

ضمیمه

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# آموزش زبان انگلیسی دندانپزشکی

## Delta Appendix

Dental English Language Teaching Assortment

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گردآورنده و مولف:

دکتر سعید طالع پسند



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## پیش‌گفتار

امروزه فراگیری زبان انگلیسی در تمام علوم و علی‌الخصوص در شاخه‌های مختلف پزشکی یک نیاز ضروریست، بویژه اینکه درس زبان انگلیسی در آزمون دستیاری دندانپزشکی از اهمیت و ضریب بالایی برخوردار است. از آنجا که گستره سوالات این درس در آزمون دستیاری وسیع است و منابع مشخصی در دسترس نیست، بر آن شدم تا با استفاده از منابع مختلف خارجی و داخلی، و همچنین با نگاه به سطح و نمونه سوالات ادوار گذشته وزارت بهداشت درمان و آموزش پزشکی مجموعه‌ای را فراهم نمایم تا دانشجویان عزیز علاوه بر آمادگی کامل برای آزمون دستیاری دندانپزشکی، در زمینه فراگیری زبان انگلیسی بتوانند دانش عمومی خود را افزایش دهند. لذا مطالعه این کتاب را به تمامی دانشجویان پزشکی بویژه دندانپزشکی توصیه می‌نمایم.

■ **بخش اول – متون تخصصی ۱ دندانپزشکی:** در این بخش تعداد ۵ یونیت (Unit) که هر Unit شامل متون متنوع می‌باشد، در نظر گرفته شده است. در پایان هر Unit تعداد ۵ سوال استاندارد طراحی شده است. این بخش بطور کامل از منابع خارجی استخراج شده است. قبل از هر Unit برای درک بهتر متن، واژگان مربوط به آن قسمت ترجمه شده‌اند که مطالعه آنها بسیار مهم می‌باشد. هدف از ارائه این بخش تقویت مهارت scanning و skimming می‌باشد و به هیچ وجه ترجمه مد نظر نیست و دانشجویان عزیز می‌بایست با اطلاعات عمومی خود و اطلاعاتی که این کتاب در اختیارشان قرار داده به سوالات پاسخ دهند.

■ **بخش دوم – متون تخصصی ۲ دندانپزشکی:** این قسمت شامل ۵ تکست (Text) می‌باشد که برای هر Text تعداد ۵ سوال در نظر گرفته شده است. برای پاسخگویی به این بخش خواننده می‌بایست به مهارت‌های درک مطلب کاملاً مسلط باشد و بعد اقدام به پاسخ سوالها نماید.

■ **بخش سوم – متون عمومی:** این قسمت بر اساس متون آزمونهای ادوار گذشته وزارت بهداشت گردآوری و تدوین شده است. این بخش شامل ۱۰ متن (Passage) می‌باشد که قبل از شروع متون، واژگان مربوط به هر متن برای درک بهتر متن ترجمه شده‌اند. توصیه می‌شود قبل از شروع این بخش حتماً بخش آموزش درک مطلب را به دقت مطالعه کرده و تسلط کامل به مهارت‌های درک مطلب پیدا نمایند و سپس بدون مرور لغات و معانی آن ابتدا با دانش خود متن را خوانده و به سوالات آن پاسخ دهند و قبل از مراجعه به پاسخ تشریحی، لغات و معانی آن را مرور نموده و مجدداً به سوالات متن پاسخ دهند و در پایان جواب خود را با پاسخ تشریحی کنترل نمایند.

■ **بخش سوم – واژگان:** سوالات موجود در این قسمت بر اساس سوالات واژگان (Vocabulary) ادوار گذشته وزارت بهداشت و به صورت چهار گزینه‌ای گردآوری و تدوین شده است. در این بخش قبل از شروع سوالات مجموعه‌ای از واژگان بصورت یک دیکشنری کوچک فراهم شده است و اکیداً توصیه می‌شود قبل از پاسخگویی به سوالات، این دیکشنری مطالعه شود.

با توجه به توضیحات بالا، ویژگی بارز این مجموعه دایره وسیع واژگان تخصصی و عمومی آن می‌باشد که با توجه به سوالات ادوار گذشته آزمون دستیاری دندانپزشکی، این بخش بسیار مهم و سودمند می‌باشد.

در خاتمه از مدیرمسئول محترم انتشارات وزین رویان پژوه جناب آقای مهندس امامی زاده و کادر مجرب این مجموعه که در آماده‌سازی و ارائه این مجموعه زحمات زیادی را متقبل شدند صمیمانه تشکر و قدردانی می‌نمایم.

