

Occupational English Test  
**Listening sub-test**  
Practice test transcript

**Part A: Lewis & sore back**

**OCCUPATIONAL ENGLISH TEST. LISTENING TEST.**

This test has two parts. Part A. In this part of the test, you will hear a general practitioner talking to Lewis, a man with a sore back. You will hear the consultation once only, in sections. As you listen, you must make notes about the consultation under the headings given on the answer paper. Turn over now and look quickly through Part A. You have one minute to do this.

**PAUSE: 60 SECONDS**

You must give as much relevant information as you can under each of the headings provided. You may write as you listen, and there will be pauses during the consultation for you to complete your notes under the relevant heading, and to read the following heading. There will also be two minutes at the end of the test for you to check your answers. Give your answers in note form. Don't waste time writing full sentences. Remember you will hear the consultation once only, and you should write as you listen.

**Now look at Question 1. Question 1 has been done for you.**

**PAUSE: 10 SECONDS**

GP: Hi, hello – I'm Doctor Mary Flynn, and, can you give me your name please?

Lewis: *Hi, I'm Lewis.*

GP: Hi, welcome. Can you tell me why you've come to see me today, Lewis?

Lewis: *Yep, um, I ... hurt my back recently, it's ... bit sore. I hurt it last week as well, and ... hurt it again.*

**PAUSE: 10 SECONDS**

**Now look at question two. Take notes on Lewis's previous back injury.**

**PAUSE: 10 SECONDS**

GP: Right, so this is something that's happened before, as well?

Lewis: *Um, yeah I've hurt my back before. When I was sixteen I hurt it playing cricket.*

GP: Mm hmm

Lewis: *And, yeah – I don't play cricket anymore. I find it too ... painful.*

GP: Right, so how long..ah..how long's that now, that you haven't been playing cricket?

Lewis: *Um, I hurt it when I was 16 and I'm 21 now, so it'd be about 5 years.*

GP: Right, OK.

**PAUSE: 20 SECONDS**

**Now look at question three. Take notes on Lewis's sporting activities and the nature of his work.**

**PAUSE: 10 SECONDS**

GP: And ... do you play any other sports?

Lewis: *Um, I play football during the winter, and I've just recently taken up surfing, so ...*

GP: Right. And you like sports, and you're pretty keen on sport?

Lewis: *Yeah – I play ... play a lot of sports, really.*

GP: So, having a bad back's not too good for that.

Lewis: *No, and I work at a liquor store, so ... I carry a lot of boxes and stuff.*

GP: Right, so you're always lifting and bending and carrying stuff ...

Lewis: *Yeah.*

GP: Right.

**PAUSE: 20 SECONDS**

**Now look at question four. Take notes on the history of the recent incident.**

**PAUSE: 10 SECONDS**

GP: So, tell me exactly what's happened to your back in this last incident.

Lewis: *Um, well ... I was jumping backwards and forwards over a football at training when we were warming up ...*

GP: Mm hmm

Lewis: *... and, I just felt a twinge in my back, and ... it was quite sore – it was just on ... mainly the lower right-hand-side of my back ... and ... very sore, and couldn't keep training with it. And then ... I went to the physio and ... got some massage and stuff and ... she said to take a week off and hopefully it'll get better, and ... it got better and it was fine for a while – for a week or so and then ... I went ... I was in bed and I moved around in an odd position and my back twinged again.*

GP: Mm hmm

Lewis: *And then ... yeah, I went to football training on Monday night and it was a bit sore and I was kicking with my right foot ... and ... my back started twinging a bit more and it's tightened up and now when I lift my right leg, it's quite ... like, I can feel the pain radiating up.*

**PAUSE: 20 SECONDS**

**Now look at question five. You will hear a discussion about the details of Lewis's pain. First, take notes on Lewis's pain from the current injury.**

**PAUSE: 10 SECONDS**

GP: Right, so when you say you're lifting your right leg, is the pain in that same part of the back it was before?

Lewis: *Yeah ... it's in the, in the right-hand lower back.*

GP: Right, and is it moving down into your buttock?

Lewis: *Um, not really – it's staying mainly in the back.*

GP: Right, but it ... it's more obvious when you move your leg.

Lewis: *Yeah, when it's fully extended, I lift my leg up and it's ...*

GP: It's it's really painful.

Lewis: *Yep.*

GP: What about when you're sitting, like you are now, with your knee bent?

Lewis: *Um, no, it's fine now.*

GP: Mm hmm. And in your ... have you been at work?

