

DICTATION EXERCISE 1

Steve Good morning, guys, come on in.

Mike Thanks, Steve – it's good of you to spare us some of your time.

Flo Yeah – we really appreciate it.

S That's OK. So you're studying sports science, are you?

M Yeah – we've only just started our course, actually – but as I explained on the phone, um, we have this seminar to do on sports injuries and we thought, who better to talk to than someone like yourself?

S Fine, OK. So what would you like to know?

F Well, we thought we'd start by asking you about some of the treatments and services you offer here at the clinic.

S OK — well, as you know, physiotherapists deal with a whole range of different 'problem areas' in the body.

F Yeah – what sort of techniques do you use to help people? I mean, I know you use massage — and I understand that's a key form of treatment ...

S Yeah. Well, we call it 'manual therapy', you know, because it's a hands-on treatment and it just involves manipulating the soft tissue around a joint to relieve stiffness and pain.

F Is that something that a lot of people come here for?

S Um — well, we generally decide what's best for the individual. This treatment can hurt sometimes, but it gets results more quickly than anything else.

F And is that true whatever the injury?

S For sports injuries, generally, yes. But it doesn't stop there – you have to do other things as well.

M I've heard of something called 'stability training'. Do you do that?

S Definitely. This is something that's designed to improve overall posture and body shape.

M So it's for the back and neck?

F I think I've heard of this ... it works on everything and gives you more power.

S Yeah — this is important – we improve your overall form, and that's quite good if you're tired or a bit weak.

- F** Do you use any aids to boost performance?
- S** Occasionally we recommend a pad or block for a sports shoe, but not often.
- M** What about electrical equipment?
- S** We do sometimes use electrotherapy, which is supposed to stimulate the body to repair itself.
- F** So that's actually using a small electrical charge?
- S** Yes, but there's growing evidence that the effect is limited.
- M** So I guess you don't use it much?
- S** No — we tend to avoid it most of the time.
- M** I see. What if people don't have an injury but just want to get better at their sport? I mean, sometimes people know they do something wrong when they ... swing a golf club, for example.
- S** Ah – then we film them and show them exactly what they do. It's called video analysis.
- F** That must be really helpful.
- S** It's what everyone asks for ... it outstrips all our other services — because it's great for so many activities – not just sporting ones.
- M** Can you help people with sedentary activities?
- S** Absolutely — we offer workstation analysis because so many people have asked us for it.
- F** Yeah, I spend hours on my laptop, and as the day goes on, my posture gets worse and worse!
- S** That's why we tend to suggest that people come at the end of the day for this.
- M** I guess the problem is that everyone's built differently ... I think we both need some help there.

Dictation Exercise 2

- F** That was really interesting. So what happens when someone comes to your clinic?
- S** Well, let's imagine you're the patient.

- F OK.
- S A common situation will be that you sustained an injury. Say, a year ago. So it's not new ... so you turn up with what we call an 'existing injury'.
- F Right. Like I sprained my ankle.
- S Exactly — that's a typical one.
- F OK, and I've been to the doctor, and he's sent me to the hospital for an X-ray, and then I've been prescribed a cream or even painkillers.
- S You've been through that medical route.
- F OK. And I had to rest it for a while, of course, and that meant not doing any sport. So I've come to you because I'm fed up, basically.
- S Yes – you need to get the joint moving again. So what we would do first is to assess the damage to the joint area.
- F I guess there's a whole range of problems that it could be, and some are more serious than others.
- S And we can't afford to make mistakes. Now, once we know what the problem is, we select a treatment – perhaps one that we talked about earlier – plus we design an exercise plan for you.
- F That's great if you stick to it.
- S Yes, that's the hard part for patients because they don't have time or they get bored. So we ask them to come back regularly — we make appointments – and we monitor the movement in the joint each time.
- F And you expect that to work?
- S Yes, and it usually does — quite quickly, in fact, and then we can go on to rehabilitation.
- F You mean getting them back into the sporting activity they used to do?
- S That's right. We have a fully equipped gym and we devise a training plan — well, a personal trainer does that, and they oversee the programme for at least a couple of months and make sure the patient carries it out.
- F It sounds really thorough. That's great, Steve, thanks.