Vincent is retired, the question sheet asks you to listen for a place where Vincent worked [was employed] for 30 years. Vincent says, 'Most of my working life, about thirty years of it, was spent in a paint factory'.

Q22: hepatitis B:

After talking about lifestyle (smoking and alcohol use), the gastroenterologist asks, 'Were you having health problems when you gave up [smoking]?'. The question sheet asks you to listen for a kind of infection the patient had 'two years ago'. Vincent says, 'everything seemed to start going wrong a couple [two] of years ago when I got a hepatitis B infection'.

Q23: gallstones

The question sheet asks you to listen for condition diagnosed 'last year'. Vincent says, 'and then not long after, about a year ago, they told me I'd got gallstones.'

Q24: diabetes two / diabetes 2

After the explanation about a blood clot, the answer sheet asks you to listen for another condition diagnosed 'last month'. Vincent says, 'last month, on top of everything, they told me I'd developed [they diagnosed] diabetes two.'

Part A | Extract 2 | Language to Know

1. loo	C. toilet
2. gassy	K. full of gas
3. itchy	M. a feeling on your skin that makes you want to scratch
4. shattered	A. very tired
5. drop off	J. start to fall asleep
6. heartburn	L. a burning feeling in the upper abdomen caused by poor digestion
7. got/have a sweet tooth	E. enjoy eating sugary foods, e.g. cake, chocolate, etc.
8. retired	F. stopped working permanently because of old age or ill health
9. resting on my shoulders	D. having a lot of responsibility
10. gets (me) down	I. makes (me) feel unhappy or depressed
11. gave up	H. stopped / quit
12. gallstones	B. small stones made of cholesterol that form in the gallbladder and sometimes cause pain
13. warfarin	G. a medication that thins the blood

Part B | Pre-Listening Activities

Q1: Multiple choice

Q2: Yes

Q3: Suggested answers | 26 - 28:

26 Speaker/s: pharmacist and customer

Key words in question/stem: What, seeking help

Key words in answer options:

A. increase, arthritic pain

B. discomfort, bite splint

C. drug interaction

27 Speaker/s: dietitian and patient

Key words in question/stem: How react

Key words in answer options:

A. unsure, manage

B. wonder, how effective

C. keen, try

28 Speaker/s: senior nurse and trainee

Key words in question/stem: trainee should

Key words in answer options:

A. attention, identifying symptoms

B. ask, help, immediately, concerns

C. follow treatment, whenever possible

Part B | Pre-Listening Activities

Q3: Suggested answers | 29 - 30:

29 Speaker/s: eye specialist and patient

Key words in question/stem: What, specialist doing

Key words in answer options:

A. reassuring, prognosis, vision

B. expressing concern, extent, recovery

C. confirming, experience matches, evidence

30 Speaker/s: cardiologist and colleagues

Key words in question/stem: urine testing, hypertensive, led to

Key words in answer options:

A. improved adherence, treatment

B. reduction, medication

C. optional therapies, high-risk groups

Part B | Listening Test | 25 - 27

25 - some abdominal discomfort

- A** **x** A is incorrect. The patient says, 'I might be losing a bit of weight'. However, after the nurse's question: 'Does that trouble you?' [Is a change in your weight a problem for you?], the patient says, 'No. I just don't want to eat a lot'.
- B** **x** B is incorrect. After the nurse's question about laxatives, the patient says, 'I've had a bit of trouble with constipation over the years. I've taken pills [laxatives] on and off [from time to time]'. Although the patient is taking medication for constipation, this is not a 'new treatment regime'.
- C** **✓** C is correct. After the nurse's question 'Any trouble [problems] with your bowels?', the patient explains she has abdominal issues, saying '... I still feel bloated, you know, a bit crampy'. When the nurse asks, 'Is it bothersome [a problem]?', she confirms, 'Yeah, it's not what you'd call slight [it's not a small problem]'.

26 - a potential drug interaction

- A** **x** A is incorrect. The customer says, 'I've been in a bit of pain. I've got arthritis you see, but it's not that [the arthritis] – it's my jaw'. Therefore, while the customer is in pain, the cause is her jaw, not an 'increase in arthritic pain'.
- B** **x** B is incorrect. The customer says, 'I had a bite splint at one time'. This means she is no longer wearing it.
- C** **✓** C is correct. The customer says, 'I usually take paracetamol, but I don't want to take too much because, you know, I'm already taking arthritis medication'. Therefore, the patient is concerned about 'a potential drug interaction'.

27 - She wonders how effective it would be.

- A** **x** A is incorrect. The patient says, 'Ooh, that's [calories] not many'. She then says, 'I guess I ought to [should] give it a go [try it]'. The patient is surprised she will only have 800 calories a day but thinks she should try the plan. However, she doesn't suggest that she couldn't manage it or be successful.
- B** **✓** B is correct. The patient says, 'there's no guarantee I won't still have diabetes at the end of it all, is there?'. Therefore, she wonders [questions] how effective the new treatment plan would be.
- C** **x** C is incorrect. The patient says, 'Ooh, that's [calories] not many'. However, later she says, 'I guess I ought to [should] give it a go [try it] if there's a chance of beating [stopping/controlling] the condition'. The patient is surprised she will only have 800 calories a day but feels obliged to try the treatment. She does not suggest she's 'keen' [would really like] to try the plan.

Part B | Listening Test | 28 - 30

28 - ask for help immediately whenever there are any concerns.

