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TOPICS ON DEFECTOLOGY

Workbook II

МИНИСТЕРСТВО ВЫСШЕГО И СРЕДНЕГО ОБРАЗОВАНИЯ РЕСПУБЛИКИ УЗБЕКИСТАН

НУКУССКИЙ ГОСУДАРСТВЕННЫЙ ПЕДАГОГИЧЕСКИЙ ИНСТИТУТ имени АЖИНИЯЗА

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WORKBOOK II

NUKUS - 2019

Методическое пособие (Рабочая книга) предназначено для всех студентов факультета Дефектология изучающих Английский язык как иностранный язык. Цель пособия является обучение иностранному языку при помощи текстов по специальности терминов используемых в области дефектологии, задания для развития устной речи, чтения и письменности.

This manual (workbook) is designed for Defectology students who study English as a foreign language. The aim of manual is to teach foreign language with the help of reading texts on specialty with terminology which is used in the field of Defectology, with tasks for developing speaking, reading and writing skills.

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Учебно-методическое пособие утверждено УНМС НГПИ им. Ажинияза от «2» апреля 2018 года, протокол №7

Preface

We, the authors, came up with the idea of designing a workbook for Defectology faculty is to make the work of students easier during the lessons. The topics were chosen to motivate and raise students interest in learning a foreign language. We intentionally picked up the topics for workbook to attract the students' attention to have related them to the specialty of Defectology.

The workbook is the pioneer at the faculty of Defectology at Nukus State Pedagogical Institute and consists of 2 parts Workbook I and II. Workbook II is oriented for students of the third year of study at the Defectology direction. The difference of Workbook II from I is that the second part contains more material from media field and scientific breakthroughs in the world. There are tasks for developing main skills as reading, speaking, listening and writing.

Both workbooks are handy during lessons, students can write on them, the topics have been gathered in one bind, which makes it convenient.

The workbook II consists of 6 units covering the most popular topics in the field. Each unit is introduced with work on active vocabulary, the students may translate them into their own native language, if there is any difficulty they can ask for teacher's help or refer to the end of the workbook, it's supplied with dictionary of active words with transcriptions. Then reading texts on specialty.

Furthermore there are tasks with interesting information, from popular websites and some units contain tasks which were done by authors themselves for developing listening, reading, speaking and writing skills. Some of the texts were taken from ejournals with interesting news around the world to awaken the curiosity to a foreign language. The workbook contains tape scripts of listening tasks, students may glance in order to be able to accomplish listening tasks if they have difficulties.

It was a great pleasure to work on this workbook. For us, authors, the direction of Defectolgy is new, we have learnt a lot about this field in the working process. It's advisable for students to work with a teacher who can direct, while they are working with it.

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Content

UNIT 1

Active Vocabulary

Task. Translate given words into Russian, Uzbek or Karakalpak language.

Swallow	
Pronunciation	
Involve	
Raspy	
Literacy	
Pitch	
Executive function	
Pharyngeal	
Esophageal	
Intervention	
Prevent	
Rough	
Strain	
Collaborate	
Cleft lip	
Palate	

BEFORE READING / LISTENING

1. TRUE / FALSE: Read the headline. Guess if a-h below are true (T) or false (F).

Speech Jammer Devices Stops People Talking

a. A new machine permanently destroys people's speech ability. T / F
b. The speech-jamming device is kind of like a gun. T / F
c. The device hurts the throat of anyone it is pointed at. T / F
d. The gadget uses technology used for people who stutter. T / F
e. The inventors wanted to stop people talking too much in discussions. T / F

f. People can speak normally if the speech jammer is pointed at them. T / F

g. The inventors believe their device would have little effect in libraries. T / F

h. The inventors believe the gadget can help with conflict resolution. T / F

2. SYNONYM MATCH: Match the following synonyms from the article.

1. Unveiled	a. productive
2. Prevents	b. originatedfrom
3. Prototype	c. ending
4. Basedon	d. model
5. Delayed	e. revealed
6. Establish	f. puttouse
7. Obey	g. hindered
8. Fruitful	h. stops
9. Utilized	i. followorders
10. Resolution	j. setup

3. PHRASE MATCH: (Sometimes more than one choice is possible.)

1. inventorshaveunveiled	a. out of his or her mouth
2. prevents a speaker from getting the words	b. ornot
3. Itdoesnotphysically	c. muchindiscussions
4. speechproblems	d. seconddelay
5. a split-	e. properturn-taking
6. stoppeopletalkingtoo	f. suchasstuttering
7. Obeyrulesfor	g. harmtheperson
8. achievemorefruitful	h. ofconflicts
9. whethertheywantit	i. a gadget
10. thepeacefulresolution	j. discussions

Text
Speech-language pathology
Part I

Speech-language pathology is a field of expertise practiced by a clinician known as a **speech-language pathologist** (**SLP**), also called **speech and language therapist**, or **speech therapist**, who specializes in the evaluation and treatment of communication disorders, voice disorders, and swallowing disorders.

A common misconception is that speech-language pathology is restricted to correcting pronunciation difficulties, such as helping English speaking individuals enunciate their "s" and "r" sounds, and helping people who stutter to speak more fluently. In fact, speech-language pathology is concerned with a broad scope of speech, language, swallowing, and voice issues involving communication, some of which are:

1. Word-finding issues, either as a result of a specific language problem such as a language delay or a more general issue such as dementia.

2. Social communication difficulties involving how people communicate ideas with others (pragmatics).

3. Structural language impairments, including difficulties creating sentences that are grammatical (syntax) and meaningful (semantics).

4. Literacy impairments (reading and writing) related to the letter-to-sound relationship (phonics), the word-to-meaning relationship (semantics), and understanding the ideas presented in a text (reading comprehension).

5. Voice difficulties, such as a raspy voice, a voice that is too soft, or other voice difficulties that negatively impact a person's social or professional performance.

6. Cognitive impairments (e.g., attention, memory, executive function) to the extent that they interfere with communication.

Task

WHILE READING / LISTENING

GAP FILL: Put the words into the gaps in the text.

Two Japanese inventors have (1) _____ a gadget prototype that can stop someone from talking. The (2) _____ stuttering they call the Speech Jammer literally jams people's speech. device

It (3) _____ a speaker from getting the words out of his or her mouth. Kazutaka Kurihara and Koji Tsukada from Japan's National Institute of Advanced Industrial Science and Technology developed the (4) _____ "gun" that is pointed at someone from a (5) _____ and stops them talking. It does not physically harm the person it hits. The technology is (6) _____ on medical devices used to help people with speech problems such as (7) _____. It uses a system called Delayed Auditory Feedback (DAF) that plays someone's voice back to them at a split-second (8) _____.

delay
distance
unveiled
based
prevents

Messrs. Tsukada and Kurihara said they wanted to (9) _____ something that would stop people talking too much in discussions. They wrote: "We have to establish and (10) _____ rules for proper turn-taking. However, some people (11) _____ to lengthen their turns or deliberately disrupt other people when it is their turn rather than achieve more (12) _____ discussions." They added: "We utilized DAF to develop a device that can remotely jam (13) _____ unimpaired people's speech whether they want it or not." Other uses of their device include maintaining (14) _____ in public libraries and aiding peace-making. "There are still many cases in which the (15) _____ aspects of speech become a (16) _____ to the peaceful resolution of conflicts," they said.

physically
barrier
obey
silence
tend
create
negative
fruitful

Text

Speech-language pathology

Part II

The components of speech production include:

1. phonation (producingsound);
2. resonance;
3. fluency;
4. Intonation,
5. Pitchvariance;

6. Voice (including aeromechanical components of respiration)

The components of language include:

1. phonology (manipulating sound according to the rules of a language);
2. Morphology (understanding and using minimal units of meaning);
3. syntax (constructing sentences according to languages' grammar rules);
4. semantics (interpreting signs or symbols of communication to construct meaning);
5. pragmatics (social aspects of communication).

Primary pediatric speech and language disorders include receptive and expressive language disorders, speech sound disorders, childhood apraxia of speech, stuttering, and language-based learning disabilities.

Swallowing disorders include difficulties in any system of the swallowing process (i.e. oral, pharyngeal, esophageal), as well as functional dysphagia and feeding disorders. Swallowing disorders can occur at any age and can stem from multiple causes

Task

LISTENING – Listen and fill in the gaps

Two Japanese inventors have _____ that can stop someone from talking. The device they call the Speech Jammer _____ speech. It prevents a speaker from getting the words out of his or her mouth. KazutakaKurihara and Koji Tsukada from Japan's National Institute of Advanced Industrial Science and Technology _____ "gun" that is pointed at someone from a distance and stops them talking. It does _____ the person it hits. The technology is _____ devices used to help people with speech problems such as stuttering. It uses a system called Delayed Auditory Feedback (DAF) that plays someone's voice back to them at _____. Messrs. Tsukada and Kurihara said they _____ something that would stop people talking too much in discussions. They wrote: "We have to establish and _____ turn-taking. However, some people tend to lengthen their turns or _____ other people when it is their turn rather than achieve more fruitful discussions." They

added: “We utilized DAF to develop a device that can remotely jam _____ people's speech whether they want it or not.” Other uses of their device include _____ in public libraries and aiding peace-making. “There are still many cases in which the negative aspects of speech become a barrier to the peaceful _____,” they said.

Text
Speech-language pathology
Part III

Speech-language pathologists (SLPs) provide a wide range of services, mainly on an individual basis, but also as support for individuals, families, support groups, and providing information for the general public. Speech-language pathologists work to prevent, assess, diagnose, and treat speech, language, social communication, cognitive-communication, and swallowing disorders in children and adults. Speech services begin with initial screening for communication and swallowing disorders and continue with assessment and diagnosis, consultation for the provision of advice regarding management, intervention and treatment, and provision counseling and other follow up services for these disorders. Services are provided in the following areas:

1. cognitive aspects of communication (e.g., attention, memory, problem solving, executive functions).

2. speech (phonation, articulation, fluency, resonance, and voice including aeromechanical components of respiration);

3. language (phonology, morphology, syntax, semantics, and pragmatic/social aspects of communication) including comprehension and expression in oral, written, graphic, and manual modalities; language processing; preliteracy and language-based literacy skills, phonological awareness.

4. swallowing or other upper aerodigestive functions such as infant feeding and aeromechanical events (evaluation of esophageal function is for the purpose of referral to medical professionals);

5. voice (hoarseness (dysphonia), poor vocal volume (hypophonia), abnormal (e.g. rough, breathy, strained) vocal quality. Research demonstrates voice therapy to be especially helpful with certain patient populations; individuals with Parkinson's Disease often develop voice issues as a result of their disease.

