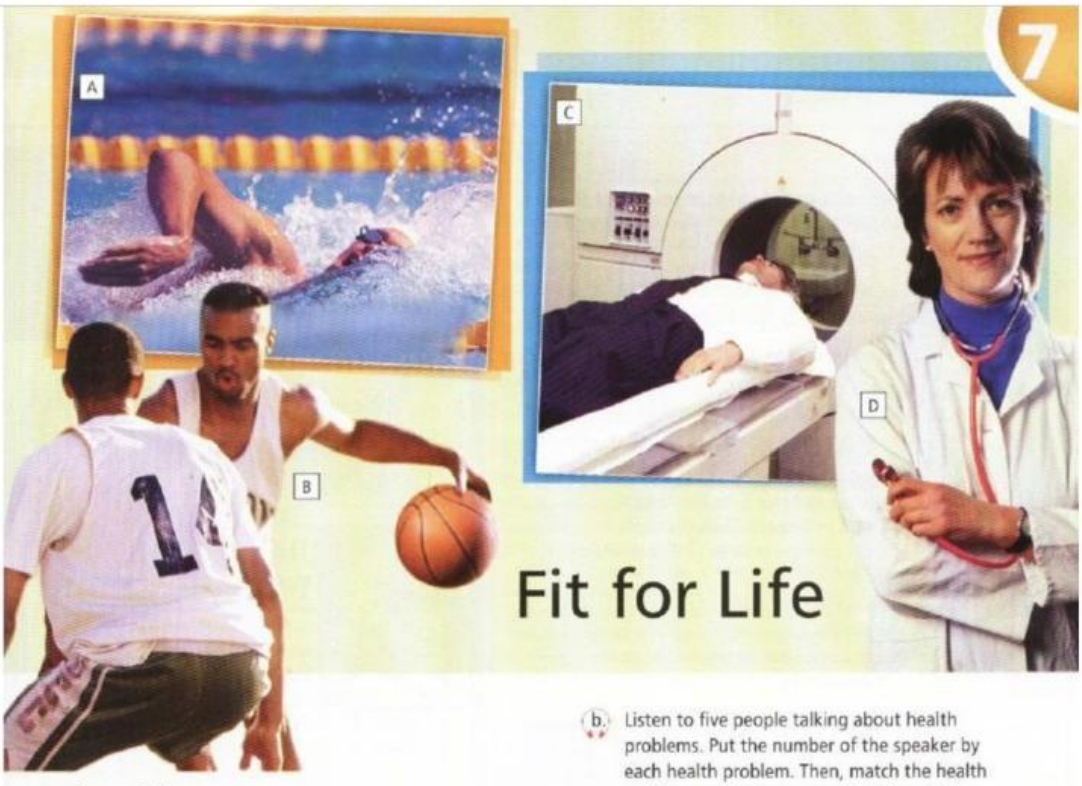


7

Fit for Life

Lead-in

1 Look at the title of the unit. What do you think it means?

2 a. Look at the pictures. Which could be connected to the following aims? Discuss in pairs.

- to eradicate disease
- to keep fit
- to prevent ill health
- to promote teamwork
- to relax
- to diagnose illness
- to impose self discipline
- to cultivate a competitive spirit
- to improve quality of life
- to increase life expectancy

b. What sports do you do? What sports do you like watching? How does watching a sport compare with active participation? Tell your partner.

3 a. What do you think the most important factors in keeping healthy are? Rank the following in order of importance, and discuss with a partner.

- diet
- exercise
- conventional medicine
- alternative medicine
- other

A: I think diet and exercise go hand in hand, don't you?
B: Absolutely, but everyone gets ill from time to time and needs medicine. I still think conventional medicine is the best option because ...

b. Listen to five people talking about health problems. Put the number of the speaker by each health problem. Then, match the health problems with the treatment(s) they tried.

physiotherapy workout surgery sport change of diet medication acupuncture

Speaker	
	indigestion
	post-viral depression
	sports injury
	aching muscles
1	headaches

c. Now listen again and say how each person felt about their medical problem and why. Choose from this list.