- A** **x** A is incorrect. The senior nurse says, 'Swollen legs are a typical sign, but patients may or may not present with that or the swelling may be difficult to detect [see]'. She then says, 'Maybe the patient has calf pain, or is breathless, but doesn't have any other symptoms'. Therefore, while the senior nurse says the symptoms of VTE are varied and difficult to see, she does not stress that the trainee should 'pay special attention to identifying them'.
- B** **✓** B is correct. After the nurse describes some of the variations in symptoms which make VTE difficult to diagnose, she says, 'If you're at all suspicious of [are concerned about the possibility of] VTE in a patient, refer them urgently for investigation'.
- C** **x** C is incorrect. The senior nurse says, 'it's important to be aware of [know and understand] the guidelines [standard treatment procedure] but to remember that in practice, diagnosis is complicated'. Therefore, the nurse suggests that knowing the guidelines is important, but she stresses that, in reality, diagnosis requires careful observation because symptoms can vary so much.

29 - confirming that his experience matches the clinical evidence

- A** **x** A is incorrect. The specialist says, 'Despite the fact your eye's recovered up to a point, there will be permanent damage to the retina'. She explains the facts about the prognosis for his vision, but she doesn't try to reassure the patient.
- B** **x** B is incorrect. The patient says, 'I'm not completely cured' and 'I'm still not confident about driving'. However, in response, the specialist says, 'looking at the latest images of your eye, I'd say there are signs of improvement' and 'what you describe is entirely to be expected [is normal]'. Therefore, the patient, not the specialist expresses concerns about the extent of the recovery.
- C** **✓** C is correct. The patient says, 'there's less distortion in my vision' and 'I've lost colour perception in the centre of the affected eye'. The specialist confirms the patient's 'experience matches [corresponds to] the clinical evidence', by saying, 'that's certainly what the images suggest'.

30 - improved adherence to BP treatment.

- A** **✓** A is correct. The cardiologist says, 'The results of our trials show that 50% of patients undergoing urine testing became completely adherent to their drug regime [BP treatment] as a result'. Therefore, he 'reports that urine testing has led to improved adherence to BP treatment'.
- B** **x** B is incorrect. The cardiologist says, 'one of the key reasons for patients forgetting to take their tablets was because of the number of pills required'. However, he also says, 'Reducing the amount [of tablets] prescribed isn't possible of course'. Therefore, the cardiologist explains that reducing the medication is not possible, even though it is one of the main reasons patients are not compliant, because they forget to take them.
- C** **x** C is incorrect. The cardiologist says, 'previous studies showed limited benefits of high-risk patients from costly alternatives [optional BP therapies] aimed at reducing rates of stroke and heart disease'. Therefore, while the cardiologist mentions the results of previous studies with optional BP therapies for high-risk groups, he does not suggest offering this to them now.

Part B | Language to Know**Question 25**

- | | | |
|----|--|--------------------|
| 1. | to create a problem: | trouble |
| 2. | a medication that helps you empty your bowels: | laxative |
| 3. | describes something that happens sometimes: | on and off |
| 4. | swollen and rounded because of containing too much air, liquid, or food: | bloated |
| 5. | changes: | adjustments |

Question 26

- | | | |
|----|--|-------------------------------|
| 1. | suddenly starts or becomes worse: | flares up |
| 2. | a condition where joints become swollen and painful: | arthritis |
| 3. | discovering the truth or cause: | getting to the root of |
| 4. | something that protects your teeth when you sleep: | bite splint |
| 5. | continuing for a long time (especially of a disease or something bad): | chronic |

Question 27

- | | | |
|----|--|---------------------|
| 1. | reducing: | cutting down |
| 2. | stopping: | cutting out |
| 3. | the result of your actions: | payoff |
| 4. | do something that might be difficult: | undertake |
| 5. | the idea that something will happen in the future: | prospect |

Part B | Language to Know

Question 28

1.	a possibly dangerous condition that occurs when blood thickens to form clots in a vein:	venous thromboembolism
2.	notice or discover:	detect
3.	think or believe something to be probable:	be suspicious of
4.	the moment a patient is allowed to leave hospital after an operation or treatment:	discharge
5.	a test to find out if and how a patient's blood thickens to forms clots:	clotting profile

Question 29

1.	change to original or natural shape:	distortion
2.	by the smallest amount:	barely
3.	in a limited way or partly:	up to a point
4.	the part at the back of the eye that receives light and sends images of what we see to the brain:	retina
5.	something, e.g. skin, that is not smooth:	wrinkled

Question 30

1.	experience difficulty and make a great effort to do (something):	struggle
2.	not planned or intended:	unintentional
3.	the act of following a rule or treatment plan:	compliance
4.	result or effect of an action:	outcome
5.	important discovery/event that helps improve a situation:	breakthrough