6. sensory awareness related to communication, swallowing, or other

upper aerodigestive functions.

Speech, language, and swallowing disorders result from a variety of causes, such as a stroke, brain injury, hearing loss, developmental delay, a cleft palate, cerebral palsy, or emotional issues.

Multi-discipline collaboration

Speech-language pathologists collaborate with other health care professionals, often working as part of a multidisciplinary team, providing referrals to audiologists and others; providing information to health care professionals (including physicians, dentists, nurse practitioners, nurses, occupational therapists, dietitians), educators, behavior consultants (applied behavior analysis) and parents as dictated by the individual client's needs.

In relation to auditory processing disorders, collaborating in the assessment and providing intervention where there is evidence of speech, language, and/or other cognitive-communication disorders.

The treatment for patients with cleft lip and palate has an obvious interdisciplinary character. The speech therapy outcome is even better when the surgical treatment is performed earlier.

LANGUAGE – MULTIPLE CHOICE

Two Japanese inventors have (1) ____ a gadget that can stop someone from talking. The device they call the Speech Jammer (2) ____ jams people's speech. It prevents a speaker from (3) ____ the words out of his or her mouth. KazutakaKurihara and Koji Tsukada from Japan's National Institute of Advanced Industrial Science and Technology developed the prototype "gun" that is pointed at someone from a (4) ____ and stops them talking. It does not physically harm the person it hits. The technology is based (5) ____ medical devices used to help people with speech problems such as stuttering. It uses a system called Delayed Auditory Feedback (DAF) that plays someone's voice back to them at a (6) ____-second delay.Messrs. Tsukada and Kurihara said they wanted to create something that would stop people talking too much in discussions. They wrote: "We have to establish and (7) ____ rules for proper turn-taking. However, some people (8) ____ to lengthen their turns or (9) ____ disrupt other people when it is their turn (10) ____ than achieve more fruitful discussions." They added: "We utilized DAF to develop a device that can remotely jam physically unimpaired people's speech (11) ____ they want

it or not." Other uses of their device include maintaining silence in public libraries and aiding peace-making. "There are still many cases in which the negative aspects (12) ____ speech become a barrier to the peaceful resolution of conflicts," they said.Put the correct words from the table below in the above article.

1.	(a) Veiled	(b) unveiling	(c) unveils	(d) unveiled
2.	(a) Literally	(b) literature	(c) laterally	(d) latitude
3.	(a) Having	(b) doing	(c) getting	(d) conversing
4.	(a) remoteness	(b) distance	(c) breadth	(d) far
5.	(a) At	(b) on	(c) for	(d) from
6.	(a) Sliced	(b) cut	(c) split	(d) divided
7.	(a) Obey	(b) do	(c) stand	(d) catch
8.	(a) Fend	(b) lend	(c) send	(d) tend
9.	(a) delightfully	(b) delectably	(c) debilitating	(d) deliberately
10.	(a) Prefer	(b) rather	(c) instead	(d) opposed
11.	(a) whether	(b) if	(c) ever	(d) even
12.	(a) For	(b) from	(c) of	(d) as

UNIT 2

Active Vocabulary

Task. Translate these words into Russian, Uzbek, or Karakalpak language.

Refer	
Receptive disorder	
Expressive disorder	
Asses	
Awareness	
Cough	
Gag	
Chew	
Refuse	
Enroll	
Remediation	
Chronic hoarseness	
Silence	

TEXT

In a recent parent-teacher conference, maybe the teacher expressed concern that your child could have a problem with certain speech or language skills. Or perhaps while talking to your child, you noticed an occasional stutter.

Could your child have a problem? And if so, what should you do?

It's wise to intervene quickly. An evaluation by a certified speech-language pathologist can help find out if your child is having problems. Speech-language therapy is the treatment for most kids with speech and/or language disorders.

Speech Disorders, Language Disorders, and Feeding Disorders

A speech disorder refers to a problem with the actual production of sounds. A language disorder refers to a problem understanding or putting

words together to communicate ideas.

Speech disorders include:

1. **Articulation disorders:** difficulties producing sounds in syllables or saying words incorrectly to the point that listeners can't understand what's being said.

2. **Fluency disorders:** problems such as stuttering, in which the flow of speech is interrupted by abnormal stoppages, partial-word repetitions ("b-b-boy"), or prolonging sounds and syllables (sssssnake).

3. **Resonance or voice disorders:** problems with the pitch, volume, or quality of the voice that distract listeners from what's being said. These types of disorders may also cause pain or discomfort for a child when speaking.

Language disorders can be either receptive or expressive:

1. **Receptive disorders:** difficulties understanding or processing language.

2. **Expressive disorders:** difficulty putting words together, limited vocabulary, or inability to use language in a socially appropriate way.

3. **Cognitive-communication disorders:** difficulty with communication skills that involve memory, attention, perception, organization, regulation, and problem solving.

Dysphagia/oral feeding disorders are disorders in the way someone eats or drinks, including problems with chewing, swallowing, coughing, gagging, and refusing foods.

Specialists in Speech-Language Therapy

Speech-language pathologists (SLPs), often informally known as speech therapists, are professionals educated in the study of human communication, its development, and its disorders. They hold at least a master's degree and state certification/licensure in the field, and a certificate of clinical competency from the American Speech-Language-Hearing Association (ASHA).

SLPs assess speech, language, cognitive-communication, and oral/feeding/swallowing skills to identify types of communication problems (articulation; fluency; voice; receptive and expressive language disorders, etc.) and the best way to treat them.

Remediation

In speech-language therapy, an SLP will work with a child one-on-one, in a small group, or directly in a classroom to overcome difficulties involved with a specific disorder.

Therapists use a variety of strategies, including:

1. **Language intervention activities:** The SLP will interact with a child by playing and talking, using pictures, books, objects, or ongoing events to stimulate language development. The therapist may also model correct vocabulary and grammar and use repetition exercises to build language skills.

2. **Articulation therapy:** Articulation, or sound production, exercises involve having the therapist model correct sounds and syllables in words and sentences for a child, often during play activities. The level of play is age-appropriate and related to the child's specific needs. The SLP will physically show the child how to make certain sounds, such as the "r" sound, and may demonstrate how to move the tongue to produce specific sounds.

3. **Oral-motor/feeding and swallowing therapy:** The SLP may use a variety of oral exercises — including facial massage and various tongue, lip, and jaw exercises — to strengthen the muscles of the mouth for eating, drinking, and swallowing. The SLP may also introduce different food textures and temperatures to increase a child's oral awareness during eating and swallowing.

TASK
CORRECT THE SPELLING

I think disability can be a _____ifcduilft thing to understand. It's a word that means many different things. A disabilitycan _____atefcf people's body, intelligence and emotions. It makes it more difficult for people to do everyday things _____oyplerpr. Disabled people might tell us something different. Many people with disabilities show us how strong the human _____rtsipi is. There are so many people who have been badly _____rineduj in accidents, or who were disabled from birth, who are world-class _____elstateh or excel in other areas. It must be hard to deal with disability if it comes to you _____dsuylnde. In _____rhiecr countries, there are support _____stssemy to help these people. In poorer countries, they can have a really _____thoug time. Hopefully this will change one day.

TEXT

When Is Therapy Needed?

Kids might need speech-language therapy for a variety of reasons, including, but not limited to:

1. hearingimpairments
2. cognitive (intellectual, thinking) or other developmental delays
3. weakoralmuscles
4. chronichoarseness
5. birth defects such as cleft lip or cleft palate
6. autism
7. motorplanningproblems
8. articulationproblems
9. fluencydisorders
10. respiratoryproblems (breathingdisorders)
11. feedingandswallowingdisorders
12. traumaticbraininjury

Therapy should begin as soon as possible. Children enrolled in therapy early (before they're 5 years old) tend to have better outcomes than those who begin therapy later.

This does not mean that older kids can't make progress in therapy; they may progress at a slower rate because they often have learned patterns that need to be changed.

Finding a Therapist

It's important to make sure that the speech-language therapist is certified by ASHA. That certification means the SLP has at least a master's degree in the field and has passed a national examination and successfully completed an ASHA-accredited supervised clinical fellowship.

Sometimes, speech assistants (who usually have a 2-year associate's or 4-year bachelor's degree) may assist with speech-language services under the supervision of ASHA-certified SLPs. Your child's SLP should be licensed in your state and have experience working with kids and your child's specific disorder.

You might find a specialist by asking your child's doctor or teacher for a referral or by checking local directories online or in your telephone book. State associations for speech-language pathology and audiology also maintain listings of licensed and certified therapists.

Helping Your Child

Speech-language experts agree that parental involvement is crucial to the success of a child's progress in speech or language therapy.

Parents are an extremely important part of their child's therapy program and help determine whether it is a success. Kids who complete the program quickest and with the longest-lasting results are those whose parents have been involved.

Ask the therapist for suggestions on how you can help your child. For instance, it's important to help your child do the at-home stimulation activities that the SLP suggests to ensure continued progress and carry-over of newly learned skills.

The process of overcoming a speech or language disorder can take some time and effort, so it's important that all family members be patient and understanding with the child.

TASK
LISTENING GAP FILLING

I think disability _____ thing to understand. It's a word that means many different things. A disability _____ body, intelligence and emotions. It makes it more difficult for people _____ things properly. Disabled people might tell us something different. Many people with disabilities show _____ human spirit is. There are so many people who have been badly _____, or who were disabled from birth, who are world-class athletes or excel in other areas. It must _____ with disability if it comes to you suddenly. In richer countries, there are support systems _____ people. In poorer countries, they can have a _____. Hopefully this will change one day.

Text
Speech disorder: Stuttering
Part I

Stuttering (/□st□tər□ŋ/) or **stammering** (/□stæmər□ŋ/) (*alaliasyllabaris*, *alalialiteralis* or *anarthrialiteralis*) is a speech disorder in which the flow of speech is disrupted by involuntary repetitions and prolongations of sounds, syllables, words or phrases as well as involuntary silent pauses or blocks in which the person who stutters is unable to produce sounds. The term *stuttering* is most commonly associated with involuntary sound repetition, but it also encompasses the abnormal hesitation or pausing before speech, referred to by people who stutter as *blocks*, and the prolongation of certain sounds, usually vowels or semivowels. According to Watkins et al., stuttering is a disorder of "selection, initiation, and execution of motor sequences necessary for fluent speech production." For many people who stutter, repetition is the primary problem. The term "stuttering" covers a wide range of severity, encompassing barely perceptible impediments that are largely cosmetic to severe symptoms that effectively prevent oral communication. In the world, approximately four times as many men as women stutter, encompassing 70 million people worldwide, or about 1% of the world's population. The impact of stuttering on a person's functioning and emotional state can be severe. This may include fears of having to enunciate specific vowels or consonants, fears of being caught stuttering in social situations, self-imposed isolation, anxiety, stress, shame, being a possible target of bullying (especially in children), having to use word substitution and rearrange words in a sentence to hide stuttering, or a feeling of "loss of control" during speech. Stuttering is sometimes popularly seen as a symptom of anxiety, but there is actually no direct correlation in that direction (though as mentioned the inverse can be true, as social anxiety may actually develop in individuals as a result of their stuttering).