- frustrated
- gloomy
- embarrassed
- worried
- desperate

4 THINK! Paraphrase the following quotations. Which do you agree with? Why? Discuss in pairs.

'The sovereign invigorator of the body is exercise, and of all the exercises walking is best.'
Thomas Jefferson (US president)

'Health is a blessing that money cannot buy.'
Izaak Walton (English writer)

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1 *Woman:* I'd been suffering from these absolutely splitting headaches since I don't know when – for months anyway – and I'd tried everything – all the usual pills and potions. I'd been to various doctors who'd offered all kinds of explanations: ear infection, sinusitis, worry and so on – and the treatments to go with them. But nothing helped – I was at my wits' end. Anyway, when a friend suggested acupuncture I was a bit squeamish at first – I mean all those needles – urgh! But in the end it really worked and I got long-term relief – though it did take several weeks of treatment before I noticed the effects.

2 *Man:* I realised there was something wrong when I started sleeping badly – I seemed to toss and turn all night. In the end I realised I just couldn't get into a nice, comfortable, relaxing position. And then in the morning I could hardly get out of bed, I was so stiff. I just seemed to ache all over – I began to think that perhaps there was something really seriously wrong with me – you know, something life-threatening. My doctor reassured me, though, and advised me to be more physically active, so I started going to the gym regularly – about three times a week – and would you believe it, that did the trick.

3 *Woman:* It started with cheese I think, which I know is supposed to be fairly indigestible, so I wasn't too worried – but then it progressed to all kinds of foods – and I just seemed to suffer excruciating pain after every meal – it was quite embarrassing as well as painful, and I had to stop going out to restaurants altogether. And indigestion tablets really didn't help. But I read an article about food sensitivity in a woman's magazine, and tried cutting out a whole range of foods from my diet, not just cheese, but all dairy products, wheat, coffee and so on – and to my relief it gradually got better.

4 *Man:* I'd done something to my knee skiing – I'd had an awkward fall, and though I didn't break anything I must have

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twisted my knee as I fell – and it just kept on bothering me, for years, really, on and off. It didn't stop me living a normal life but strenuous exercise was out of the question – and I'm a keen sportsman, so that was quite frustrating. In the end there was no alternative but to have it operated on. Well after that I was completely out of action for a few weeks, but with physiotherapy I eventually got back to normal – now I'm as right as rain!

Woman: I'd had a really bad dose of flu, and just felt really down afterwards – and it went on for months and months. It got to the point where I couldn't face getting up in the morning and when I did I just felt so gloomy. My doctor had tried me on various drugs – but if anything, they seemed to make me worse, not better. In the end, I saw a psychotherapist, who recommended; I take up some kind of sport! I thought that was pretty naive at first, but went along with it. I joined a tennis club, and I must say the exercise really helped – within weeks I was feeling more cheerful, and now my game is improving too!

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Listening – Part 2

1 a. You will hear a medical advisor talking about exercise and health. Before you listen, discuss in pairs:

- What are the benefits of exercise to the body?
- What problems can exercise create?

b. Now listen to the recording. For questions 1-8, complete the sentences.

Problems

The positive effects of exercise are negated by our [1] _____.

The worst problems are caused by exercising [2] _____.

The effectiveness of our [3] _____ is not boosted as it should be.

We are particularly vulnerable to disease for [4] _____ hours after exercise.

Strenuous exercise can stimulate production of a damaging [5] _____ in the body.

Prevention

Control exercise level: aim to keep your heart beat to about [6] _____ of its fastest speed.

You should not exercise for more than [7] _____ at a time.

It's important to [8] _____ for 24 hours after exercise.

c. In pairs, think of any other precautions to ensure that exercise is beneficial to our health.

Listening – Part 3

2 a. You will hear a radio interview in which two people discuss the sport of heliskiing. Before you listen, discuss in pairs:

- What do you think heliskiing is?
- What other extreme sports do you know of?
- Would you like to try extreme sports? Why/Why not?

b. Now listen to the recording. For questions 1-6, choose the answer, (A,B,C or D) which fits best according to what you hear.

1 Keith feels heliskiing should not be permitted in the UK because
- A many people have been killed.
- B heliskiers are too far from help.
- C it is banned elsewhere.
- D weather conditions are unsuitable.

2 Keith says that the most important choice to make to ensure safety when skiing is that of
- A the slope.
- B your companions.
- C your equipment.
- D the helicopter.

3 Helena argues that the locations heliskiers use are
- A prone to avalanches.
- B very close to resorts.
- C not as steep as stairs.
- D generally fairly safe.

4 Keith agrees with Helena that
- A heliskiing represents an environmental threat.
- B the dangers at home are just as great.
- C other extreme sports are not as risky.
- D the risk of avalanche is fairly minimal.