Part C | Pre-Listening Activities

Q1: Six

Q2: Multiple Choice

Q3: 90 seconds

Extract 1

Q4: Presentation

Q5: Overuse of antibiotics

Q6: 31: reason, rise, antibiotic, decade to 2010

32: what reservation, recent fall, prescribed, UK

33: criticises, reports, completing treatment because

34: MRSA, exemplify, how

35: what, shocking, livestock

36: welcomes, progress, in

Part C | Extract 1 | Listening Test

31 - the ready availability of the drugs online

- | | | |
|----------|----------|--|
| A | ✓ | A is correct. Dr Finn says, 'in the decade up to 2010, we saw a staggering [very big] increase of 36% in antibiotic use worldwide'. She then says, 'As more and more global citizens were able to access them [antibiotics], usually online, we saw uncontrolled consumption during that period'. This means antibiotics became easier to buy ['ready availability'] online at the same time as the 'rise in antibiotic use' around the world. |
| B | ✗ | is incorrect because Dr Finn does not mention anything about doctors working under time pressure. |
| C | ✗ | is incorrect. Dr Finn says, 'there's still a hard-core [of patients] who want them [antibiotics] prescribed for everything'. She then says, 'Doctors are now better at resisting their [the patients'] demands, for example when the problem's viral rather than bacterial [an infection]'. Dr Finn does not say doctors fear 'failing to treat possible infections'. Instead, she says they are now better at refusing to give antibiotics to patients who want them to treat an infection. |

32 - It doesn't reflect an even pattern of distribution.

- | | | |
|----------|----------|--|
| A | ✗ | A is incorrect. Dr Finn notes there has been no negative effect on patients with infections like pneumonia. However, she also says, 'we simply don't know yet if it's [the fall in antibiotic prescriptions] made any impression on [had an effect on] rates of antibiotic resistance'. Therefore, there is no evidence to suggest 'a recent fall in the number of antibiotics prescribed' has had an 'effect on drug resistance rates'. |
| B | ✗ | B is incorrect. Dr Finn says, 'The data shows that this decrease hasn't had a negative impact on patients with common infections like pneumonia'. However, she does not mention antibiotics causing harm to patients. |
| C | ✓ | C is correct. Dr Finn explains that the reduction of antibiotic prescriptions is 'not an equally distributed decrease', which is another way to say it is not an 'even pattern of distribution'. While GPs and dentists have both reduced their prescription rates by 13% and 20% respectively, reduction rates in hospitals have been much lower. |

33 - they are likely to leave readers confused.

- | | | |
|----------|----------|---|
| A | ✗ | is incorrect. Dr Finn does not say the original medical research paper was inaccurate. She says that the original authors stressed that their suggestions were not relevant for all bacteria-based illnesses. Therefore, the evidence was accurate for that particular study, but, she notes, 'we cannot recommend widespread change on the basis of one article'. |
| B | ✓ | B is correct. Dr Finn says, 'The newspapers ran away with the story, however, and sent out mixed [confusing] messages, by suggesting it was OK for patients to stop treatment once they started feeling better'. Therefore, it is 'likely' or possible that newspaper 'readers' were confused by the information they read about 'completing antibiotic treatment'. |
| C | ✗ | C is incorrect because Dr Finn points out that the authors of the studies stressed that 'the suggestions aren't appropriate for all bacteria-based illnesses'. In other words, they differentiate between infections. However, she does not say that the new reports failed to differentiate. |

Part C | Extract 1 | Listening Test

34 - infection control requires a wide-ranging approach.

- A** **x** A is incorrect. Dr Finn says, 'MRSA bacteria is notorious [infamous] for being able to survive for long periods on surfaces like floors, taps and even fabric'. She also says, 'the fact that healthcare facilities are visited by huge numbers of people means the bacteria can spread easily'. However, although Dr Finn gives examples of how MRSA spreads, this is not the point she is trying to exemplify.
- B** **✓** B is correct. Dr Finn says, 'healthcare associated MRSA declined by about 50% thanks to [because of] ... new guidelines and targets, contact control and meticulous disinfection procedures'. She then says, 'This shows us that, rather than replying on one single action, introducing various initiatives on several fronts can limit the impact of infection'. Therefore, she uses the incidence or case of MRSA in hospitals to show 'infection control requires a wide-ranging approach'.
- C** **x** C is incorrect. Dr Finn says, 'some bugs have proved especially resistant to antibiotic treatment and the best-known is probably MRSA'. However, she does not explain how an infection develops resistance.

35 - They are routinely consumed by healthy animals.

- A** **✓** A is correct. Dr Finn says, 'Something which horrifies me [I find most shocking], is that antibiotics are consumed by animals as a matter of course [routinely] simply to prevent problems or, indeed, to speed up their growth'. As antibiotics are given to prevent problems, Dr Finn implies they are 'consumed by healthy animals'.
- B** **x** B is incorrect. Dr Finn says, 'We've known for years now that this overuse [of antibiotics on livestock] is directly related [linked] to resistance in humans'. Therefore, she is not shocked by this link.
- C** **x** C is incorrect. Although Dr Finn says, 'people might be surprised to learn that, worldwide, the quantity of antibiotics in food production [livestock] is higher than that consumed by humans', this is not something that she personally finds shocking.

36 - selective use of antibiotics to target specific infections.

- A** **x** A is incorrect. Dr Finn says that pharmaceutical firms are talking about 'a therapy which uses bacterial viruses called phages to treat infections'. However, she does not suggest they are producing new antibiotics.
- B** **x** B is incorrect. Dr Finn says, 'there's still serious work to be done in places, for example for manufacturers of antibiotics to stop discharging untreated waste products into water courses'. Therefore, she gives 'control of levels of antibiotic waste in the environment' as an example where progress hasn't been made.
- C** **✓** C is correct. Dr Finn says, 'it's not all doom and gloom', which suggests her next comment will be a positive one. She then says, 'We're finding now that when doctors prescribe antibiotics, they're choosing narrow-spectrum ones. These are active only against [target] specific bacteria [or infections]'.