Text
Speech disorder: Stuttering
Part II

Stuttering is generally not a problem with the physical production of speech sounds or putting thoughts into words. Acute nervousness and stress do not cause stuttering, but they can trigger stuttering in people who have the speech disorder, and living with a stigmatized disability can result in anx-

iety and high allostatic stress load (*i.e.*, chronic nervousness and stress) that reduce the amount of acute stress necessary to trigger stuttering in any given person who stutters, exacerbating the problem in the manner of a positive feedback system; the name 'stuttered speech syndrome' has been proposed for this condition. Neither acute nor chronic stress, however, itself creates any predisposition to stuttering.

The disorder is also *variable*, which means that in certain situations, such as talking on the telephone or in a large group, the stuttering might be more severe or less, depending on whether or not the stutterer is self-conscious about their stuttering. Stutterers often find that their stuttering fluctuates and that they have "good" days, "bad" days and "stutter-free" days. The times in which their stuttering fluctuates can be random. Although the exact etiology, or cause, of stuttering is unknown, both genetics and neurophysiology are thought to contribute. There are many treatments and speech therapy techniques available that may help decrease speech disfluency in some people who stutter to the point where an untrained ear cannot identify a problem; however, there is essentially no cure for the disorder at present.

Developmental stuttering is stuttering that originates when a child is learning to speak and develops as the child matures into adulthood.

Other disorders with symptoms resembling stuttering include Asperger's syndrome, cluttering, Parkinson's speech, essential tremor, palilalia, spasmodic dysphonia, selective mutism, and social anxiety.

TASK
UNJUMBLE THE WORDS

I think disability difficult to can a thing understand be. It's a word that means many different things. A disability affect can body people's, intelligence and emotions. It makes it more difficult to people for things everyday do properly. Disabled people might tell us something different. how people disabilities us Many with show strong the human spirit is. There are so many people injured have in been accidents badly who, or who were disabled from birth, who are world-class athletes or excel in other areas. It disability with deal to hard be must if it comes to you suddenly. In richer countries, there are support people these help to systems. In poorer countries, time can a tough they have really. Hopefully this will change one day.

TASK

Write five GOOD questions about disability in the table. Do this in pairs. Each student must write the questions on his / her own paper.

When you have finished, interview other students. Write down their answers.

	STUDENT 1 _____	STUDENT 2 _____	STUDENT 3 _____
Q.1.			
Q.2.			
Q.3.			
Q.4.			
Q.5.			

1. Now return to your original partner and share and talk about what you found out. Change partners often.

2. Make mini-presentations to other groups on your findings.

Different types of speech disorders

UNIT 3

ACTIVE VOCABULARY

Task. Translate these words into Russian, Uzbek or Karakalpak language.

Alalia	
Vocal cords	
Attempt	
Frenulum	
Challenge	
Affect	
Velopharyngeal inadequacy	
Adenoidectomy	
Prosody	
Clutter	

TEXT

Speech delay: Alalia

Part I

Speech delay, also known as **alalia**, refers to a delay in the development or use of the mechanisms that produce speech. Speech, as distinct from language, refers to the actual process of making sounds, using such organs and structures as the lungs, vocal cords, mouth, tongue, teeth, etc. Language delay refers to a delay in the development or use of the knowledge of language.

Because language and speech are two independent stages, they may be individually delayed. For example, a child may be delayed in speech (i.e., unable to produce intelligible speech sounds), but not delayed in language. In this case, the child would be attempting to produce an age appropriate amount of language, but that language would be difficult or impossible to understand. Conversely, since a child with a language delay typically has not yet had the opportunity to produce speech sounds, it is likely to have a delay in speech as well.

Signs and symptoms

The warning signs of early speech delay are categorized into age related milestones, beginning at the age of 12 months and continuing through early adolescence.

At the age of 12 months, there is cause for concern if the child is not able to do the following:

1. Using gestures such as waving good-bye and pointing at objects
2. Practicing the use of several different consonant sounds
3. Vocalizing or communicating needs

Between the ages of 15 and 18 months children are at a higher risk for speech delay if they are displaying the following:

1. Not saying "momma" and "dada"
2. Not reciprocating when told "no", "hello", and "bye"
3. Does not have a one to three word vocabulary at 12 months and up to 15 words by 18 months
4. Is unable to identify body parts
5. Displaying difficulties imitating sounds and actions
6. Shows preference to gestures over verbalization

Additional signs of speech delay after the age of 2 years and up to the age of 4 include the following:

1. Inability to spontaneously produce words and phrases
2. Inability to follow simple directions and commands
3. Cannot make two word connections
4. Lacks consonant sounds at the beginning or end of words
5. Is difficult to understand by close family members
6. Is not able to display the tasks of common household objects
7. Is unable to form simple 2 to 3 word sentences

BEFORE READING / LISTENING

1. TRUE / FALSE: Read the headline. Guess if a-h below are true (T) or false (F).

Dementia will rise in the future

a. The article says one in three British people have dementia. T / F
b. People with dementia have problems with their memory. T / F
c. Dementia will affect more British girls than boys. T / F
d. There are many drugs that can reverse the effects of dementia. T / F
e. An American doctor spoke about how serious dementia will T / F

become.

f. A British doctor said dementia is the greatest medical challenge. T / F

g. About 36 million people around the world will get dementia. T / F

h. Alzheimer's causes the brain to lose cells. T / F

2. SYNONYM MATCH: Match the following synonyms from the article.

1.	sufferfrom	a.	cures
2.	properly	b.	capability
3.	ability	c.	successful
4.	crisis	d.	problem
5.	effective	e.	correctly
6.	expert	f.	worldwide
7.	challenge	g.	emergency
8.	treatments	h.	specialist
9.	globally	i.	work
10.	function	j.	beaffectedby

3. PHRASE MATCH: (Sometimes more than one choice is possible.)

1.	Onein	a.	properly
2.	the brain no longer works	b.	intheirlives
3.	everyday	c.	moreonresearch
4.	There is currently no effective	d.	tofunction
5.	governmentsmustspend	e.	ondementia
6.	A Britishexpert	f.	treatment
7.	Dementia is our greatest medical	g.	andpreventions
8.	findnewtreatments	h.	threepeople
9.	atsomepoint	i.	tasks
10.	reducesthebrain'sability	j.	challenge

TEXT
Speech delay: Alalia
Part II

Effects

Studies show that children diagnosed with speech delay are more likely to present with behavioral and social emotional problems both in childhood and as adults. Decreased receptive language, reading, and learning skills are common side effects for children that suffer from a speech delay and do not receive adequate intervention. Similar studies suggest that children with speech delays are more likely to have a difficult time communicating and bonding with peers, which could have negative effects on their psychosocial health later in life.

Causes

At times, speech delay and impairment is caused by a physical disruption in the mouth such as a deformed frenulum, lips, or palate. If the motion or ability to form words and appropriate sounds is disrupted, the child may be slow to pick up words and lack the ability to shape their mouth and tongue in the formation of words. Other more serious concerns are those that can be caused by oral-motor issues. Oral-motor dysfunction refers to a lack or delay in the area of the brain that speech is formed and created and communicated to the mouth and tongue. While speech may be the only concern, this disorder can be highlighted with feeding issues as well.

Children that are having speech delay disorders could have the following characteristics (Shriberg 1982):

1. Speech mechanism in which speech is associated with hearing, motor speech and craniofacial malfunction

2. Cognitive-linguistic aspects in which the impairment is associated with the child's intellectual, receptive, expressive and linguistic ability.

3. Psychosocial issues in which the impairment is associated with caregiver, school environment, and the child's self behaviors such as aggression and maturity

The many other causes of speech delay include bilingual children with phonological disorders autism spectrum disorders, childhood apraxia, Auditory processing disorder, prematurity, cognitive impairment and hearing loss. Broomfield and Dodd's (2004a) found out after survey that 6.4% of children who are perfectly normal showed speech difficulty while they lacked these disorders will often show early signs and are at times identified as "at risk" when the speech delay is diagnosed.

GAP FILL

One in three people born in the United Kingdom this year will (1) _____ from dementia in their (2) _____. Dementia is when the brain no longer works properly because of illness, old age or injury. People with dementia have problems (3) _____ things. Their personality can change and they lose their ability to do many everyday (4) _____. A leading mental illness charity said dementia would (5) _____ 27 per cent of boys born in 2015 and 37 per cent of girls. The charity said that this could cause a health (6) _____ as the population gets older. There is currently no effective (7) _____ to slow down or stop dementia. Thecharitysaidgovernmentsmustspendmoreon (8) _____.

tasks
suffer
crisis
remembering
research
lifetime
treatment
affect

A British expert on dementia spoke about how (9) _____ the problem could become. Dr Matthew Norton said: "As people are living (10) _____, more and more people will develop dementia in the future if action is not taken now." He added: "Dementia is our greatest medical (11) _____ and if we are to beat it, we must invest in research to find new (12) _____ and preventions." Globally, dementia affects around 36 million people. About 10 per cent of people develop the (13) _____ at some (14) _____ in their lives, but this figure will rise sharply as people live longer. The most (15) _____ form of dementia is Alzheimer's. This is when the brain loses cells, which reduces the brain's ability to (16) _____ properly.

treatments
point
longer
serious
function
challenge
common
disease

Text

Speech impairment: Dyslalia

Dyslalia is a type of speech impairment in which sufferers have noticeable difficulties correctly pronouncing words and clearly articulating their speech. Some people with this disorder have problems with speaking only a few certain sounds, while others have trouble with talking in general. This condition normally does not arise from neurological problems, and physicians trace it to specific speech organ defects in many cases. Some other dyslalia causes include hearing loss and certain learning disabilities. The disor-

der generally appears in young children when they first reach the average age of beginning to speak.