5 What does Keith describe as difficult to foresee?
- A snow quality
- B weather conditions
- C wildlife activity
- D danger levels

5 What does Keith describe as difficult to foresee?
- A snow quality
- B weather conditions
- C wildlife activity
- D danger levels

6 Helena is worried that
- A people take unnecessary risks.
- B danger is subjectively assessed.
- C other sports may be banned.
- D skiing might get a bad name.

c. Do you think that dangerous sports should be banned? Discuss in groups.

Listening – Part 4

3 a. You will hear five people talking about sport. Before you listen, look at the list of people in Task 1. How can each contribute to a sports club? Discuss in pairs.

b. Now listen and do the following tasks.

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➢ Tapescript for Exercise 1b (p. 152)

Everyone knows that exercise makes you fitter. Moderate exercise has been shown to lower the risk of heart disease, some cancers and endless day-to-day ailments. Increasingly, however, research is demonstrating how many of our workout habits mean that the health benefits of regular exercise are being overridden by the negative effects.

Problems occur for several reasons. Working too hard is probably the most damaging. If you work out really hard, all the ways in which your body is supposed to adapt to exercise stress go out of control. Take your immune system – ideally, exercise should stress it into producing more fighting cells, but if you work too hard this doesn't happen. Instead, it stresses it so much that the vital killer cells that are supposed to protect us are actually destroyed and for up to 24 hours any bug in the vicinity can take hold (one reason a third of marathon runners get sick after the race).

Apart from the immune system, you'll find that instead of reducing the effects of stress on the body, a high-intensity workout actually increases levels of the most harmful stress hormone, cortisol, causing endless problems for circulation and the nervous system. And while moderate exercise causes your bones to go into a process of recycling, working out too hard knocks this process out of balance and the amount of bone broken down is increased.

Preventing these problems is relatively easy. You monitor the intensity of your workout. The idea is to ensure that the majority of your workout is done at around 70 per cent of your maximum heart rate. You work this out by subtracting your age away from 220, then working out 70 per cent of this. This is the number of beats per minute your heart should beat, and it's the level at which you should exercise to maximise the gains made from exercise and minimise the negatives.

Working out for too long or too many times in a week can also cause problems. The sensible exerciser will aim to burn 2,000 to 3,000 calories per week exercising – about three-and-a-half to five hours a week, with no session lasting longer than one hour.

You should also make sure you rest for a day between sessions. Many people think this will lower your fitness level, but that's not true. The gains you make when you work out actually occur in the rest period for 24 hours afterwards as your body repairs.

So, for optimum gain, get the balance right.

➢ Tapescript for Exercise 2b (p. 152)

Presenter: Demand for the thrills of heliskiing is growing, despite the death of a man enjoying the sport last week. With me in the studio today are Keith Armitage, spokesman for the Association

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of British Travel Insurers, and Helena Veltins, editor-in-chief of *Extreme Extra*, the magazine for unusual and extreme sports. Now, Keith, you were saying just before we went on air that you would like to see a ban on heliskiing – why is that?

Keith: Actually, David, I said that I would like to see a ban on heliskiing in the United Kingdom. Other countries have already banned the sport, like France for instance. And the reason is that being dropped off by helicopter on some remote slope in the middle of nowhere where nobody has ever gone before is just too dangerous. The case of the man who died tragically last week caught in an avalanche is a prime example. It shows that, if you fancy skiing, you should do it with other skiers who can help you if something goes wrong, and, most importantly, on slopes that have been used by many skiers in the past and are known to be safe for skiing. In other words, on a piste.

Presenter: Helena, you have actually been heliskiing, right?

Helena: Several times, David, and heliskiing is as safe as skiing if not safer. Though heliskiers are dropped on to remote mountains by helicopters, the slopes they ski down are often gentler than resort slopes. The odds of a heliskier being caught in an avalanche are 1 in 175,000; you are more likely to die at home coming down the staircase.

Presenter: Why, then, was it banned in France?

Helena: Actually, the French banned it for ecological reasons, not because they think it's dangerous.

Presenter: Keith, what is it about heliskiing that makes it more dangerous in your mind than, say, white-water rafting or paragliding?

