

# Cystic Fibrosis

English for Medical Purposes · Video-based activities

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## Ex. 1 How Cystic Fibrosis Affects the Lungs

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Watch and listen to the video and answer the following questions. [Watch video](#)

1. Which organs are primarily affected by CF?

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2. What is the normal function of mucus in the airways?

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3. How is mucus removed from the airways?

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4. How is mucus removal prevented in Cystic Fibrosis?

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5. What are the typical symptoms of acute exacerbation and what causes them?

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6. What causes chronic infections and inflammation in CF patients?

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## Ex. 2 Gap-fill

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Complete the text below from memory. Write one word or short phrase in each gap. When you have finished, watch the video again to check your answers.

Cystic fibrosis or CF is a \_\_\_\_\_(1) disease that affects multiple organs, including your lungs, and limits your ability to \_\_\_\_\_(2) over time.

Your main airway, called the \_\_\_\_\_(3), branches into each of your lungs. The largest airway within each lung is called a \_\_\_\_\_(4), and each one branches into smaller airways called \_\_\_\_\_(5).

Normally airways are coated inside with a thin layer of \_\_\_\_\_(6) and mucus. The mucus catches dust and \_\_\_\_\_(7) from the air you breathe in.

Then hair-like projections on the airway surface called \_\_\_\_\_(8) push the mucus, trapped dust and germs out of the lungs.

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In cystic fibrosis the mucus is so \_\_\_\_\_(9) and \_\_\_\_\_(10) that the cilia \_\_\_\_\_(8 – same as before) can't push it out of your lungs. This thick, sticky mucus can build up, trap germs like bacteria, and \_\_\_\_\_(11) your airways.

Because of this, you may periodically have acute \_\_\_\_\_(12) or \_\_\_\_\_(13) of the disease, causing symptoms such as increased \_\_\_\_\_(14), production of mucus, and shortness of \_\_\_\_\_(15).

As the disease progresses, long-term \_\_\_\_\_(16) can occur in your lungs. This happens when germs like bacteria get into your lungs and cause chronic \_\_\_\_\_(17) and \_\_\_\_\_(18).

But there's a lot you can do to control the infections \_\_\_\_\_(17 – same as before) and slow the \_\_\_\_\_(19) of lung damage. Talk to your CF care team about how the different parts of your \_\_\_\_\_(20) plan can help keep you healthier.

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### Ex. 3 How CF Affects the Body

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Watch and listen to the video and answer the following questions. [Watch video](#)

*Where a question requires a yes/no answer, always support it with at least one detail from the video.*

1. How do CF symptoms vary between patients?

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2. What three major body systems does CF affect, according to the physician?

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3. How do respiratory therapists help patients with CF?

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4. How are families prepared for respiratory care at home?

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5. Why is it important to have more than one airway clearance technique available?

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6. Can people with CF digest food normally? Explain what goes wrong.

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7. What kind of diet is encouraged in CF, and why?

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8. How much more nutrition do people with CF require compared to a healthy person?

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9. What kinds of foods help people with CF meet their dietary requirements?

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10. Why are fat-soluble vitamins specifically a concern in CF?

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11. Is diabetes a risk in CF? When does monitoring begin, and what test is used?

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12. Does CF affect fertility? Is there a difference between males and females?

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#### Ex. 4 Specialist Role Matching

Below are 16 clinical actions described in Video 2. For each action, write the name of the most appropriate CF care team member.

<b>RT — Respiratory Therapist</b>	<b>D — Dietitian</b>	<b>MD — CF Physician</b>
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#	Clinical action	Specialist
1	Plans and delivers aerosol therapy using a nebulizer	
2	Teaches the family how to clean and disinfect the nebulizer	
3	Adjusts the number of enzyme capsules based on the child's current weight	
4	Monitors annual vitamin levels at clinic visits	
5	Collects sputum samples and sends them to the laboratory	
6	Performs pulmonary function tests to assess lung volumes and flow rates	
7	Recommends a high-protein, high-calorie, high-salt diet	
8	Teaches breathing techniques to move mucus at different lung levels	
9	Advises on calorie boosters such as butter, avocado, and oils	
10	Orders and interprets an annual oral glucose tolerance test	
11	Considers whether a gastrostomy button (G-button) is appropriate	
12	Teaches chest percussion technique to the family	

13	Coordinates care with primary care physicians	
14	Discusses family planning and reproductive options with adult patients	
15	Promotes exercise as a form of airway clearance	
16	Monitors whether the patient is absorbing nutrients adequately	

**In pairs, discuss the following questions.**

1. What challenges do you think young people with CF face when balancing treatment with school, friends, or sports?
2. How might dietary requirements in CF change the way families approach cooking and meal planning?
3. Why might it be difficult for people with CF to maintain mental well-being, and what support systems could help?