When a child first has significant difficulty with talking, a physician will usually first examine the overall structure of the tongue. Common dyslalia causes can be traced to improper formation of the ligament that attaches the tongue to the bottom of the mouth. When this ligament is too short, proper tongue movement can be more problematic than normal. While the exact cause of this ligament malformation is unknown, it can usually be corrected through relatively simple surgery. Most doctors recommend that this procedure be done as early as possible in young dyslalia patients to allow them to more easily develop clear speech habits following the surgery.

Congenital deafness is another cause of dyslalia, and the associated problems with talking come from the inability to understand the correct speech of other people. The severity of the problem is normally closely tied to the degree of existing hearing loss. Some sufferers with partial deafness can hear sounds only in limited high or low frequencies; this condition sometimes causes certain sounds to seem indistinguishable to them. Many people with mild to moderate hearing-related dyslalia have trouble telling the differences between the "f," "s," or "th," sounds in various words.

Dyslalia can sometimes be a characteristic of a specific learning disability that affects speech articulation. This type of disability entails difficulty learning how to mentally process and verbally recreate spoken sounds. Another type of learning problem that can lead to dyslalia is known as a phonemic disorder in which a sufferer has difficulty distinguishing between different sounds and selecting the right one to use for a given word. Treatments for these kinds of speech-related learning disabilities usually include ongoing therapy sessions. The goal of this type of speech therapy is usually to help sufferers learn alternate ways to train their brains to recognize, process, and correctly articulate the appropriate parts of words.

LISTENING – Listen and fill in the gaps

(1) _____ born in the United Kingdom this year will suffer from dementia in their lifetime. Dementia (2) _____ no longer works properly because of illness, old age or injury. People with dementia have problems (3) _____. Their personality can change

and they lose their ability to do many everyday tasks. A leading mental illness charity said dementia (4) _____ per cent of boys born in 2015 and 37 per cent of girls. The charity said that this could (5) _____ as the population gets older. There is currently no effective treatment to slow down or stop dementia. The charity said governments (6) _____ research.

A British expert on dementia (7) _____ serious the problem could become. Dr Matthew Norton said: "As people are living longer, more and more people will develop dementia in (8) _____ is not taken now." He added: "Dementia (9) _____ medical challenge and if (10) _____, we must invest in research to find new treatments and preventions." Globally, dementia affects around 36 million people. About 10 per cent of people develop the disease at some (11) _____, but this figure will rise sharply as people live longer. The most common form of dementia is Alzheimer's. This is when the brain loses cells, (12) _____ brain's ability to function properly.

Text

Hypernasal speech

Hypernasal speech (also **hyperrhinolalia** or **open nasality**; medically known as **Rhinolaliaaperta** from Latin *rhinolalia*: "nasal speech" and *aperta*: "open") is a disorder that causes abnormal resonance in a human's voice due to increased airflow through the nose during speech. It is caused by an open nasal cavity resulting from an incomplete closure of the soft palate and/or velopharyngeal sphincter. In normal speech, **nasality** is referred to as nasalization and is a linguistic category that can apply to vowels or consonants in a specific language. The primary underlying physical variable determining the degree of nasality in normal speech is the opening and closing of a velopharyngeal passageway between the oral vocal tract and the nasal vocal tract. In the normal vocal tract anatomy, this opening is controlled by lowering and raising the velum or soft palate, to open or close, respectively, the velopharyngeal passageway. The general term for disorders of the velopharyngeal valve is **velopharyngeal dysfunction** (VPD). It includes three subterms: velopharyngeal insufficiency, velopharyngeal inadequacy, and velopharyngealmislearning.

1. **Velopharyngeal insufficiency** can be caused by an anatomical ab-

normality of the throat. It occurs in children with a history of cleft palate or submucous cleft, who have short or otherwise abnormal vela. Velopharyngeal insufficiency can also occur after adenoidectomy.

2. **Velopharyngeal incompetence** is a defective closure of the velopharyngeal valve due to its lack of speed and precision. It is caused by a neurologic disorder or injury (e.g. cerebralpalsy or traumatic brain injury).

3. Sometimes children present no abnormalities yet still have hypernasal speech: this can be due to **velopharyngeal mislearning**, indicating that the child has been imitating or has never learned how to use the valve correctly.

Diagnosis

There are several methods for diagnosing hypernasality.

1. A speech therapist listens to and records the child while analysing perceptual speech. In hypernasality, the child cannot produce oral sounds (vowels and consonants) correctly. Only the nasal sounds can be correctly produced. A hearing test is also desirable.

2. A mirror is held beneath the nose while the child pronounces the vowels. Nasal air escape, and thus hypernasality, is indicated if the mirror fogs up.

3. A pressure-flow technique is used to measure velopharyngeal orifice area during the speech. The patient must be at least three to four years old.

4. A video nasopharyngeal endoscopy observes velopharyngeal function, movements of the soft palate, and pharyngeal walls. It utilises a very small scope placed in the back of the nasal cavity. The doctor will then ask the child to say a few words. The patient must be at least three to four years old to ensure cooperation.

5. A cinefluoroscopy gives dynamic visualisation and can easier be applied to younger children, though it has the disadvantage of exposing the patient to radiation.

6. A nasometer calculates the ratio of nasality. The patient wears a headset, where the oral and nasal cavities are separated by a plate. On both sides of the plate are microphones. The ratio calculated by the nasometer indicates the amount of nasality, with a higher ratio indicating more nasality.

LA LANGUAGE – MULTIPLE CHOICE

One (1) ____ three people born in the United Kingdom this year will suffer from dementia in their lifetime. Dementia is when the brain no (2) ____

works properly because of illness, old age or (3) ____. People with dementia have problems remembering things. Their personality can change and they lose their (4) ____ to do many everyday tasks. A leading mental illness charity said dementia would affect 27 per cent of boys born in 2015 and 37 per cent of girls. The charity said that this could cause a health (5) ____ as the population gets older. There is currently no effective treatment to (6) ____ down or stop dementia. The charity said governments must spend more on research.

A British expert (7) ____ dementia spoke about how serious the problem could become. Dr Matthew Norton said: "(8) ____ people are living longer, more and more people will develop dementia in the future if action is not (9) ____ now." He added: "Dementia is our greatest medical challenge and if we are to (10) ____ it, we must invest in research to find new treatments and preventions." Globally, dementia affects around 36 million people. About 10 per cent of people develop the disease at some (11) ____ in their lives, but this figure will rise sharply as people live longer. The most common form of dementia is Alzheimer's. This is when the brain loses cells, which (12) ____ the brain's ability to function properly.

Put the correct words from the table below in the above article.

1.	(a) by	(b) to	(c) on	(d) in
2.	(a) higher	(b) stronger	(c) wider	(d) longer
3.	(a) injured	(b) injury	(c) injure	(d) injures
4.	(a) able	(b) abled	(c) ability	(d) enabled
5.	(a) crisis	(b) crises	(c) cries	(d) crisscross
6.	(a) slow	(b) end	(c) reduce	(d) finish
7.	(a) to	(b) at	(c) by	(d) on
8.	(a) As	(b) Was	(c) Has	(d) Is
9.	(a) taking	(b) taken	(c) takeon	(d) takeover
10.	(a) win	(b) victory	(c) beat	(d) glory
11.	(a) area	(b) region	(c) point	(d) timely
12.	(a) reductions	(b) reduces	(c) reducing	(d) reduce

Text

What is Tachylalia?

Tachylalia or **tachylogia** is extremely rapid speech. Tachylalia occurs in

many clutterers and many people who have speech disorders.

Tachylalia is a generic term for speaking fast, and does not need to coincide with other speech problems. Tachylalia by itself is not considered a speech disorder.

Tachylalia may be exhibited as a single stream of rapid speech without prosody, and can be delivered quietly or mumbled. Tachylalia can be simulated by stimulating the brain electronically.

Occurrences

Tachylalia can occur with the following:

1. Normalspeech
2. Cluttering
3. Parkinson'sdisease
4. Clutteredspeech
5. Pressureofspeech

What is ATAXIOPHEMIA?

a lack of coordination of the muscles used in speaking. It is essentially equivalent to, and sometimes known as, dysarthria.

ATAXIOPHEMIA: "A person suffering ataxiophemia has problems coordinating the muscles used in speaking."

MULTIPLE CHOICE - QUIZ

1. What proportion of people born in the UK this year will get dementia?
   a) one and three
   b) three in one
   c) one in three
   d) three and one
2. What do people with dementia have problems doing?
   a) remembering things
   b) having medicine
   c) seeing a doctor
   d) being injured
3. What kinds of tasks do people
6. Who spoke about the seriousness of dementia?
   a) a charity worker
   b) an expert
   c) a patient
   d) a journalist
7. When did Matthew Norton say action needed to be taken?
   a) next year
   b) within the next year
   c) soon
   d) now
8. What did Matthew Norton say

with dementia lose their ability to do?

a) boring ones
b) everyday ones
c) long ones
d) many

4. What percentage of girls born in the UK will get dementia?

a) 17%
b) 27%
c) 47%
d) 37%

5. What did a charity say governments should spend more money on?

a) rehabilitation
b) hospitals
c) research
d) training

was our greatest medical challenge?

a) research
b) dementia
c) investment
d) the future

9. How many people around the world does dementia affect?

a) 36 billion
b) 36,000,000
c) 3,600,000
d) 36,000

10. What does Alzheimer's cause the brain to lose?

a) cells
b) colour
c) calories
d) creativity

Dyslexia

UNIT 4

Active vocabulary

Task. Translate these words into Russian, Uzbek or Karaklapak language.

Dyslexia	
Stroke	
Deficit	
Surface	
Deep	
Alexia	
Hemianopsia	
Agnosic	
Lateral occipital suleus	
Visual cortex	
Angular gyrus	
Occipital lobe	
Splenium	

Task

CORRECT THE SPELLING

Reading is one of the _____gesettar pleasures in life. I would be lost if I didn't have a good book to read. I can't remember any time in my life when I wasn't reading _____einstmhgo. I guess you could call me a _____mkowboro. I've always got my head _____biedru in a book. I think reading is more than just a _____bbohy. It's a part of who we are. We learn many things about the world from books. We entertain _____lsovreeus with great novels from all over the world, and from the past. Even novels from hundreds of years ago are a great read. You _____iotcne how much reading is part of us when you sit on a train. Everyone has a book, _____aznmaegi, or nowadays, a computer. Everyone _____semse lost in their own world. The world of reading is not a bad _____clpae to be lost in.

TEXT
Dyslexia
Part I

Dyslexia, also known as **reading disorder**, is characterized by trouble with reading despite normal intelligence. Different people are affected to varying degrees. Problems may include difficulties in spelling words, reading quickly, writing words, "sounding out" words in the head, pronouncing words when reading aloud and understanding what one reads. Often these difficulties are first noticed at school. When someone who previously could read loses their ability, it is known as **alexia**. The difficulties are involuntary and people with this disorder have a normal desire to learn.