Keith: Well, David, the difference between heliskiing and white-water rafting is in the degree of danger involved, but before I elaborate on this I must respond to some of the points Helena made. First of all, France banned the sport not only for ecological reasons but for safety reasons too. Secondly, although avalanches are quite rare, they're not the only thing that can hurt you when you're heliskiing. Soft snow, which disappears under your feet the moment your weight is on it, unpredictable weather, even wild animals are some of the dangers that you may have to face. And this more or less answers your question, David. The

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difference between heliskiing and other extreme sports is that heliskiing can present you with many more dangers.
Helena: Keith, I think measuring the degree of danger involved in a sport is very difficult. I mean, I can be pretty confident when I say that chess is safer than skiing, but not nearly as confident if I try to assert that white-water rafting is safer than heliskiing.
Keith: It is possible, then, that we ought to take a closer look at all extreme sports. Risking human life for thrills is, in my view, quite irresponsible and ...
Helena: This is exactly what I fear the most, that the banning of heliskiing will set a precedent that could then be applied to other sports. It's a slippery slope, if you forgive the pun, which I would much rather not go skiing down.
Presenter: I think it's time to take a short break, and when we come back we'll be receiving listeners' calls on the subject ...

➢ Tapescript for Exercise 3b (p. 152)

1 ***Woman:*** When the day came, it didn't look as though the game would be a success. It was pouring with rain all morning, and the forecast was that it was going to be like that for the whole weekend. But around 1 o'clock, miraculously, the rain stopped, and there was even a little bit of sun creeping through the clouds every now and then. Everyone was ecstatic, of course, including the players, who had really been looking forward to it. Crowd turnout was excellent – the stadium was packed by three o'clock, and we raised a total of £1.2m for the children from gates and TV rights. Of course, next year we'll try to do it again, and I'm quite positive the players and the public will embrace the cause with the same enthusiasm.

2 ***Man:*** The grass at the east end of the pitch isn't growing too well these days because of the new stand which blocks out the sun for most of the morning. We try to compensate for this by using artificial light ... twenty-five fluorescent tubes measuring about fourteen feet each, and we set them up all along the area which is in the shade. Still it doesn't work as well as natural light. The grass is okay to play on, I suppose, but you can tell it's not as healthy as the grass on this side of the pitch because, if you look carefully, you will see a brownish tint over that side, especially near the corners and along the throw-in line .... That's the thing, you see, they built the new stand without thinking about what it would do to the pitch ... Didn't cross their minds ...

3 ***Man:*** Having done this job for sixteen years, I can tell you that the three most important things to do when one is preparing for a game are research, research and research. It's easier when you cover the national league; you do that every week, so you don't have to learn any players' names and you more or less know what choice of tactics each manager has ... But if it's an international match, then you really have to make sure that you can recognise each and every one of the players. There's nothing more embarrassing than getting the players' names wrong when you are live on the air ... Another thing that's essential is statistics. There are moments in the game where there's no action, like when a player is injured. If you've done your homework on statistics you're not left with nothing to say ...

4 ***Man:*** I was terrified for him at first. I mean, he was only 17,

➢ Tapescript for Exercise 6 (p. 153)

Interlocutor: In this task, I am going to give each of you three pictures. I'd like you to talk about them on your own for about a minute, and also to answer a question briefly about your partner's pictures. Anna, it's your turn first. Here are your pictures. They show people out jogging. I'd like you to compare two of the pictures, and say what is happening and how the people might be feeling. All right?
Anna: In the first picture there are two men jogging in a path, in a park. They appear to be quite serious and probably do this quite regularly. They look rather fit and have the proper clothing and footwear to be participating in physical fitness. It looks like it is early morning or later afternoon, so they are probably out either before or after work. I believe the men feel confident and happy to be out jogging. Physical activity is a good stress reliever and the men will feel successful and calm when they are finished. In the third picture, I see a young family running through a field. They are not dressed for physical activity, so this is obviously an impromptu thing. Looking at the expressions on their faces they appear to be enjoying themselves, as they are all smiling. I can tell from the sky that it is early evening, they have maybe had a picnic together in the country, and now they are running around playing and having fun. They must be happy and relaxed.
Interlocutor: Thank you. Gerard, have you done anything similar lately?
Gerard: Yes, I like to go jogging in the park every day. I usually go with a friend of mine, it is a great way to stay fit and spend time with my friend.
Interlocutor: Than you. Now, Gerard, here are your pictures. They show scenes from operating theatres. Describe two of them, saying what is happening and for what reason each picture might have been taken.
Gerard: Well, in picture B it looks like the patient has a tiny camera inside him or her because you can see a screen in the background of the picture that is showing the operation. I believe this is called laparoscopic surgery. The surgeon can see everything inside of the patient, without having to cut a large incision and

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and he'd never been out of Cumbria on his own before. How would he be able to survive in London? Then Mr Reid came to call, the manager, and he explained to me that they keep a very close eye on young lads who join the team and that I could visit him whenever I liked and that the club would bear my travelling expenses ... so I felt quite reassured. And then I could just enjoy being proud of him, watching him play on TV and getting better at what he does all the time, and now this – the national team! I mean, my boy is playing for England! I'm so happy for him.