Lewis: *Yeah, I've been at work and it's fine as long as I lift properly, there's no pain.*

GP: Right, so as long you're very careful when you're lifting. And the time when you twisted round in bed – have you done any of that sort of twisting at work, or you've been very careful?

Lewis: *I've been very careful not to.*

GP: Yeah, right.

**PAUSE: 5 SECONDS**

**Now, take notes on Lewis's pain from the previous injury.**

**PAUSE: 5 SECONDS**

GP: So ... and is this the same sort of pain that you were having when you were ... you know, five, six years ago when you were playing cricket?

Lewis: *Yeah, it was a very similar sort of pain to this.*

GP: Right, and did it ever get into your ... did it ever sort of go down your leg at all?

Lewis: *Not not ... not really. It mainly stayed in the back.*

GP: Right. And if you ... rested ... did it settle down then?

Lewis: *Yeah, it settled down but it was never good if I tried to play cricket 'cos I was a fast bowler, I was twisting a lot.*

GP: So you were, you were always twisting when you were bowling...

Lewis: *Yep*

GP: ... and therefore making it happen again. Lewis: *Yep.*

GP: And ... they didn't need you just being a fielder.

Lewis: *No, I wasn't much good.*

GP: (laugh)

**PAUSE: 20 SECONDS**

**Now look at question six. Take notes on Lewis's treatment.**

**PAUSE: 10 SECONDS**

GP: Um ... and have you taken any medicines or tablets for this?

Lewis: *Um, I had ... took some Nurofen when I first had it ... and ... so if there was any swelling it might go down a bit, but no ... no medicines apart from that. I went to the physio and they put a bit of heat into it, and some ultrasound ... and that was all.*

GP: Right. And so you haven't been taking Panadol regularly or Nurofen regularly, or anything like that?

Lewis: *No, nothing like that.*

**PAUSE: 20 SECONDS**

**Now look at question seven. Take notes on further details of the problem.**

**PAUSE: 10 SECONDS**

GP: OK. And ... if you're just sitting quietly, as you are now, is it painful at all?

Lewis: *No, but I'm sort of aware that it's not quite right. And, when I was sitting on the couch at home, it doesn't have as good a support for the back as this ...*

GP: Yeah.

Lewis: *... it um ... I could feel it.*

GP: Right. So, and what about lying in bed flat?

Lewis: *Lying in bed flat is fine.*

GP: Ok., and standing up straight?

Lewis: *Standing up straight, I'm aware of it ... like, if I try and stand up really straight, but ... not normally, no.*

GP: Right, so ... and walking?

Lewis: *Walking's fine ... ah, I feel like I'm walking with a slightly different gait to normal.*

GP: Right, so you you you ... you're actually aware of it most of the time now.

Lewis: *Yeah.*

GP: Do you ride a bike at all?

Lewis: *No ... no.*

GP: So, you haven't, mmm ... and driving a car?

Lewis: *Um ... it was it was an issue when I first hurt it – driving a car, extending my leg, and bending it and stuff. And even just getting into the car, lifting the leg up.*

GP: Yeah, and now, right at the moment?

Lewis: *Um, it's still uncomfortable getting into a car.*

GP: Yeah. OK.

**PAUSE: 20 SECONDS**

**Now look at question eight. Take notes on the doctor's initial comments.**

**PAUSE: 10 SECONDS**

GP: So it's really quite, it's it's actually changing the way you live at the moment isn't it?

Lewis: *Yeah.*

GP: Yeah so you're really going to have to have your back in good order to to be able to move around and do all the things you need to do. And it's also important to get it better so that you can play sport properly and keep yourself fit.

Lewis: *Yeah.*

GP: Yeah. OK, so I think you, you prob...obviously I need to examine you and see exactly where this problem is, and see what we can do about it. I think you probably need some physiotherapy, some exercises, and some analgesics to be going on with.

**PAUSE: 20 SECONDS**

**Now look at question nine. You will hear a discussion about the results of the examination. First, take notes on the doctor's explanation of the problem.**

**PAUSE: 10 SECONDS**

GP: OK, so ... now, I've just finished examining you, and it it very much looks as if this is a muscular problem. Um, your, um, reflexes are all normal. Um there's no, oh.. evidence of any nerve damage. Um, I didn't ask you specifically, have you had any trouble passing urine at any stage or with your bowels?

Lewis: *No ... no, they've been fine recently.*

GP: Ok, good, 'cos, you know, very occasionally if you've got a really bad ah problem with your back it can get in your, um ah, spinal cord, but, ah, there's no evidence from your ah reflexes so I don't think, or from your sensation, all of that's normal ... so I think what you've got is a nasty muscle sprain. It's obviously tender when I push there.