The cause of dyslexia is believed to involve both genetic and environmental factors. Some cases run in families. It often occurs in people with attention deficit hyperactivity disorder (ADHD) and is associated with similar difficulties with numbers. It may begin in adulthood as the result of a traumatic brain injury, stroke, or dementia. The underlying mechanisms of dyslexia are problems within the brain's language processing. Dyslexia is diagnosed through a series of tests of memory, spelling, vision, and reading skills. Dyslexia is separate from reading difficulties caused by hearing or vision problems or by insufficient teaching.

Treatment involves adjusting teaching methods to meet the person's needs. While not curing the underlying problem, it may decrease the degree of symptoms. Treatments targeting vision are not effective. Dyslexia is the most common learning disability and occurs in all areas of the world. It affects 3–7% of the population; however, up to 20% may have some degree of symptoms. While dyslexia is more often diagnosed in men, it has been suggested that it affects men and women equally. Some believe that dyslexia should be best considered as a different way of learning, with both benefits and downsides.

Dyslexia is thought to have two types of cause, one related to language processing and another to visual processing. It is considered a cognitive disorder, not a problem with intelligence. However, emotional problems often arise because of it. Some published definitions are purely descriptive, whereas others propose causes. The latter usually cover a variety of reading skills and deficits, and difficulties with distinct causes rather than a single condition. The National Institute of Neurological Disorders and Stroke definition

describes dyslexia as "difficulty with phonological processing (the manipulation of sounds), spelling, and/or rapid visual-verbal responding". The British Dyslexia Association definition describes dyslexia as "a learning difficulty that primarily affects the skills involved in accurate and fluent word reading and spelling" and is characterized by "difficulties in phonological awareness, verbal memory and verbal processing speed".

Acquired dyslexia or alexia may be caused by brain damage due to stroke or atrophy. Forms of alexia include pure alexia, surface dyslexia, semantic dyslexia, phonological dyslexia, and deep dyslexia.

TASK

LISTENING GAP FILLING

Reading is one of the greatest _____. I would be lost if I didn't have a good book to read. I can't remember _____ life when I wasn't reading something. I guess you could call _____. I've always got my head buried in a book. I think reading is _____ a hobby. It's a part of who we are. We learn many things about the world from books. We entertain ourselves with great novels from all over the world, _____. Even novels from hundreds of years ago _____. You notice how much reading is part of us when you sit on a train. Everyone has a book, magazine, or nowadays, a computer. Everyone seems _____ world. The world of reading is not a bad _____ in.

TEXT

Dyslexia

Part II

There are tests that can indicate with high probability whether a person is a dyslexic. If diagnostic testing indicates that a person may be dyslexic, such tests are often followed up with a full diagnostic assessment to determine the extent and nature of the disorder. Tests can be administered by a teacher or computer. Some test results indicate how to carry out teaching strategies.

Central dyslexias

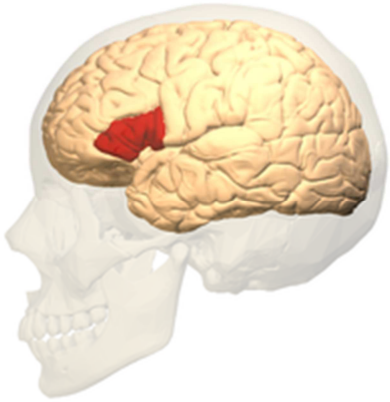
Central dyslexias include surface dyslexia, semantic dyslexia, phonological dyslexia, and deep dyslexia. ICD-10 reclassified the previous distinction

between dyslexia (315.02 in ICD-9) and alexia (315.01 in ICD-9) into a single classification as R48.0. The terms are applied to developmental dyslexia and inherited dyslexia along with developmental aphasia and inherited alexia, which are considered synonymous.

Surface dyslexia

In surface dyslexia, words with regular pronunciations (highly consistent with their spelling, e.g. *mint*) are read more accurately than words with irregular pronunciation, such as *colonel*. Difficulty distinguishing homophones is a diagnostic used for some forms of surface dyslexia. This disorder is usually accompanied by surface agraphia and fluent aphasia. Acquired surface dyslexia arises when a previously literate person experiences brain damage, which results in pronunciation errors that indicate impairment of the lexical route.

Phonological dyslexia



Broca's area – (lateral view) dyslexics overuse this area which is associated with speech

Main article: Phonological dyslexia

In phonological dyslexia, sufferers can read familiar words but have difficulty with unfamiliar words, such as invented pseudo-words. Phonological dyslexia is associated with lesions in the parts of the brain supplied with blood by the middle cerebral artery. The superior temporal lobe is often also involved. Furthermore, dyslexics compensate by overusing a front-brain region called Broca's area, which is associated with aspects of language and speech. The Lindamood Phoneme Sequencing Program (LiPS) is used to treat phonological dyslexia. This system is based on a three-way sensory feedback process, using auditory, visual, and oral skills to learn to recognize words and word patterns. Case studies with a total of three patients found a signifi-

cant improvement in spelling and reading ability after using LiPS.

Deep dyslexia

Individuals with deep dyslexia experience both semantic paralexia (paradyslexia) and phonological dyslexia, which causes the person to read a word and then say a related meaning instead of the denoted meaning. Deep alexia is associated with clear phonological processing impairments. Deep dyslexia is caused by widespread damage to the brain that often includes the left hemisphere. The "continuum" hypothesis claims that deep dyslexia develops from phonological dyslexia.

Peripheral dyslexias

Peripheral dyslexias have been described as affecting the visual analysis of letters as a result of brain injury. Hemianopsia, a visual field loss on the left/right side of the vertical midline, is associated with this condition.

Pure dyslexia

Pure, or phonologically-based, dyslexia, also known as agnosic dyslexia, dyslexia without agraphia, and pure word blindness, is dyslexia due to difficulty in recognizing written sequences of letters (such as words), or sometimes even letters. It is considered '"pure" because it is not accompanied by other significant language-related impairments. Pure dyslexia does not affect speech, handwriting style, language or comprehension impairments. Pure dyslexia is caused by lesions on the visual word form area (VWFA). The VWFA is composed of the left lateral occipital sulcus and is activated during reading. A lesion in the VWFA stops transmission between the visual cortex and the left angular gyrus. It can also be caused by a lesion involving the left occipital lobe or the splenium. It is usually accompanied by a homonymous hemianopsia in the right side of the visual field. Multiple oral re-reading (MOR) is a treatment for pure dyslexia. It is considered a top-down processing technique in which affected individuals read and reread texts a predetermined number of times or until reading speed or accuracy improves a predetermined amount.

TASK

UNJUMBLE THE WORDS

Reading greatest the of one is life in pleasures. I would be lost if I didn't have a good book to read. I can't remember my any life time when in I wasn't

reading something. could you guess I bookworm a me call. I've always book my buried a got head in. I think reading is more than just a hobby. It's a part of who we are. We about world learn things the from many books. We entertain ourselves with great novels from all over the world, and from the past. of from Even hundreds novels years ago are a great read. You notice how much reading part is on sit you when us of a train. Everyone has a book, magazine, or nowadays, a computer. Everyone seems lost in their own world. The world of reading is not a place be in bad to lost.

TEXT
Hemianopic dyslexia

Hemianopic dyslexia is commonly considered to derive from visual field loss due to damage to the primary visual cortex. Sufferers may complain of abnormally slow reading but are able to read individual words normally. This is the most common form of peripheral alexia, and the form with the best evidence of effective treatments.

Neglect dyslexia

In neglect dyslexia, some letters, most commonly those at the beginning or left side of a word, are skipped or misread during reading. This alexia is associated with right parietal lesions. The use of prism glasses has been shown to substantially mitigate this condition.

Attentional dyslexia

People with attentional dyslexia complain of letter-crowding or migration, sometimes blending elements of two words into one. Sufferers read better when words are presented in isolation rather than flanked by other words and letters. Using a large magnifying glass may help mitigate this condition by reducing the effects of flanking from nearby words; however, no trials of this or indeed any other therapy for left parietal syndromes have been published as of 2014.

Prognosis

Dyslexic children require special instruction for word analysis and spelling from an early age. While there are fonts that may help people with dyslexia better understand writing this might simply be due to the added spacing between words. The prognosis, generally speaking, is positive for individuals who are identified in childhood and receive support from friends

and family.

History

Dyslexia was identified by Oswald Berkhan in 1881, but the term *dyslexia* was coined in 1887 by Rudolf Berlin, an ophthalmologist in Stuttgart. He used the term to refer to the case of a young boy who had a severe impairment in learning to read and write, despite showing typical intelligence and physical abilities in all other respects. In 1896, W. Pringle Morgan, a British physician from Seaford, East Sussex, published a description of a reading-specific learning disorder in a report to the *British Medical Journal* titled "Congenital Word Blindness". The distinction between phonological and surface types of dyslexia is only descriptive, and without any etiological assumption as to the underlying brain mechanisms. However, studies have alluded to potential differences due to variation in performance.

UNIT 5

Active Vocabulary

Task. Translate these words into Russian, Uzbek or Karakalpak language.

Coherence	
Orthography	
Graphemes	
Fatigue	
Illegible	
Parietal lobe	
Damage	
Misuse	
Margin	
Erasures	
Inconsistent	

Task

CORRECT THE SPELLING

I think writing is the most _____ciuftilfd skill in English. I'm not sure why. Some students are really good at _____gaseknpi, but their writing is _____tererlib. Why can't they just _____pnetdre they're speaking but write it all down. You _____rcenality have more time to think when you write. I think writing has got easier in recent years. Computers and the Internet have helped us. Although I think many teachers would say _____cneogythlo is not a help. But it's true. We have spell-checkers when we type. They even warn us if we've made a _____ekasmtiwith _____magmarr. There is also translation software, but that can _____edurcop gobbledygook. And then there are new places to write. With mobile phones and sites like Twitter you don't have a lot of _____psace to write.

TEXT
Dysgraphia
Part I

Dysgraphia is a deficiency in the ability to write, primarily handwriting, but also coherence. Dysgraphia is a transcription disability, meaning that it is a writing disorder associated with impaired handwriting, orthographic coding (orthography, the storing process of written words and processing the letters in those words), and finger sequencing (the movement of muscles required to write). It often overlaps with other learning disabilities such as speech impairment, attention deficit disorder, or developmental coordination disorder. In the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV), dysgraphia is characterized as a learning disability in the category of written expression when one's writing skills are below those expected given a person's age measured through intelligence and age appropriate education. The DSM is not clear in whether or not writing refers only to the motor skills involved in writing, or if it also includes orthographic skills and spelling.