Part C | Extract 2 | Pre-Listening Activities

Q1: Presentation

Q2: Osteoarthritis

Q3: 37: what, help patients

38: why, obesity, hands

39: what, knee

40: what, damage, ligament, netball player

41: what, imaging techniques, diagnose, knee osteoarthritis

42: what, recent developments, treatment

Part C | Extract 2 | Listening Test

37 - It may involve dealing with a range of problems.

- A** **x** A is incorrect. Michael says, 'the theory was that it [osteoarthritis] was ... an inevitable part of getting old'. He then says, 'it's [the theory] one of the many myths about the condition. After all, we have teenagers who develop it' [osteoarthritis]. However, he doesn't suggest osteoarthritis is either easier or more difficult to help patients with osteoarthritis when they are young.
- B** **✓** B is correct. For Michael, osteoarthritis involves 'dealing with a range of problems' [factors]. He lists them as follows, 'destructive processes that often relate to injury, weight and mechanical load factors'. He then says, 'there may be other risk factors; genetics ... and occupation'.
- C** **x** C is incorrect. Michael says, 'there may be other risk factors; genetics may play an important role'. Although genetics can be a factor in getting the condition, Michael doesn't suggest it will be more or less difficult to manage if the condition is genetic.

38 - to show how assumptions about it can be wrong

- A** **✓** A is correct. Michael says, 'you might think you can't put the blame on mechanical load [weight] factors. But you'd be wrong'. He then says, 'you're thirty per cent more likely to get hand osteoarthritis if you're obese'. Therefore, he uses this example 'to show how assumptions about it [osteoarthritis] can be wrong'.
- B** **x** B is incorrect. Michael says, 'There are actually circulating molecules that come from fat – and these influence the development of inflammation in joints'. Although the role of fat molecules is mentioned, this is only to further clarify what happens when obese people get osteoarthritis of the hand.
- C** **x** C is incorrect. Michael says some studies are happening now to 'test the theory that [illustrate how] losing weight can have a positive effect on osteoarthritis in the hands' [and so alleviate the symptoms]. This is not specifically related to diet and is also not the reason why he mentions the link between obesity and osteoarthritis.

39 - Running is probably effective as a means of preventing it.

- A** **x** A is incorrect. Michael says, 'if you've already got osteoarthritis and you want to take up [start] running, the data's a bit conflicting'. He then says, 'There are studies suggesting it [running] can lead to exacerbation of [worsen] the condition, but others suggest that patients who keep up [continue] their running do better at managing the condition'. Therefore, some patients benefit from running and others don't.
- B** **✓** B is correct. Michael says, 'studies show that for the majority of people, running's helpful in terms of stopping the onset of [preventing] osteoarthritis'.
- C** **x** C is incorrect. Michael says, 'though if you're a marathon runner you do potentially place yourself at some risk'. However, he doesn't say 'marathon runners should take precautions to avoid it' [osteoarthritis].

Part C | Extract 2 | Listening Test

40 - This can be avoided by training players how to move correctly.

- | | | |
|----------|----------|--|
| A | x | A is incorrect. Michael says, 'professional players get taught this neuro-muscular technique [jump and land correctly]'. Therefore, as professional players learn how to move properly, this implies they are less likely 'to suffer from this kind of injury'. |
| B | ✓ | B is correct. Michael says 'the best way [for netball players] to prevent the problem arising [damage to the cruciate ligament] is to actually teach players to jump and land in the right way'. |
| C | x | C is incorrect. Michael says, 'In the hope of preventing this [osteoarthritis], players may be encouraged to have surgery to repair the cruciate ligament. But in most cases, this [surgery] is probably unnecessary, and it doesn't appear to change their long-term risk of developing osteoarthritis'. Therefore, 'players who receive surgery for this [cruciate ligament]' may still get the condition, but he doesn't suggest they 'are at a higher risk of osteoarthritis'. |

41 - The results are unlikely to affect the treatment given.

- | | | |
|----------|----------|---|
| A | x | A is incorrect. Michael says, 'For osteoarthritis of the knee, if an X-ray's going to show us anything at all, it must be a standing weight-bearing X-ray'. Therefore, a standing weight-bearing X-ray can be used for diagnosis. However, he doesn't say that 'it [imaging] may fail to reveal the full extent of the problem'. |
| B | x | B is incorrect. Michael says, 'if someone over fifty has an MRI scan, the likelihood [strong possibility] is that'll reveal a meniscal tear. That [the tear] just happens as part and parcel of growing older'. He also says, 'it's [tear] not something that normally causes pain'. Therefore, this is not 'unexpected', and it does not cause pain. |
| C | ✓ | C is correct. Michael says, 'in most cases it [the imaging] doesn't change [affect] what the doctor might do to the patient'. This means 'the results [of the imaging techniques used] are unlikely to affect the treatment' given to the patient. |

42 - New drugs may be able to restore joint tissues.