**PAUSE: 5 SECONDS**

**Now, take notes on the suggested course of action.**

**PAUSE: 5 SECONDS**

**TURN OVER**

GP: So I think you do need to go and see a physio ... um, to get some massage and some heat treatment to start with, and then get some exercises and build those up gradually, um, so you probably might need to see the physio two or three times a week for a little while to build that up. Um, and I think you probably better give up footy ... at least for a couple of weeks 'til we've got this a bit settled.

Lewis: Yep.

GP: Um ... and then perhaps come back and see me after you've seen the physio ... um ... talk to the physio about when ah, he or she thinks you, you know, need to come back and see me and see how you're going.

**PAUSE: 20 SECONDS**

**Now look at question ten. You will hear a discussion about analgesics. First, take notes on the suggested use of painkillers and the reasons given.**

**PAUSE: 10 SECONDS**

GP: So, Lewis, I I'm ... pretty keen that you actually take some regular medicine, some pain killers um, for a while, ah while your back's sore. Um ... and I'd suggest that you, it's probably sensible to take both Panadol and Nurofen. Um, they work differently, they and they work cooperatively better um together than separately. Um, but you actually need to take them, and you need to take them regularly. So, the Nurofen, you know, two or three times a day, and the Panadol... probably two tablets four times a day ... um, until your back is feeling better, and then you can taper off. But worth doing it for two or three days, because if your back is less painful, you then start walking normally again, which stops you putting abnormal pressures on your back. So the reason for the ... for taking the painkillers is to help you get back into a normal way of walking.

**PAUSE: 5 SECONDS**

**Now, take notes on potential side effects.**

**PAUSE: 5 SECONDS**

GP: Nurofen can cause a bit of an upset tummy, it can work, um, it can upset the lining of your stomach and give you, um, indigestion and can in fact give you gastritis which is actually ah, um, inflammation of the lining of your stomach which is, can be very uncomfortable, um so ... important to take it after you've eaten ... on a full stomach. So, people will normally take it, you know, after breakfast, after lunch, after tea at night?

Lewis: *And, is it worse if I take it for a long period of time, is that more likely to happen?*

GP: Yeah – it's the sort of thing that can, um, build up.

**PAUSE: 5 SECONDS**

**Now, take notes on using painkillers with alcohol.**

**PAUSE: 5 SECONDS**

Lewis: *What about alcohol? I probably shouldn't drink, or?*

GP: Um, look it it's ... neither of them are contraindicated, you know, in terms of drinking ... and it's not as if they'll make you sleepy and therefore adding them in, like say an antihistamine or something to the alcohol makes you more likely to go to sleep or be dangerous driving or using machinery. But, um, I guess because alcohol can also give you a bit of trouble with the lining of your stomach, adding that into Nurofen ... um, at large

**TURN OVER**

doses of both of them, may not be so clever. So, probably better to, ah, again, drink moderately, um ... rather than large amounts all of a sudden.

Lewis: *Yep, alright. I'll keep that in mind.*

**PAUSE: 20 SECONDS**

**Now look at question eleven. Take notes on Lewis's answers to follow-up questions and the doctor's response.**

**PAUSE: 10 SECONDS**

GP: Is there any other things that you're worried about? Anything that's been a problem?

Lewis: *Um no, that's pretty much it at the moment. I've been in pretty good health apart from that.*

GP: Right, and your weight hasn't changed at all, or ...

Lewis: *No, nothing really like that. I've still been tryin'a keep active.*

GP: Good. And your diet's reasonable?

Lewis: *Um, it's reasonable. It's not ... not flash.*

GP: Right. Um, how about things like drinking alcohol and smoking?

Lewis: *Um, I don't smoke and ... I drink a fair bit ... so, I ... I work at a liquor store and it's easily available.*

GP: Right. And do you tend to binge drink or do you tend to drink sort of reasonably regularly?

Lewis: *More binge drinking than drinking regularly.*

GP: Right. OK. And, again I guess just ... ongoing binge drinking isn't good for the brain in a long term sense, but also ... if you're a bit, um, drunk, you're more likely again to move abnormally and not sort of think about it and not be as aware how you're back is. Ah just something to think about, really.

GP: Okay so probably if you, as you're going out make an appointment to see me in three weeks but obviously if it gets worse or anything else happens come back and see me earlier than that.

Lewis: *Thanks very much Dr Mary.*

GP: Fine, thanks Lewis. Bye.

**PAUSE: 30 SECONDS**

**END OF PART A.**