The word dysgraphia comes from the Greek words *dys* meaning "impaired" and *graphia* meaning "writing by hand".

There are at least two stages in the act of writing: the linguistic and the motor-expressive-praxic stage. The linguistic stage involves the encoding of auditory and visual information into symbols for letters and written words. This is mediated through the angular gyrus, which provides the linguistic rules which guide writing. The motor stage is where the expression of written words or graphemes is articulated. This stage is mediated by Exner's writing area of the frontal lobe.

TASK

LISTENING GAP FILLING

I think writing is the _____ in English. I'm not sure why. Some students are really good at speaking, but their _____. Why can't they just pretend they're speaking but _____. You certainly have more time to think when you write. I think writing _____ in recent years. Computers and the Internet _____. Although I think many teachers would say technology is not a help. But it's true. We have spellcheckers _____. They even warn us if we've made a mistake with grammar. There is also

_____, but that can produce gobbledygook. And then there are new places to write. With mobile phones and sites like Twitter you don't have _____ to write.

TEXT
Dysgraphia
Part II

People with dysgraphia can often write on some level and may experience difficulty with other fine motor skills, such as tying shoes. However, dysgraphia does not affect all fine motor skills. People with dysgraphia often have unusual difficulty with handwriting and spelling which in turn can cause writing fatigue. They may lack basic grammar and spelling skills (for example, having difficulties with the letters p, q, b, and d), and often will write the wrong word when trying to formulate their thoughts on paper. The disorder generally emerges when the child is first introduced to writing. Adults, teenagers, and children alike are all subject to dysgraphia.

Dysgraphia should be distinguished from agraphia, which is an acquired *loss* of the ability to write resulting from brain injury, stroke, or progressive illness

Dysgraphia is often, but not always, accompanied by other **learning differences** such as **dyslexia** or **attention deficit disorder**, and this can impact the type of dysgraphia a person might have. There are three principal subtypes of dysgraphia that are recognized. There is little information available about different types of dysgraphia and there are likely more subtypes than the ones listed below. Some children may have a combination of two or more of these, and individual symptoms may vary in presentation from what is described here. Most common presentation is a motor dysgraphia/agraphia resulting from damage to some part of the motor cortex in the parietal lobes.

Example

Motor dysgraphia is due to deficient fine motor skills, poor dexterity, poor muscle tone, or unspecified motor clumsiness. Letter formation may be acceptable in very short samples of writing, but this requires extreme effort and an unreasonable amount of time to accomplish, and it cannot be sustained for a significant length of time, as it can cause arthritis-like tensing of the hand. Overall, their written work is poor to illegible even if copied by

sight from another document, and drawing is difficult. Oral spelling for these individuals is normal, and their finger tapping speed is below normal. This shows that there are problems within the fine motor skills of these individuals. People with developmental coordination disorder may be dysgraphic. Writing is often slanted due to holding a pen or pencil incorrectly.

Spatial

A person with spatial dysgraphia has a defect in the understanding of space. They will have illegible spontaneously written work, illegible copied work, and problems with drawing abilities. They have normal spelling and normal finger tapping speed, suggesting that this subtype is not fine motor based.

TASK

UNJUMBLE THE WORDS

skill is in the I most think difficult writing English. I'm not sure why. Some are good speaking students really at, but their writing is terrible. Why can't they just pretend they're it speaking all but down write. You certainly have when write time think you more to. I think writing has got easier in recent years. Computers and the Internet have helped us. I Although would teachers many think say technology is not a help. But it's true. We have spellcheckers when we type. even They we've if us warn made a mistake with grammar. There is also translation software, but produce that gobbledygook can. And then there are new places to write. With mobile phones and sites like have of write don't lot to you a space Twitter.

TEXT

Signs and symptoms

The symptoms to dysgraphia are often overlooked or attributed to the student being lazy, unmotivated, not caring, or having delayed visual-motor processing. In order to be diagnosed with dysgraphia, one must have a cluster, but not necessarily all, of the following symptoms:

1. Cramping of fingers while writing short entries
2. Odd wrist, arm, body, or paper orientations such as bending an arm into an L shape
3. Excessive erasures

4. Mixed upper case and lower case letters
5. Inconsistent form and size of letters, or unfinished letters
6. Misuse of lines and margins
7. Inefficient speed of copying
8. Inattentiveness over details when writing
9. Frequent need of verbalcues
10. Relies heavily on vision to write
11. Difficulty visualizing letter formation before hand
12. Poor legibility
13. Poor spatial planning on paper
14. Difficulty writing and thinking at the same time (creative writing, taking notes)
15. Handwriting abilities that may interfere with spelling and written composition
16. Difficulty understanding homophones and what spelling to use
17. Having a hard time translating ideas to writing, sometimes using the wrong words altogether
18. May feel pain while writing (cramps in fingers, wrist and palms)

Dysgraphia may cause students emotional trauma often due to the fact that no one can read their writing, and they are aware that they are not performing to the same level as their peers. Emotional problems that may occur alongside dysgraphia include impaired self-esteem, lowered self-efficacy, heightened anxiety, and depression. They may put in extra efforts in order to have the same achievements as their peers, but often get frustrated because they feel that their hard work does not pay off.

Dysgraphia is a hard disorder to detect as it does not affect specific ages, gender, or intelligence. The main concern in trying to detect dysgraphia is that people hide their disability behind their verbal fluency because they are ashamed that they cannot achieve the same goals as their peers. Having dysgraphia is not related to a lack of cognitive ability, and it is not uncommon in intellectually gifted individuals, but due to dysgraphia their intellectual abilities are often not identified.

Associated conditions

There are some common problems not related to dysgraphia but often associated with dysgraphia, the most common of which is stress. Often chil-

dren (and adults) with dysgraphia will become extremely frustrated with the task of writing (and spelling); younger children may cry, pout, or refuse to complete written assignments. This frustration can cause the child (or adult) a great deal of stress and can lead to stress-related illnesses. This can be a result of any symptom of dysgraphia.

UNIT 6

Active Vocabulary

Task. Translate these words into Russian, Uzbek or Karakalpak language.

Cerebral palsy	
Tremor	
Stiff muscle	
Sensation	
Toxoplasmosis	
Spastic cerebral palsy	
Ataxic cerebral palsy	
Athetoid cerebral palsy	
Baclofen	
Botulinum toxin	
Clonus	
Arthritis	
Tendinitis	
Inherit	

TEXT

Cerebral palsy

Cerebral palsy (**CP**) is a group of permanent movement disorders that appear in early childhood. Signs and symptoms vary among people. Often, symptoms include poor coordination, stiff muscles, weak muscles, and tremors. There may be problems with sensation, vision, hearing, swallowing, and speaking. Often babies with cerebral palsy do not roll over, sit, crawl, or walk as early as other children their age. Difficulty with the ability to think or reason and seizures each occurs in about one third of people with CP. While the symptoms may get more noticeable over the first few years of life, the underlying problems do not worsen over time.

Cerebral palsy is caused by abnormal development or damage to the parts of the brain that control movement, balance, and posture. Most often

the problems occur during pregnancy; however, they may also occur during childbirth, or shortly after birth. Often the cause is unknown. Risk factors include preterm birth, being a twin, certain infections during pregnancy such as toxoplasmosis or rubella, exposure to methylmercury during pregnancy, a difficult delivery, and head trauma during the first few years of life, among others. About 2% of cases are believed to be due to an inherited genetic cause. A number of sub-types are classified based on the specific problems present. For example, those with stiff muscles have spastic cerebral palsy, those with poor coordination have ataxic cerebral palsy, and those with writhing movements have athetoid cerebral palsy. Diagnosis is based on the child's development over time. Blood tests and medical imaging may be used to rule out other possible causes.

CP is partly preventable through immunization of the mother and efforts to prevent head injuries in children such as through improved safety. There is no cure for CP; however, supportive treatments, medications, and surgery may help many individuals. This may include physical therapy, occupational therapy, and speech therapy. Medications such as diazepam, baclofen, and botulinum toxin may help relax stiff muscles. Surgery may include lengthening muscles and cutting overly active nerves. Often external braces and other assistive technology are helpful. Some affected children can achieve near normal adult lives with appropriate treatment. While alternative medicines are frequently used there is no evidence to support their use.

CP is the most common movement disorder in children. It occurs in about 2.1 per 1,000 live births. Cerebral palsy has been documented throughout history with the first known descriptions occurring in the work of Hippocrates in the 5th century BCE. Extensive study of the condition began in the 19th century by William John Little, after whom spastic diplegia was called "Little disease". William Osler first named it "cerebral palsy" from the German "zerebraleKinderlähmung" (cerebral child-paralysis). A number of potential treatments are being examined, including stem cell therapy. However, more research is required to determine if it is effective and safe.

CP is classified by the types of motor impairment of the limbs or organs, and by restrictions to the activities an affected person may perform. There are three main CP classifications by motor impairment: spastic, ataxic, and athetoid/dyskinetic. Additionally, there is a mixed type that shows a combination of features of the other types. These classifications reflect the areas of the

brain that are damaged.

Task

1. TRUE / FALSE: Read the headline. Guess if a-h below are true (T) or false (F).

Paralysed Man Takes Hopeful First Steps

a. A new medical development allowed a paralysed man to walk a littl T / F
b. The breakthrough is a special drug that stimulates the spinal cord. T / F
c. The man who was paralysed hit a car while he was running. T / F
d. A professor was happy that the man walked down a long road. T / F
e. The research behind the breakthrough has taken 30 years. T / F
f. Electrical signals moved the man's legs independently of his brain. T / F
g. The man doubts if the treatment will impact his life so much. T / F
h. He said a lot of people are now surprised to hear he's paralysed. T / F

2. SYNONYM MATCH: Match the following synonyms from the article.

1. breakthrough	a. triggered
2 pioneered	b. people
3. stimulated	c. goaround
4. spine	d. armsandlegs
5. individuals	e. development
6. stage	f. feeling
7. bypass	g. test
8. limbs	h. backbone
9. sense	i. step
10. trial	j. innovated

3. PHRASE MATCH: (Sometimes more than one choice is possible.)

1. A medical	a. belowthechest
2 Doctorspioneered	b. well-being
3. paralysed	c. a majorimpact
4. "dead" nervesin	d. ofresearch
5. goingtohave	e. breakthrough
6. overthreedecades	f. beenlife-changing
7. electricalsignals	g. inthetrial
8. thetreatmenthas	h. a specialprocedure
9. Mysenseof	i. bypassthebrain

10. takingpart

j. MrSummers' spinalcords

TEXT

Spastic

Spastic cerebral palsy, or cerebral palsy where spasticity (muscle tightness) is the exclusive or almost exclusive impairment present, is by far the most common type of overall cerebral palsy, occurring in upwards of 70% of all cases. People with this type of CP are hypertonic and have what is essentially a neuromuscularmobility impairment (rather than hypotonia or paralysis) stemming from an upper motor neuron lesion in the brain as well as the corticospinal tract or the motor cortex. This damage impairs the ability of some nerve receptors in the spine to receive *gamma*-Aminobutyric acid properly, leading to hypertonia in the muscles signaled by those damaged nerves.