استدعا دارم اساتید محترم صاحب نظران عالیقدر و دانشجویان گرمای نظرات خود را در خصوص این مجموعه به اطلاع اینجانب برسانند. بطور یقین از این نظرات ارزشمند در ویرایشهای بعدی این مجموعه با ذکر نام عزیزان استفاده خواهم کرد. جهت ارتباط با اینجانب از طرق زیر تماس حاصل فرمایید:

■ وبلاگ: saeedtalepasand.blogfa.com و تلگرام ۰۹۱۰۹۰۳۳۶۵۳ ایمیل: Sdtd556@yahoo.com

با سپاس و احترام

دکتر سعید طالع پسند

## Specialized Texts

## UNIT 1

Word	Meaning
anterior	پیشین
bifurcate	دو شاخه شدن - منشعب شدن
collaboration	همکاری
deteriorate	بدتر شدن
distinct	متمایز - واضح
duodenal	اثنی عشری
glossopharyngeal nerve	عصب زبانی حلقی
inhibit	منع کردن - بازداشتن
longitudinal	طولی
multinucleate	چند هسته ای
obtain	بدست آوردن
resection	برش - قطع
resemble	شبهت داشتن
squamous	فلس دار - پولک پولک
synchronization	تقارن - همزمان سازی
temporal bone	استخوان گیجگاه

**Note:**

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## UNIT 1

Osteoclasts are highly specialized cells that must work in perfect synchronization with osteoblast to maintain the skeletal system. Histologically, these are multinucleated cells responsible for bone resorption. The squamous part of the temporal bone articulates with the condyle of the mandible to form the temporomandibular joint. When gum disease becomes chronic and involves bone, it is called periodontal disease. This is a common complication of gingivitis. The canines are the only teeth that have a distinct vertical labial ridge. The



facial nerve carries the taste sensation from the anterior part of the tongue. The posterior one-third part of the tongue is supplied by the glossopharyngeal nerve. Longitudinal root depressions exist on both sides of the mandibular canine root and when deep enough clearly bifurcate the root labiolingually. The primary mandibular 2nd molar resembles the mandibular 1st molar; however, the three buccal cusps of the primary tooth are nearly equal in size. There is a decrease in urinary output in patients suffering from systemic shock. Shock is a condition due to decreased tissue perfusion. Duodenal resection would not cause vitamin B12 deficiency. Increased phosphate intake is not a cause of vitamin D deficiency; the opposite is true. Vitamin D deficiency can lead to numerous diseases of the bone, including osteoporosis and osteomalacia.

**1. Which of the following normally single-rooted teeth is most likely to have a bifurcated root?**

- |                              |                              |
|------------------------------|------------------------------|
| a) Maxillary central incisor | b) Maxillary lateral incisor |
| c) Maxillary canine          | d) Mandibular canine         |

**2. Which permanent tooth closely looks like the primary mandibular 2nd molar?**

- |                         |                         |
|-------------------------|-------------------------|
| a) Mandibular 1st molar | b) Mandibular 2nd molar |
| c) Maxillary 1st molar  | d) Maxillary 2nd molar  |

**3. Which of the following tooth types has a labial ridge?**

- |             |           |
|-------------|-----------|
| a) Incisor  | b) Canine |
| c) Premolar | d) Molar  |

**4. What is gum disease called when it becomes chronic and involves bone?**

- |                      |                        |
|----------------------|------------------------|
| a) Gingivitis        | b) Periodontal disease |
| c) Geographic tongue | d) Chronic stomatitis  |

**5. What part of the temporal bone does the condyle of the mandible articulate with to form the temporomandibular joint?**

- |                                     |                    |
|-------------------------------------|--------------------|
| a) Squama temporalis                | b) Mastoid portion |
| c) Petrous portion (Petrosal ridge) | d) Tympanic part   |

## TEXT 1

**Durability Of Dental Fillings Improves If The Enzyme Activity Of Teeth Is Inhibited**

Composite dental fillings have one problematic feature, in that the bond between the filling and the dental tissue deteriorates over time - in fact, sometimes by as much as 50 percent in one year. As the bond deteriorates, it may allow bacteria to enter and this brings a high risk of further tooth decay.

Professor Tj Berhane has researched the occurrence of certain enzymes, matrix metalloproteinases (MMPs), in the dental tissue and their role in dental conditions. The MMPs break down the extracellular matrix, including collagen, which is a major component of dentin. As a result of international research collaboration, Tj Berhane's research team has shown that human dentin contains the key MMP for breaking down collagen. The bonding of composite resins with dental tissue is based on the use of collagen bonds, and the tooth's own MMPs are responsible in part for the deterioration of the bond over time. By inhibiting the activity of these enzymes, the research team has succeeded in significantly slowing down the deterioration of the bond between dental tissue and a composite filling, and in some cases to prevent deterioration completely.

The best results have been obtained in clinical trials, where deterioration of the bond has been more or less completely prevented. MMP enzyme activity in the tooth can be rapidly and easily inhibited when a filling is put in place by using chlorhexidine, a substance that is already on hand at all dental practices. This means that the research results are immediately applicable in dental care for the best benefit of the patients. The research in question also strongly indicates that MMP inhibitors might help slow down tooth decay. These observations are based only on animal testing so far, so further research on the subject will be needed before practical applications can be made available.

**1. How does excessive hazard of tooth decay occur?**

- a) When the bond between the filling and dental tissue gets worse over time.
- b) As the bond deteriorates.
- c) Due to the entry of bacteria.
- d) By the problematic feature of composite dental fillings.