- | | | |
|----------|----------|---|
| A | ✓ | A is correct. Michael says, 'we're currently in the process of testing what we call 'disease-modifying osteoarthritis drugs' that appear to be effective at regenerating [may be able to restore] joint tissues'. |
| B | x | B is incorrect. Michael says, 'they're [stem-cell injections] unlikely to be any more helpful than salt-water injection because stem cell technology hasn't got far enough yet.' This means stem cell injections are not very effective at the moment as they are still carrying out research. However, he doesn't say 'stem cell injections have only a short-term effect on the joint'. |
| C | x | C is incorrect. Michael says, 'our main hope is that, instead of turning to [needing] hip or knee replacements, patients can learn to control their condition [osteoarthritis] through things like weight management and appropriate exercise [lifestyle changes]'. Therefore, Michael hopes that in the future patients will make lifestyle changes and this will reduce 'the need for joint replacements'. He doesn't suggest this has already taken place. |

OCCUPATIONAL ENGLISH TEST. LISTENING TEST.

This test has three parts. In each part you'll hear a number of different extracts. At the start of each extract, you'll hear this sound: ---***---.

You'll have time to read the questions before you hear each extract and you'll hear each extract **ONCE ONLY**. Complete your answers as you listen.

At the end of the test, you'll have two minutes to check your answers.

Part A. In this part of the test, you'll hear two different extracts. In each extract, a health professional is talking to a patient. For questions 1 to 24, complete the notes with information you hear. Now, look at the notes for extract one.

PAUSE: 5 SECONDS

Extract one. Questions 1 to 12.

You hear a paediatrician talking to the mother of a six-year-old boy called Daniel. For questions 1 to 12, complete the notes with a word or short phrase. You now have thirty seconds to look at the notes.

PAUSE: 30 SECONDS

---***---

M: Mrs Lemmings? Come in, please. I believe you're here to see me about your son Daniel.

F: Yes. He's six years old now. But I wanted to talk to you without him being here, at first anyway.

M: Yes, of course. So, tell me, what seems to be the problem?

F: Well... it's his hands. They're in really bad shape. It's mainly the skin - the way it looks. It's so cracked and dry. He's reluctant to complain about it, but I've managed to get him to tell me that it does hurt. From what he says, I believe the pain is pretty much constant.

M: Right. Is this accompanied by any other symptoms?

F: Well, yes. Although there's no itching, or anything like that. I mean, I've never seen him scratching them, but the most worrying thing is that there's even bleeding sometimes. I just don't understand how they've got so bad.

M: Right.

F: I just don't understand how they've got so bad.

M: So when did this all begin?

F: Oh, it's been months now. I thought it'd clear up in the spring when the weather got warmer cos I initially put it down to that cold snap we had last winter, I mean cos that's when we first noticed it - but obviously I was wrong. I've tried to pin down what sets it off, and the thing I keep coming back to is all the handwashing. It makes it worse. Now I've tried to stop him, but it just upsets him if he can't do it, so we've kind of given in.

M: Have you tried any treatments?

F: Oh yes. We started with creams for dry skin, you know - just about every remedy you can buy over-the counter. And they all helped a bit, but not much. Once we'd exhausted all those options, we moved onto the home remedies from the internet. I read about things like getting him to wear silk gloves at night - let me tell you they weren't very practical. He was ok with the petroleum jelly treatment though, so that's one of the things that we still use now. But also, his older sister Sarah, has eczema. So, another thing we're doing is using Sarah's aqueous cream. Sarah doesn't mind, but Daniel hates using his sister's stuff. I don't want it to sound like I'm making things out to be worse than they actually are. It isn't always terrible. Some weeks are better than others. Like, for instance, during the school holidays. There's a definite improvement then.

M: Can you tell me a bit more background information about Daniel. How is he, generally?

F: Well, in some ways he's fine. I mean, he's doing well at school. But his teachers have alluded to the fact that he's highly strung. That's definitely how I'd sum him up too. Take, for example, his tantrums. Last week all hell broke loose because he had to go to the childminder on a different day. He spent the whole three hours there crying his eyes out. And this is a lady who's looked after him since he was five months old, so it's not like he doesn't know who she is.

M: Right. So he finds it hard to cope with change - is that a fair assessment?

F: Yes, but it's not just that. When we go on a family day out, I now have to wrap all of his food in plastic clingfilm or he just won't eat it. He's convinced it'll have germs on it. Honestly, it's just making things impossible.

M: So what are your main concerns?

F: Well, I've done a fair bit of reading up on this and that's why I wanted to come see you by myself at first. I've heard about conditions such as Asperger's, but I don't honestly think it's that. What I am worried about is the possibility that this could be OCD, or at least the start of it. And what I'm worried about is - what's the best way to handle it?

M: So what are your main concerns?

PAUSE: 10 SECONDS

Extract two. Questions 13 to 24.

**You hear a consultant gastroenterologist talking to a patient called Vincent Sykes.
For questions 13 to 24, complete the notes with a word or short phrase. You now have thirty seconds to look at the notes.**

PAUSE: 30 SECONDS

---***---

F: Now, looking at your notes Mr Sykes, I see you've been having a few problems recently. Could you tell me a little about what's been happening erm... your symptoms, that you've noticed

M: Well, there are several things really. I've always been on the large side, but my clothes have felt looser recently 'cos I've lost a bit of weight - I mean, I haven't been trying or anything. I suppose it's not surprising 'cos I'm not eating as much at the moment. And these days, when I am eating, I seem to get full so quickly - before I'm even halfway finished. Actually getting the food down is hard sometimes, too ... I just can't ... well, I often feel like ... I'm choking to be honest.

F: I see. And what about your bowel habits - any change there?