As compared to other types of CP, and especially as compared to hypotonic or paralytic mobility disabilities, spastic CP is typically more easily manageable by the person affected, and medical treatment can be pursued on a multitude of orthopedic and neurological fronts throughout life. In any form of spastic CP, clonus of the affected limb(s) may sometimes result, as well as muscle spasms resulting from the pain and/or stress of the tightness experienced. The spasticity can and usually does lead to a very early onset of muscle stress symptoms like arthritis and tendinitis, especially in ambulatory individuals in their mid-20s and early-30s. Occupational therapy and physical therapy regimens of assisted stretching, strengthening, functional tasks, and/or targeted physical activity and exercise are usually the chief ways to keep spastic CP well-managed.

Task

GAP FILL: Put the words into the gaps in the text.

A medical breakthrough has (1) _____ hope to millions of people who are unable to walk. Doctors pioneered a special procedure that electrically (2) _____ the spine of ex-athlete Rob Summers. Mr Summers, 25, was paralysed below the (3) _____ in a hit-and-run car accident in 2006. Professor Susan Harkema, of the Kentucky Spinal Cord Injury Research

huge
treatment
impact
few
given
long

Center gave the revolutionary (4) _____ to "dead" nerves in Mr Summers' spinal cords. He was able to move his legs and toes and take a (5) _____ steps with the help of a walking frame. DrHarkema said: "This is a breakthrough. It opens a (6) _____ opportunity to improve the daily functioning of...individuals...but we have a (7) _____ road ahead." She said this is "going to have a major (8) _____ " on people with disabilities.

stimulated
chest

The treatment is called epidural stimulation. It has taken over three (9) _____ of research to get to this stage. The process works when electrical signals (10) _____ the brain to tell the spinal cord what to do. The signals allow the (11) _____ to function independently of the brain. Mr Summers said the treatment has been life-changing. "This procedure has (12) _____ changed my life. For someone who for four years was unable to even move a toe, to have the freedom and (13) _____ to stand on my own is the most amazing feeling," he said. He added: "My (14) _____ of well-being has changed. My physique and muscle tone has (15) _____ greatly. Most people don't even believe I'm paralysed." Five other patients are also taking part in the (16) _____.

completely
bypass
trial
sense
limbs
decades
improved
ability

TEXT

Ataxic

Ataxia-type symptoms can be caused by damage to the cerebellum. Ataxia is a less common type of cerebral palsy, occurring between 5% and 10% of all cases. Some of these individuals have hypotonia and tremors. Motor skills such as writing, typing, or using scissors might be affected, as well as balance, especially while walking. It is common for individuals to have difficulty with visual and/or auditory processing. They usually have an awkward gait and as well with some dysarthria.

Athetoid

Athetoid cerebral palsy or dyskinetic cerebral palsy is mixed muscle tone — hypertonia and hypotonia mixed with involuntary motions. People with dyskinetic CP have trouble holding themselves in an upright, steady position for sitting or walking, and often show involuntary motions. For some people

with dyskinetic CP, it takes a lot of work and concentration to get their hand to a certain spot (like scratching their nose or reaching for a cup). Because of their mixed tone and trouble keeping a position, they may not be able to hold onto objects, especially small ones requiring fine motor control (such as a toothbrush or pencil). About 10% of individuals with CP are classified as dyskinetic CP but some have mixed forms with spasticity and dyskinesia. The damage occurs to the extrapyramidal motor system and/or pyramidal tract and to the basal ganglia. In newborn infants, high bilirubin levels in the blood, if left untreated, can lead to brain damage in the basal ganglia (kernicterus), which can lead to dyskinetic cerebral palsy.

Mixed

Mixed cerebral palsy has symptoms of athetoid, ataxic and spastic CP appearing simultaneously, each to varying degrees, and both with and without symptoms of each. Mixed CP is the most difficult to treat as it is extremely heterogeneous and sometimes unpredictable in its symptoms and development over the lifespanю.

Task

Listening nad gap filling.

A medical breakthrough _____ millions of people who are unable to walk. Doctors pioneered a special procedure that electrically _____ of ex-athlete Rob Summers. Mr Summers, 25, was paralysed below the chest _____ car accident in 2006. Professor Susan Harkema, of the Kentucky Spinal Cord Injury Research Center gave the revolutionary treatment to “dead” nerves in Mr Summers’ spinal cords. He was able to move his legs and toes _____ with the help of a walking frame. DrHarkema said: "This is a breakthrough. It opens a huge opportunity to _____ functioning of...individuals...but we have a long road ahead.” She said this is "going to _____" on people with disabilities.

The treatment is called epidural stimulation. It has taken over three decades of research _____. The process works when electrical _____ to tell the spinal cord what to do. The signals allow the limbs to function independently of the brain. Mr Summers said the treatment has _____. "This procedure has completely changed my life. For someone who for four years was unable to even move a toe, to have

the freedom and ability to _____ is the most amazing feeling," he said. He added: “My _____ has changed. My _____ tone has improved greatly. Most people don't even believe I'm paralysed." Five other patients are also taking part in the trial.

Language multiple choice

A (1) ____ breakthrough has given hope to millions of people who are unable to walk. Doctors pioneered a special procedure that electrically (2) ____ the spine of ex-athlete Rob Summers. Mr Summers, 25, was paralysed below the chest in a hit-and-(3) ____ car accident in 2006. Professor Susan Harkema, of the Kentucky Spinal Cord Injury Research Center gave the revolutionary treatment to “dead” (4) ____ in Mr Summers’ spinal cords. He was able to move his legs and toes and take a few steps with the help (5) ____ a walking frame. DrHarkema said: "This is a breakthrough. It opens a huge opportunity to improve the daily functioning of...individuals...but we have a long road ahead.” She said this is "going to have a major (6) ____ " on people with disabilities.

The treatment is called epidural stimulation. It has taken over three decades of research to get to this (7) ____. The process works when electrical signals bypass the brain to tell the spinal cord what to do. The signals allow the (8) ____ to function independently (9) ____ the brain. Mr Summers said the treatment has been life-changing. "This procedure has completely changed my life. For someone who for four years was unable to (10) ____ move a toe, to have the freedom and ability to stand on my own is the most amazing feeling," he said. He added: “My sense of (11) ____-being has changed. My physique and muscle tone has improved greatly. Most people don't even believe I'm paralysed." Five other patients are also taking part in the (12) ____.

Put the correct words from the table below in the above article.

1.	(a)	medical	(b) Medics	(c)	medicinal	(d)	medical
2.	(a)	simulated	(b) stimulated	(c)	simulation	(d)	stimulus
3.	(a)	run	(b) Walk	(c)	jog	(d)	sprint
4.	(a)	nervous	(b) Nervy	(c)	nerves	(d)	nervousness
5.	(a)	by	(b) To	(c)	of	(d)	at
6.	(a)	affect	(b) Impact	(c)	compact	(d)	impress
7.	(a)	stage	(b) Ladder	(c)	stair	(d)	consent
8.	(a)	bombs	(b) Lambs	(c)	combs	(d)	limbs

9.	(a)	for	(b)	Of	(c)	from	(d) four
10.	(a)	evens	(b)	Never	(c)	ever	(d) even
11.	(a)	good	(b)	Nice	(c)	well	(d) lovely
12.	(a)	trial	(b)	Toil	(c)	trial	(d) Tile

LISTENING TAPESCRIPT

UNIT 1
THE LISTENING TAPESCRIPT

Speech Jammer Devices Stops People Talking (5th March, 2012)

Two Japanese inventors have unveiled a gadget that can stop someone from talking. The device they call the Speech Jammer literally jams people's speech. It prevents a speaker from getting the words out of his or her mouth. KazutakaKurihara and Koji Tsukada from Japan's National Institute of Advanced Industrial Science and Technology developed the prototype "gun" that is pointed at someone from a distance and stops them talking. It does not physically harm the person it hits. The technology is based on medical devices used to help people with speech problems such as stuttering. It uses a system called Delayed Auditory Feedback (DAF) that plays someone's voice back to them at a split-second delay.

Messrs. Tsukada and Kurihara said they wanted to create something that would stop people talking too much in discussions. They wrote: "We have to establish and obey rules for proper turn-taking. However, some people tend to lengthen their turns or deliberately disrupt other people when it is their turn rather than achieve more fruitful discussions." They added: "We utilized DAF to develop a device that can remotely jam physically unimpaired people's speech whether they want it or not." Other uses of their device include maintaining silence in public libraries and aiding peace-making. "There are still many cases in which the negative aspects of speech become a barrier to the peaceful resolution of conflicts," they said.

UNIT 2
THE LISTENING TAPESCRIPT
DISABILITY

I think disability can be a difficult thing to understand. It's a word that means many different things. A disability can affect people's body, intelligence and emotions. It makes it more difficult for people to do everyday things properly. Disabled people might tell us something different. Many people with disabilities show us how strong the human spirit is. There are so

many people who have been badly injured in accidents, or who were disabled from birth, who are world-class athletes or excel in other areas. It must be hard to deal with disability if it comes to you suddenly. In richer countries, there are support systems to help these people. In poorer countries, they can have a really tough time. Hopefully this will change one day.

UNIT 3
THE LISTENING TAPESCRIPT
DEMENTIA WILL RISE IN THE FUTURE

One in three people born in the United Kingdom this year will suffer from dementia in their lifetime. Dementia is when the brain no longer works properly because of illness, old age or injury. People with dementia have problems remembering things. Their personality can change and they lose their ability to do many everyday tasks. A leading mental illness charity said dementia would affect 27 per cent of boys born in 2015 and 37 per cent of girls. The charity said that this could cause a health crisis as the population gets older. There is currently no effective treatment to slow down or stop dementia. The charity said governments must spend more on research.