**2. According to the research team, slowing down the deterioration of the bond between dental tissue and a composite filling is possible -----.**

- a) if the activity of MMPs is restricted
- c) by breaking down the extracellular matrix
- b) unless the activity of these enzymes is inhibited
- d) when MMPs prevent deterioration completely

**3. According to the text, the best outcomes that have been acquired from clinical experiments, -----.**

- a) are the inhibition of the MMP
- b) a worsening of ties, seems more or less entirely prevented
- c) are MMP enzyme activity in the tooth
- d) are the continuous use of chlorhexidine

**4. According to the writer, -----.**

- a) The research results are immediately applicable in dental care for the best benefit of the patients
- b) MMP inhibitors might help slow down tooth decay
- c) MMPs are responsible in part for the deterioration of the bond over time
- d) Durability of dental fillings improves if the enzyme activity of teeth is inhibited

**5. "A long-lasting liquid antiseptic; used by surgeons to wash their hands before performing surgery"-----.**

- a) collagen
- b) chlorhexidine
- c) enzyme
- d) Sanitization

# Passage (from 1 to 10)

## Passage 1

If stress is inevitable, and if too much stress is a threat to our psychological and physical well-being, then coping well with stress is of paramount importance. A healthy and happy person is someone who can enjoy the good times and cope with the bad. Sometimes we can cope with stress by removing it, by changing jobs or filing a complaint against a sexually harassing boss. But we cannot remove all the stress from our lives and will have to cope with some of it. Generally, we are better able to cope with the kinds of stress that we have had previous experience with and that we can control somewhat. Good social support also improves our ability to cope with stress. Simply disclosing our feeling to friends (or to a psychotherapist) has been shown to improve immune system functioning and reduce need for medical care. But there will be times when we cope ineffectively as possible and not worry too much about the rest.

**1. The first sentence ----- successful management of stress.**

- a) discusses the risks involved in
- b) serves as a threat to
- c) underestimates the significance of
- d) acknowledges the need for

**2. A fortunate and healthy person is someone who -----.**

- a) can manage life issues successfully
- b) is lucky enough not to face problems
- c) is unwilling to exploit good times
- d) hardly faces or copes with the bad

**3. Changing jobs or filing a complaint are referred to as ----- stress.**

- a) examples contributing to enhancement of
- b) remedies for successful management of
- c) options to be avoided in coping with
- d) examples that have nothing to do with

**4. One of the factors that can help to cope with stress is ----- the stressor.**

- a) the high intensity of
- b) the novelty of
- c) familiarity with
- d) remaining silent toward

**5. Self-disclosure seems to be -----.**

- a) a type of stressor
- b) contributing to the enhancement of stress
- c) independent of immune system
- d) a useful mechanism in relieving stress

## Passage 2

Narcolepsy is a disease characterized by malfunctioning sleep mechanics. It can consist of a sudden and uncontrollable bout of sleep during daylight hours and disturbed sleep during nighttime hours. It occurs more often in men than in women, and it commonly makes its appearance during adolescence or young adulthood. At least, a half-million Americans are believed to be affected by narcolepsy. Narcolepsy can take a number of forms during daylight hours. One common symptom of the disease during daytime hours is a sudden attack of REM (rapid-eye movement) sleep during normal waking hours. This is some people hundreds of times in single day, while others only have rare occurrences. During a sleep attack, narcoleptics may experience automatic behavior, even though asleep, they may continue automatically performing the activity they were involved in prior to falling asleep. Others experience cataplexy during daytime hours; cataplexy involves a sudden loss of muscle tone that may cause the head to droop or the knees to wobble in minor attacks or a total collapse in more serious attacks. Cataplexy seems to occur most often in conjunction with intense emotion or excitement.

During sleep hours, narcolepsy can also manifest itself in a variety of ways. During the transitional phase that precedes the onset of sleep, it is common for hallucinations to occur. These hallucinations known as hypnagogic phenomena consist of realistic perception of sights and sounds during the semi-conscious state between wakefulness and sleep, resulting in extremely fragmented and restless sleep. Then, upon waking, a narcoleptic may experience sleep paralysis, the inability to move, perhaps for several minutes, immediately after waking.

**1. The most appropriate title for the passage could be -----.**

- |                                 |                                     |
|---------------------------------|-------------------------------------|
| a) a good night's sleep         | b) a cure for narcolepsy            |
| c) an unusual sleep disturbance | d) hallucinations during narcolepsy |

**2. A person would be most likely to develop narcolepsy around the age of -----.**

- |            |            |
|------------|------------|
| a) 5 - 10  | b) 15 - 20 |
| c) 35 - 40 | d) 45 - 50 |

**3. A complete collapse is involved in -----.**

- |                       |                   |
|-----------------------|-------------------|
| a) automatic behavior | b) hallucinations |
| c) REM sleep          | d) cataplexy      |

**4. Hypnagogic phenomena most likely occur -----.**

- |                          |                               |
|--------------------------|-------------------------------|
| a) before falling asleep | b) in the middle of the night |
| c) soon after waking     | d) after getting up           |

**5. Sleep paralysis is most likely to occur following -----.**

- |                   |                   |
|-------------------|-------------------|
| a) bouts of sleep | b) restless sleep |
| c) cataplexy      | d) REM            |