M: Yeah - sometimes I have to rush to the loo. And my poo's a much lighter colour than it used to be ... and it's watery too - d'you know what I mean? And my stomach sometimes feels really ... well, gassy is the only way to describe it.

F: Right, I see. And have you noticed anything else?

M: Well, you'll have noticed the whites of my eyes ... they're looking sort of light yellow and

my skin does a bit too. It's also really itchy these days, too - drives me mad. I'm incredibly tired a lot of the time too - I just feel shattered.

F: I see ... and have you been experiencing any pain anywhere? In your joints, for example?

M: Well, my joints feel OK, but there's definitely a pain here, around my stomach and going round to my back. It usually hurts much more when I'm laying down. It's really hard dropping off to sleep some nights. When I first got it, I'd ake an anti-acid because it felt similar to heartburn, but it didn't seem to help, so I stopped doing that. I should've changed my diet really, I suppose, but till recently I'd always loed my food, especially the high-fat stuff. I was never one for sugary things though - I've not got a sweet tooth.

F: Right. And, err... how's everything affecting your life generally... let me explain... your work as a ...

M: I'm retired now actually. Most of my working life, about thirty years of it, was spent in a paint factory - I was the senior colour technician. It was interesting but a lot was resting on my shoulders really, and well the responsibility got me down - you know, things got pretty stressfull sometimes.

F: I can imagine. And do you smoke - or drink?

M: Well, I used to smoke - quite a lot really, looking back - about twenty a day, but I gave up when I stopped work a couple of years ago. But I still like a drink - not a lot, but I do enjoy a few beers at the weekend, you know.

F: Well, it's good that you've stopped smoking. Were you having health problems when you decided to give up?

M: Well, everything seemed to start going wrong a couple of years ago when I got a hepatitis B infection and I decided the cigarettes weren't helping that... and then not long after, about a year ago, they told me I'd got gallstones. That was pretty awful

F: Yes - it must have been. And how have you been since then?

M: Not brilliant really - I got a blood clot about six months ago, err... in my calf, and they put me on Warfarin, you know, for that. And then, last month, on top of everything, they told me I'd developed diabetes two. That was a bit of a surprise, to tell the truth... I really hadn't seen that one coming!

F: No. Well, I can see that you've been through the mill this last year or so, one way or another. OK, what I'd like to do now is to get a couple of tests ordered... [fade]

PAUSE: 10 SECONDS

That is the end of Part A. Now look at Part B.

PAUSE: 5 SECONDS

Part B. In this part of the test, you'll hear six different extracts. In each extract, you'll hear people talking in a different healthcare setting.

For questions 25 to 30, choose the answer A, B or C which fits best according to what you hear. You'll have time to read each question before you listen. Complete your answers as you listen.

Now look at Question 25. You hear a palliative care nurse talking to an elderly patient. Now read the question.

PAUSE: 15 SECONDS

---***---

M So you've had some changes in your diet. Is anything a problem for you there?

F I might be losing a bit of weight cos I don't like eating much.

M Does that trouble you?

F No. I just don't want to eat a lot.

M Any trouble with your bowels? I know that you're taking regular laxatives but is that an issue for you?

F I've had a bit of trouble with constipation over the years. I've taken pills on and off. I've taken something now actually, but I still feel a bit bloated, you know, a bit crampy.

M So it's bothersome?

F Yeah. It's not what you'd call slight.

M Well I think we need to have a look at you - maybe make some adjustments to what you're taking, especially since you're getting that bloating.

F That'd be good.

PAUSE: 5 SECONDS

Question 26. You hear a pharmacist talking to a customer who is in pain. Now read the question.

PAUSE: 15 SECONDS

---***---

M Good morning. Can I help you?

F Yes, I've been in a bit of pain. I've got arthritis you see, but it's not that - it's my jaw.

M Oh? Have you had this problem before?

F Yes, it flares up when I get anxious. I'm a bit stressed at the moment. I usually take some paracetamol, but I don't want to take too much because, you know, I'm already taking arthritis medication.

M Well, paracetamol is usually well-tolerated and can be used with your anti-inflammatories. But, you're right - taking that is not getting to the root of the problem. Have you seen a dentist or a doctor about this?

F Yes. I had a bite splint at one time, but it never really helped.

M Well, I'd recommend seeing someone about it again, because this can become a chronic problem.

F OK, you're probably right. Thanks so much.

PAUSE: 5 SECONDS

Question 27. You hear a dietitian talking to a patient about a new treatment plan for diabetes. Now read the question.

PAUSE: 15 SECONDS

---***---

M So, are you interested in trying a new way of treating your Type 2 diabetes through diet? The diet would involve cutting your calorie intake down to 800 a day.

F Ooh - that's not many.

M Well, it'd mean cutting out fat and sugar and just eating protein and vegetables. But the payoff could be that you'll be completely diabetes-free.

F Well, it does sound like a healthy diet, and I guess I ought to have a go, if there's a chance of beating the condition. I just hope it's worth the effort though. I mean, there's no guarantee I won't still have diabetes at the end of it all, is there?

M Well, this is a new treatment, but we wouldn't undertake it without some prospect of success.

PAUSE: 5 SECONDS

Question 28. You hear a senior nurse advising a trainee about a condition called venous thromboembolism (VTE). Now read the question.

PAUSE: 15 SECONDS

---***---

M You mentioned the risk of patients developing venous thromboembolism. What exactly should I be looking for?