A British expert on dementia spoke about how serious the problem could become. Dr Matthew Norton said: "As people are living longer, more and more people will develop dementia in the future if action is not taken now." He added: "Dementia is our greatest medical challenge and if we are to beat it, we must invest in research to find new treatments and preventions." Globally, dementia affects around 36 million people. About 10 per cent of people develop the disease at some point in their lives, but this figure will rise sharply as people live longer. The most common form of dementia is Alzheimer's. This is when the brain loses cells, which reduces the brain's ability to function properly.

UNIT 4
THE LISTENING TAPESCRIPT
READING

Reading is one of the greatest pleasures in life. I would be lost if I didn't have a good book to read. I can't remember any time in my life when I wasn't reading something. I guess you could call me a bookworm. I've always got my head buried in a book. I think reading is more than just a hobby. It's a

part of who we are. We learn many things about the world from books. We entertain ourselves with great novels from all over the world, and from the past. Even novels from hundreds of years ago are a great read. You notice how much reading is part of us when you sit on a train. Everyone has a book, magazine, or nowadays, a computer. Everyone seems lost in their own world. The world of reading is not a bad place to be lost in.

UNIT 5
THE LISTENING TAPESCRIPT
WRITING

I think writing is the most difficult skill in English. I'm not sure why. Some students are really good at speaking, but their writing is terrible. Why can't they just pretend they're speaking but write it all down. You certainly have more time to think when you write. I think writing has got easier in recent years. Computers and the Internet have helped us. Although I think many teachers would say technology is not a help. But it's true. We have spellcheckers when we type. They even warn us if we've made a mistake with grammar. There is also translation software, but that can produce gobbledygook. And then there are new places to write. With mobile phones and sites like Twitter you don't have a lot of space to write.

UNIT 16
THE LISTENING TAPESCRIPT
Paralysed Man Takes Hopeful First Steps (22nd May, 2011)

A medical breakthrough has given hope to millions of people who are unable to walk. Doctors pioneered a special procedure that electrically stimulated the spine of ex-athlete Rob Summers. Mr Summers, 25, was paralysed below the chest in a hit-and-run car accident in 2006. Professor Susan Harkema, of the Kentucky Spinal Cord Injury Research Center gave the revolutionary treatment to “dead” nerves in Mr Summers’ spinal cords. He was able to move his legs and toes and take a few steps with the help of a walking frame. DrHarkema said: "This is a breakthrough. It opens a huge opportunity to improve the daily functioning of...individuals...but we have a long road ahead.” She said this is "going to have a major impact" on people with disabilities.

The treatment is called epidural stimulation. It has taken over three dec-

ades of research to get to this stage. The process works when electrical signals bypass the brain to tell the spinal cord what to do. The signals allow the limbs to function independently of the brain. Mr Summers said the treatment has been life-changing. "This procedure has completely changed my life. For someone who for four years was unable to even move a toe, to have the freedom and ability to stand on my own is the most amazing feeling," he said. He added: “My sense of well-being has changed. My physique and muscle tone has improved greatly. Most people don't even believe I'm paralysed." Five other patients are also taking part in the trial.

Phonetic symbols

used in the dictionary

Consonants

p	pen	/pen/	s	so	/səʊ/
b	bad	/bæd/	z	zoo	/zuː/
t	tea	/tiː/	ʃ	shoe	/ʃuː/
d	did	/dɪd/	ʒ	vision	/ˈvɪʒn/
k	cat	/kæt/	h	hat	/hæt/
g	got	/gɒt/	m	man	/mæn/
tʃ	chain	/tʃeɪn/	n	no	/nəʊ/
dʒ	jam	/dʒæm/	ŋ	sing	/sɪŋ/
f	fall	/fɔːl/	l	leg	/leg/
v	van	/væn/	r	red	/red/
θ	thin	/θɪn/	j	yes	/jes/
ð	this	/ðɪs/	w	wet	/wet/

Vowels and diphthongs

iː	see	/siː/	ʌ	cup	/kʌp/
i	happy	/ˈhæpi/	ɜː	bird	/bɜːd/
ɪ	sit	/sɪt/	ə	about	/əˈbaʊt/
e	ten	/ten/	eɪ	say	/seɪ/
æ	cat	/kæt/	əʊ	go	/gəʊ/
ɑː	father	/ˈfɑːðə(r)/	aɪ	five	/faɪv/
ɒ	got	/gɒt/	aʊ	now	/naʊ/
ɔː	saw	/sɔː/	ɔɪ	boy	/bɔɪ/
ʊ	put	/pʊt/	ɪə	near	/nɪə(r)/
u	actual	/ˈæktʃuəl/	eə	hair	/heə(r)/
uː	too	/tuː/	ʊə	pure	/pjʊə(r)/

(r) indicates that British pronunciation will have /r/ only if a vowel sound follows directly; otherwise it is omitted. In American pronunciation, every 'r' of the ordinary spelling is retained.

Speech-language pathology

Swallow	\□swä-(□)lō\	Проглатывать
Pronunciation	\prə-□nən(t)-sē-□ā-shən	Произношение
Involve	\in-□välv/	Вовлекать
Raspy	\□ras-pē\	Скрипучий
Literacy	\□li-t(ə-)rə-sē\	Грамотность
Pitch	/□pich\	Подача
Executive function	\ig-□ze-k(y)ə-tiv/\□fəŋ(k)-shən\	Исполнительнаяфункция
Pharyngeal	\□fa-rən-□jē-əl/	Глоточный
Esophageal	\i-□sä-fə-gəs\	Пищеводный
Intervention	\□in-tər-□\-□ven(t)-shən\	Вмешательство
Prevent	\pri-□vent\	Не допустить, предотвратить
Rough	\□rəf\	Грубый
Strain	\□strān\	Напряжение
Collaborate	\kə-□la-bə-□rāt\	Сотрудничать
Cleft lip	\□kleft\\□lip\	Заячьягуба
Palate	\□pa-lət\	Нёбо

Speech Disorders, Language Disorders, and Feeding Disorders

Refer	\ri-□fər\	Обращаться
Receptive disorder	\ri-□sep-tiv\\(□)dis-□o□r-dər	Восприимчивость расстройство
Expressive disorder	\ik-□spre-siv\ \(□)dis-□o□r-dər	Выразительное расстройство
Assess	\ə-□ses, a-\	Оценить
Awareness	\ə-□wer\\-mənt\	осведомленность
Cough	\□ko□f\	Кашель
Gag	\□gag\	Давиться
Chew	\□chü\	Жевать

Refuse	\ri-□fyüz\	Отказаться
Enroll	\in-□rōl, en-\	Зачислять
Remediation	\ri-□mē-dē-□ā-shən\	Рекультивация
Chronic hoarse-ness	\□krä-nik\\□ho□rs\	Хроническаяхрипота
Silence	\□sī-lən(t)s\	безмолвие

Different types of speech disorders

Alalia	\(□)ā-□lā-lē-ə, ə-, -□lal-ē-\	Алалия
Vocal cords	\□vō-kəl\\□ko□rd\	Голосовые связки
Attempt	\ə-□tem(p)t\	Попытка
Frenulum	\□fren-yə-ləm\	Уздечка
Challenge	\□cha-lənj\	Вызов
Affect	\□a-□fekt\	Аффект
Velopharyngeal inadequacy	/vē-lō-□far-ən-□jē-əl/\(□)i-□na-di-kwə-sē\	небно-глоточная неадек-ватность
Adenoidectomy	□/ad-ᵊn-□o□i-□dek-tə-mē\	удаление аденоидов (глоточные миндалины)
Prosody	\□prä-sə-dē\	Просодия
Clutter	\□klə-tər\	Беспорядок

Dyslexia

Dyslexia	\dis-□lek-sē-ə\	Дислексия
Stroke	\□strōk\	Инсульт
Deficit	\□de-fə-sət/	Дефицит
Surface	\□sər-fəs\	Поверхность
Deep	\□dēp\	Глубокая
Alexia	\ə-□lek-sē-ə\	Алексия
Hemianopsia	\-ə-□nōp-ē-ə\	Гемианопсия
Agnosic	\ag-□näs-tik/	Агностик
Lateral occipital sule-us	/□la-tə-rəl/\äk-□si-pə-tᵊl\	Боковые затылочные бо-розды

Visual cortex	\□vi-zhə-wəl\□ko□r-□teks\	Визуальный кортекс
Angular gyrus	\□aŋ-gyə-lər\\□jī-rəs\	Угловаяизвилина
Occipital lobe	/äk-□si-pə-tˀl\\□lōb\	Затылочнаядоля
Splenium	\□splē-nē-əm\	Повязка

Dysgraphia

Coherence	\kō-□hir-ən(t)s/	Слаженность
Orthography	\o□r-□thä-grə-fē\	Орфография
Graphemes	/□gra-□fēm\	Графем
Fatigue	\fə-□tēg\	Усталость
Illegible	\(□)i(l)-□le-jə-bəl\	Неразборчивый
Parietal lobe	\pə-□rī-ə-tˀl\\□lōb\	Теменная доля мозга
Damage	\□da-mij\	Наносить ущерб
Misuse	\-□yüz\	неправильное употребление, злоупотреблять
Margin	\□mär-jən\	Поле
Erasures	\i-□rā-shər/	Стирания
Inconsistent	\inkən-□sist\ \-tənt\	Непоследовательный

Cerebral palsy

Cerebral palsy	\sə-□rē-brəl/\□po□l-zē\	Церебральный паралич
Tremor	\□tre-mər\	Тремор
Stiff muscle	\□stif\\□mə-səl\	Натянутые мышцы
Sensation	\sen-□sā-shən/	Ощущение
Toxoplasmosis	\-□plaz-□mō-səs\	Токсоплазмоз
Spastic cerebral palsy	\□spas-tik\	Спастический церебральный паралич
Ataxic cerebral palsy	\ə-□tak-sē-ə/	Атаксическая церебральным параличом
Athetoid cerebral palsy	\□ath-ə-□to□id\	Атетоидный церебральным параличом
Baclofen	\□bak-lō-□fen\	Баклофен
Botulinum toxin	\□bä-chə-□lī-nəm\\□täk-	Ботулинический токсин

	sən\	
Clonus	\□klō-nəs\	Подергиваниемышц
Arthritis	\är-□thrī-təs\	Артрит
Tendinitis	\□ten-də-□nī-təs\	Тендинит
Inherit	\in-□her-ət/	Унаследовать

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Редакционно-издательский отдел НГПИ им. Ажинияза
Отпечатано в типографии НГПИ им. Ажинияза 2019 год.
Заказ №0084. Тираж 100. Формат 60х80. Объем 4,0 п.л.
Город Нукус, 230105. ул. П.Сейтов б/н. №11-3084 Реестр.