**Ex. 5 Adult Life with CF**

Watch and listen to the video and answer the following questions. [Watch video](#)

*Where a question requires a yes/no answer, always support it with at least one detail from the video.*

1. Is it possible for people with CF to have a long and fulfilling life? What evidence from the video supports your answer?

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2. What role does physical activity play in the health of CF patients, according to the video?

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3. What should a person with CF consider before going to college?

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4. What should a person with CF consider before planning their career?

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5. Why might it be difficult to tell someone you're dating about having CF?

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## Ex. 6 Discussion

In pairs, discuss the following questions.

1. How do you think the perception of chronic illness changes when someone "looks healthy"?
2. Why might some people with CF avoid disclosing their condition to peers or co-workers? What are the pros and cons of disclosure?
3. What can schools and workplaces do to better support individuals with chronic illnesses like CF?
4. If you were a peer or friend of someone with CF, what would you want to know to be supportive without being intrusive?

## Ex. 7 Hedging in clinical English — identification

### What is hedging?

In clinical English, speakers often avoid making absolute statements. This is called **hedging**. It signals uncertainty, ethical caution, or the fact that individual cases vary. Recognising and using hedged language is an essential skill in medical communication.

**Common hedging devices:** modal verbs (may, might, can) · quantity words (many, some, often) · approximators (possibly, about) · stance markers (I think, it appears) · degree adverbs (really, quite, still)

Read the extracts below from the video. Underline every hedging word or phrase. The first one has been done for you as an example.

1. Going to college or vocational school is really variable across the young adult lifespan.
2. I think the important dynamic is really supporting what the individual with CF wants.
3. There may be some things to consider when you're thinking about your career.
4. Many of the adults that I see here are grandparents.
5. Many of them can still become pregnant.
6. It is common that many of them have difficulty getting pregnant.
7. There is hope for many of these patients to live long and fulfilling lives.
8. Possibly one in three will develop diabetes.
9. I think balancing it with just staying really in tune with how I'm feeling has helped a lot.
10. There are lots of patients with CF who have very successful careers, but there may be some things to consider.

## Ex. 8 Hedging — transformation and discussion

The statements below are written without any hedging. Rewrite each one using at least one hedging device. You may change word order, add words, or restructure the sentence — but do not change the core meaning. More than one correct answer is possible.

1. "All CF patients will develop lung infections by adulthood." *Hint: frequency quantifier or modal verb*

2. "CF patients cannot get pregnant." *Hint: consider the difference between males and females; use a modal + quantifier*  

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3. "CF does not affect career choices." *Hint: personal stance marker or approximator*  

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4. "People with CF will develop cystic fibrosis-related diabetes." *Hint: approximator + modal*  

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5. "Airway clearance therapy works every day." *Hint: degree adverb or frequency word*  

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6. "CF patients who exercise are healthier." *Hint: stance marker + degree adverb*  

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7. "Telling people about your CF diagnosis leads to negative reactions." *Hint: quantifier + modal*  

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8. "A high-calorie diet solves the nutritional problems caused by CF." *Hint: modal + approximator*  

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## Discussion

1. Compare the hedging used by clinicians (physician, dietitian, RT in Video 2) with the language used by patients in Video 3. Who hedges more? Why might that be?
2. The physician says "possibly one in three will develop diabetes." What would change if she removed the word possibly? What are the clinical and ethical implications of that change?
3. Find one moment in either video where a patient speaks without hedging — with full certainty. What effect does this have on how you perceive them as a speaker?

## Debate

*“People with CF should be fully open about their condition at work and in relationships.”*

Your teacher will assign you a position: FOR or AGAINST. Prepare three arguments. Each argument must be supported by evidence from the videos, paraphrased in your own words. Direct quotation is not permitted.

### Useful language

Category	Phrases
Introducing a point	<i>One argument in favour of / against this is... · It could be argued that... · Evidence from the video suggests that...</i>
Paraphrasing testimony	<i>One of the speakers described how... · According to a patient in the video... · A person living with CF explained that...</i>
Conceding and countering	<i>While it is true that... · This may be the case; however... · Even if we accept that... · This argument overlooks the fact that...</i>
Concluding	<i>On balance... · Taking all of this into account... · The evidence from the video suggests that...</i>

### Debrief — questions for class discussion

- Which arguments were hardest to make? Why?
- Did any piece of evidence work for both sides of the debate?
- What does the video ultimately seem to suggest — is there a “right” answer to this question?