F I think it's very important to be aware of the guidelines, but to remember that in practice, diagnosis is complicated. Swollen legs are a typical sign, but patients may or may not present with that, or the swelling may be difficult to detect if the patient is either obese or very thin. Maybe the patient has calf pain, or is breathless, but doesn't have any other symptoms. If you're at all suspicious of VTE in a patient, refer them urgently for investigation. Actually though, most cases of hospital-associated thrombosis occur after discharge. We should ensure there's a regular clotting profile so that appropriate preventative or therapeutic interventions can be made, and organise any prescriptions they'll need on discharge.

PAUSE: 5 SECONDS

Question 29. You hear an eye specialist talking to her patient. Now read the question.

PAUSE: 15 SECONDS

---***---

- F Now, Mr James, looking at the latest images of your eye I'd say there are signs of improvement.
- M Well, I'm not completely cured, but there's less distortion in my vision. That's a huge relief - I could barely recognise people in the early stages. I'm still not confident about night driving. And I know I've lost colour perception in the centre of the affected eye - everything's grey. I notice it when I close the other one.
- F Well, that's certainly what the images suggest - and what you describe is entirely to be expected. Despite the fact that your eye's recovered up to a point, there will be permanent damage to the retina. Instead of lying smoothly against the eye's inner surface, it'll stay a bit wrinkled, which would explain your symptoms.
- M Well, at least my vision's clearer than it was. I'm grateful for that.

PAUSE: 5 SECONDS

Question 30. You hear a cardiologist updating hospital colleagues about trials of urine testing. Now read the question.

PAUSE: 15 SECONDS

---***---

- M As you're aware, many of our out-patients struggle to take their prescribed hypertensive medication, so we've looked into the reasons for unintentional lack of compliance. We discovered that one of the key reasons for patients forgetting to take their tablets was because of the number of pills required. Reducing the amount prescribed isn't possible of course, but something as simple as urine testing to monitor patients is proving an effective intervention. The results of our trials show that over fifty per cent of patients undergoing urine testing became completely adherent to their drug regime as a result, which of course leads to better outcomes. This is an important breakthrough, given that

previous studies showed limited benefits for high-risk patients from complex and costly alternatives aimed at reducing rates of stroke and heart disease.

PAUSE: 10 SECONDS

That is the end of Part B. Now, look at Part C.

PAUSE: 5 SECONDS

Part C. In this part of the test, you'll hear two different extracts. In each extract, you'll hear health professionals talking about aspects of their work.

For questions 31 to 42, choose the answer A, B or C which fits best according to what you hear. Complete your answers as you listen.

Now look at extract one.

Extract one. Questions 31 to 36. You hear a micro-biologist called Dr Jane Finn giving a presentation about the overuse of antibiotics.

You now have 90 seconds to read questions 31 to 36.

PAUSE: 90 SECONDS

---***---

My name's Dr Jane Finn and I'm a micro-biologist. I'm talking today about the overuse of antibiotics, or anti-microbials as they're often called, and the serious dangers this poses for the future. We're all familiar with the threat of a post-antibiotic era in medicine. But how did we get to this point? Well, in the decade up to 2010, we saw a staggering increase of thirty- six per cent in antibiotic use worldwide. As more and more global citizens were able to access them, usually online, we saw uncontrolled consumption during that period. Although recent media stories suggest the general public has finally got the message that antibiotics should be used sparingly, there's still a hard-core who want them prescribed for everything. Doctors are now better at resisting their demands, however, for example when the problem's viral rather than bacterial.

This has improved things. For instance, there's been a fall recorded in the overall amount of antibiotics prescribed in the UK in a given four-year period. At first sight, that's welcome news. The data shows that this decrease hasn't had a negative impact on patients with common infections like pneumonia, but we simply don't know yet if it's made any impression on rates of antibiotic resistance. Other data shows that GPs have reduced the amount of antibiotics they prescribe by thirteen per cent over this period. Dentists have also reduced their prescriptions - by an impressive twenty per cent, but the figure for hospitals is much lower. So, it's not an equally distributed decrease, so the picture's more complicated than it may at first appear.

Something else complicating the picture is a widely-reported medical research paper published recently. This suggested that short courses of antibiotics work just as well to treat most bugs as the traditional longer courses of a week or so. Those conducting trials suggested that there's insufficient data to prove that short courses encourage antibiotic resistance and argued that it's using antibiotics for longer than necessary which increases this risk. The newspapers ran away with the story, however, and sent out mixed messages, by suggesting it was OK for patients to stop treatment once they started feeling better. So, I'd urge caution. After all, an improvement in symptoms doesn't mean that the underlying problem has been resolved. Also, we can't recommend widespread change on the basis of one article in a medical journal. In any case, as the original authors were careful to stress, the suggestions aren't appropriate for all bacteria-based illnesses, and TB was the example they gave.

Indeed, some bugs have proved especially resistant to antibiotic treatment and the best-known is probably MRSA. This came to light when, as a life-threatening condition for patients hospitalised for other reasons, it became particularly tough to treat. MRSA bacteria is notorious for being able to survive for long periods on surfaces like floors, taps and even fabric. And, of course, the fact that healthcare facilities are visited by huge numbers of people means the bacteria spread easily. But studies show that healthcare-associated MRSA declined by about fifty per cent between 1997 and 2011, thanks to things like new guidelines and targets, as well as ward-based contact control and meticulous disinfection procedures. This shows us that, rather than relying on one single action, introducing various initiatives on several fronts can limit the impact of the infection.