5 *Woman:* The Association have been talking about making the sport professional for about three years now, but for some reason it hasn't happened yet. It would make a great difference to the game, we could train properly and we could provide ... we could provide high quality entertainment to people who come to see a match. And we would stand a much better chance in the forthcoming Olympics. We have things to offer. You know, the frustrating thing is that if we were men playing football at this level, we'd be earning thousands of pounds a week. So I don't think some consideration from the Football Association is too much to ask for.

'open' the patient up. I'd say the purpose of this picture is to document the surgery and provide the surgeons and maybe even the patient with details of exactly what occurred during the surgery. It could also be a picture taken for a medical textbook or journal. They often use real pictures from surgeries to help teach new methods or procedures to future doctors. In picture C, we can see a more conventional type of surgery. The surgeons are standing over their patient and look as though they are involved in an invasive surgery. The patient has been draped so that his/her face is not visible. This picture could be used in medical textbooks or journals for teaching purposes as well. It could also be used for advertising purposes by a medical college or medical supply company.

Interlocutor: Thank you. Anna, would you want to be a surgeon?

Anna: Yes, I think it would be very exciting to know you have the power and skills to improve the quality of life for someone, or even save their life.

Interlocutor: Thank you.

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Task 1
For questions 1-5, choose from the list A-H the person who is speaking.

A	football player	1
B	coach	
C	manager	2
D	groundskeeper	
E	physiotherapist	3
F	commentator	
G	fund-raiser	4
H	parent	
		5

Task 2
For questions 6-10, choose from the list A-H the comment which each speaker makes.

A	'It's all a matter of preparation.'	6
B	'I was so disappointed.'	
C	'It's so unfair.'	7
D	'I'm not worried any more.'	
E	'It all worked out in the end.'	8
F	'It's too difficult for me.'	
G	'We've done all we can.'	9
H	'We achieved a lot.'	
		10

Speaking – Part 2: Describing, Speculating & Eliminating

Keep on Running

Student A

4 a. Look at the three photographs below. Compare two of the pictures and say what is happening in the photographs and how the people might be feeling.



Useful language: Speculating about People's Feelings

- Looking at the expression on his/her face ... he/she appears ...
- It is obvious ...
- They look rather ...
- I would say they are ...
- They must be ...

What is happening in the photographs?
How might the people be feeling?

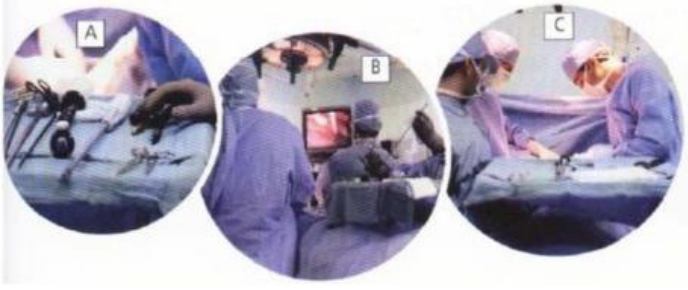
Student B

b. Have you done anything similar lately?

Medicine in Action

Student B

5 a. Now look at the three photographs below. Compare two of the pictures and say what is happening and why they might have been taken.



What is happening in the photographs?
Why do you think they might have been taken?

Student A

b. Would you want to be a surgeon? Why/Why not?

6 Listen to two candidates doing the speaking tasks above and compare their performance to that of your classmates.

Assess your classmates in terms of:

- grammar and vocabulary
- discourse management
- pronunciation
- interactive communication

Everyday English

- Responding negatively

7 In pairs, decide what the other speaker has said and use the expressions below in response.

a No idea, sorry.
b Couldn't tell you.
c Never heard of it.
d I haven't got the faintest idea.
e I can't help you, sorry.

A: Do you know where Bill is?
B: No idea, sorry.

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