

筑波大学大学院人間総合科学研究群
リハビリテーション科学学位プログラム（博士後期課程）

令和5年度入学試験

外国語試験問題

[注意]

- 1 試験問題は、問題1、問題2の計2問です。
- 2 答案用紙は3枚、下書き用紙は3枚あります。
 - ・ 答案は、問題1、問題2、それぞれ別の答案用紙に記入ください。
答案用紙の裏面は使用しないでください。
 - 下書き用紙は、自由にお使い下さい。
- 3 全ての答案用紙に、必ず受験番号を記入してください。
- 4 試験終了後、問題冊子と下書き用紙も回収しますので、持ち帰らないでください。

問題 1 下記の英文は、WHO のリハビリテーションの解説ページから一部を抜粋したものである。それぞれの文章の内容にもっとも相応しいタイトルを下記の中から選択し、①から⑩の番号を記入しなさい。

- ① The benefits of rehabilitation
- ② Rehabilitation challenges
- ③ Misconceptions about rehabilitation
- ④ What is rehabilitation?
- ⑤ Dream and rehabilitation
- ⑥ Rehabilitation in emergencies
- ⑦ The future in rehabilitation
- ⑧ The COVID-19 rehabilitation
- ⑨ Prospects for rehabilitation
- ⑩ Unmet global need for rehabilitation

1. ()

- Rehabilitation is defined as “a set of interventions designed to optimize functioning and reduce disability in individuals with health conditions in interaction with their environment”.
- Put simply, rehabilitation helps a child, adult or older person to be as independent as possible in everyday activities and enables participation in education, work, recreation and meaningful life roles such as taking care of family. It does so by addressing underlying conditions (such as pain) and improving the way an individual functions in everyday life, supporting them to overcome difficulties with thinking, seeing, hearing, communicating, eating or moving around.
- Anybody may need rehabilitation at some point in their lives, following an injury, surgery, disease or illness, or because their functioning has declined with age.
- Rehabilitation is highly person-centered, meaning that the interventions and approach selected for each individual depends on their goals and preferences. Rehabilitation can be provided in many different settings, from inpatient or outpatient hospital settings, to private clinics, or community settings such as an individual’s home.
- The rehabilitation workforce is made up of different health workers, including but not limited to physiotherapists, occupational therapists, speech and language therapists and audiologists, orthotists and prosthetists, clinical psychologists, physical medicine and rehabilitation doctors, and rehabilitation nurses.

2. ()

- Rehabilitation can reduce the impact of a broad range of health conditions, including diseases (acute or chronic), illnesses or injuries. It can also complement other health interventions, such as medical and surgical interventions, helping to achieve the best outcome possible. For example, rehabilitation can help to reduce, manage or prevent complications associated with many health conditions, such as spinal cord injury, stroke, or a fracture.
- Rehabilitation helps to minimize or slow down the disabling effects of chronic health conditions, such as cardiovascular disease, cancer and diabetes by equipping people with self-management strategies and the assistive products they require, or by addressing pain or other complications.
- Rehabilitation is an investment, with cost benefits for both the individuals and society. It can help to avoid costly hospitalization, reduce hospital length of stay, and prevent re-admissions. Rehabilitation also enables individuals to participate in education and gainful employment, remain independent at home, and minimize the need for financial or caregiver support.
- Rehabilitation is an important part of universal health coverage and is a key strategy for achieving Sustainable Development Goal 3 – “Ensure healthy lives and promote well-being for all at all ages”.

3. ()

- Rehabilitation is not only for people with long-term or physical impairments. Rather, rehabilitation is a core health service for anyone with an acute or chronic health condition, impairment or injury that limits functioning, and as such should be available for anyone who needs it.
- Rehabilitation is not a luxury health service that is available only for those who can afford it. Nor is it an optional service to try only when other interventions to prevent or cure a health condition fail.
- For the full extent of the social, economic and health benefits of rehabilitation to be realized, timely, high quality and affordable rehabilitation interventions should be available to all. In many cases, this means starting rehabilitation as soon as a health condition is noted and continuing to deliver rehabilitation alongside other health interventions.

4. ()

- Globally, about 2.4 billion people are currently living with a health condition that benefits from rehabilitation. With changes taking place in the health and characteristics of the population worldwide, this estimated need for rehabilitation is only going to increase in the coming years.
- People are living longer, with the number of people over 60 years of age predicted to double by 2050, and more people are living with chronic diseases such as diabetes, stroke and cancer. At the same time, the ongoing incidence of injury (such as a burn) and child developmental conditions (such as cerebral palsy) persist. These health conditions can impact an individual's functioning and are linked to increased levels of disability, for which rehabilitation can be beneficial.
- In many parts of the world, this increasing need for rehabilitation is going largely unmet. More than half of people living in some low- and middle-income countries who require rehabilitation services do not receive them. Rehabilitation services are consistently amongst the health services most severely disrupted by the COVID-19 pandemic.

5. ()

- Natural hazards such as earthquakes or disease outbreaks and human induced hazards including conflict, terrorism or industrial accidents can generate overwhelming rehabilitation needs as a result of injury or illness. They also simultaneously disrupt existing services and have the greatest impact on the most vulnerable populations and the weakest health systems.
- While the important role of rehabilitation in emergencies is recognized in clinical and humanitarian guidelines, it is rarely considered as part of health system preparedness and early response. The result is that pre-existing limitations in rehabilitation services are magnified, health service delivery is less efficient, and people directly affected are at risk of increased impairment and disability.

問題 2 下記の英文は、Introduction to Meta-Analysis (Borenstein et al, 2009)の一部を抜粋したものである。これを読み、以下の設問に日本語で答えなさい。

(1) 本文の内容を 600 字以内で簡潔に要約しなさい。

(2) 筆者は、Narrative review における limitation を二つ挙げている。それぞれを 100 字以内で説明しなさい。

著作物にあたるため、この部分は公開できません。