Turning to other areas of concern, let's look at antibiotics in agriculture and livestock rearing. People might be surprised to learn that, worldwide, the overall quantity of

antibiotics used in food production is now higher than the amount consumed by humans. Something which horrifies me, is that antibiotics are consumed by animals as a matter of course simply to prevent problems or, indeed, to speed up their growth. This happens a lot in intensive farming, where animals are kept in confined conditions. We've known for years now that this overuse is directly related to resistance in humans, so there's obviously an urgent need for farmers to cut down.

So, is there any progress to report? Well, though there's still serious work to be done in places, for example for manufacturers of antibiotics to stop discharging untreated waste products into water courses and so on, it's not all doom and gloom. We're finding now that when doctors prescribe antibiotics, they're choosing narrow-spectrum ones. These are active only against specific bacteria and so cause less general resistance. And something which is being talked about excitedly in the pharmaceutical industry just now is a therapy which uses bacterial viruses called phages to treat infections – something which was first practised about a century ago. Antibacterial therapies, whether phage- or antibiotic-based, have advantages and disadvantages, and there's still a lot to be learned about the interactions between phage, bacteria and human host, but maybe the time to take phage therapy seriously is rapidly approaching.

Now, before I go on to ... [fade]

PAUSE: 10 SECONDS

Now look at extract two.

Extract two. Questions 37 to 42. You hear a rheumatologist called Michael Evans talking about osteoarthritis.

You now have 90 seconds to read questions 37 to 42.

PAUSE: 90 SECONDS

---***---

Hello. I'm Michael Evans. I want tell you about the work we're doing on a condition that affects one in ten people in this country, and that's osteoarthritis. Osteoarthritis typically

affects the knees, hips or hands when the cartilage that lines the joints starts to wear away.

So how can we help patients with osteoarthritis? When I was at medical school, and that's a long time ago now, the theory was that it was due to wear-and-tear - an inevitable part of getting old. You still sometimes hear this, but it's one of the many myths about the condition. After all, we have teenagers who develop it! And every joint has the capacity for repair. So we should think of osteoarthritis as a situation where processes for tissue repair are overwhelmed by destructive processes that often relate to injury, weight and mechanical load factors. But there are also other risk factors; genetics may play an important role, and occupation makes a difference too of course.

Let's look at some more of the myths surrounding osteoarthritis. Osteoarthritis of the hands is an interesting case, because this is one time you might think you can't put the blame on mechanical load factors. But you'd be wrong. There are actually circulating molecules that come from fat – and these influence the development of inflammation in joints. In fact, you're thirty per cent more likely to get hand osteoarthritis if you're obese. And there are a couple of studies going on right now to test the theory that losing weight can have a positive effect on osteoarthritis in the hands.

So, what about knees? A lot of people say there are very high knee-joint replacement rates in Australia, for example, because people do a lot of running in an attempt to keep fit. But this is another myth. In fact, studies show that for the majority of people, running's helpful in terms of stopping the onset of osteoarthritis, though if you're a marathon runner you do potentially place yourself at some risk. Now if you've already got osteoarthritis and you want to take up running, the data's a bit conflicting. There are studies suggesting it can lead to exacerbations of the condition, but others suggest that patients who keep up their running do better at managing the condition than those who give it up.

In fact, the sport that's often referred to as the 'knee surgeon's friend' is netball. This is because it involves a lot of jumping, which puts pressure on the knee, which can cause a tear in the cruciate ligament - one of the main stabilising ligaments in the knee. This often leads to the development of knee osteoarthritis within ten to fifteen years. In the hope of preventing this, players may be encouraged to have surgery to repair the cruciate ligament. But, in most cases, this is probably unnecessary, and it doesn't appear to change their long- term risk of developing osteoarthritis. The best way to prevent the problem arising is actually to teach players to jump and land in the right

way. Unfortunately, whilst professional players get taught this neuro-muscular technique, most ordinary players don't know about it.

Now let's move on to diagnosis. We have various imaging techniques, such as X-ray, and we have MRIs. For osteoarthritis of the knee, if an X-ray's going to show us anything at all, it must be a standing weight-bearing X-ray. But in most cases, it doesn't change what the doctor might do to the patient. We can diagnose by taking the history, assessing the symptoms, and examining the joint. And if someone of over fifty has an MRI scan, the likelihood is that it'll reveal a meniscal tear. That just happens as part and parcel of growing older, and it's not something that normally causes pain because a torn meniscus doesn't contain nerve fibres at that age. So it's just going to lead to unnecessary worry, and in most cases intervention will do more harm than good.

The next thing the patient wants to know is, is there a cure? Well, not yet, but recently there have been exciting developments in osteoarthritis treatment. People ask about stem cells, but at present they're unlikely to be any more helpful than a salt-water injection into the knee because stem-cell technology hasn't got far enough yet. But we're currently in the process of testing what we call 'disease-modifying osteoarthritis drugs' that appear to be effective at regenerating joint tissues and reducing pain and these will be injections a person gets into a joint, maybe once every twelve months. But our main hope is that, instead of turning to hip or knee replacements, patients can learn to control their condition through things like weight management and appropriate exercise.

PAUSE: 10 SECONDS

That is the end of Part C.

You now have two minutes to check your answers.

PAUSE: 120 SECONDS

That is the end of the Listening test.



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