MINISTÉRIO DA EDUCAÇÃO

UNIVERSIDADE FEDERAL DE PELOTAS - CGIC

Teste de Competência em Leitura em Língua Estrangeira – INGLÊS

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LEIA ATENTAMENTE AS SEGUINTES INSTRUÇÕES:

- Verifique nos espaços devidos do CARTÃO-RESPOSTA se o número de controle é o mesmo que está ao lado do seu nome na folha de chamada. Caso o número de controle não corresponda ao que está nessa folha, comunique imediatamente ao fiscal de prova. Não se esqueça de assinar seu nome no primeiro retângulo.

- Marque as respostas das questões no CARTÃO-RASCUNHO, para posterior preenchimento do CARTÃO-RESPOSTA com caneta esferográfica preta ou azul de ponta grossa.

- Não pergunte nada ao fiscal, pois todas as instruções estão no teste, pois uma leitura competente é requisito essencial para sua realização.

- Não rasure, não amasse nem dobre o CARTÃO-RESPOSTA, para que ele não seja rejeitado pela leitora.

Leia atentamente os extratos que fazem parte do relatório "Physical Activity and Health", produzido pelo governo americano, e responda às questões.

CHAPTER 1
INTRODUCTION, SUMMARY, AND CHAPTER CONCLUSIONS

Introduction

This is the first Surgeon General's report to address physical activity and health. The main message of this report is that Americans can substantially improve their health and quality of life by including moderate amounts of physical activity in their daily lives. Health benefits from physical activity are thus achievable for most Americans, including those who may dislike vigorous exercise and those who may have been previously discouraged by the difficulty of adhering to a program of vigorous exercise. For those who are already achieving regular moderate amounts of activity, additional benefits can be gained by further increases in activity level.

This report grew out of an emerging consensus among epidemiologists, experts in exercise science, and health professionals that physical activity need not be of vigorous intensity for it to improve health. Moreover, health benefits appear to be proportional to amount of activity; thus, every increase in activity adds some benefit. Emphasizing the amount rather than the intensity of physical activity offers more options for people to select from in incorporating physical activity into their daily lives. Thus, a moderate amount of activity can be obtained in a 30-minute brisk walk, 30 minutes of lawn mowing or raking leaves, a 15-minute run, or 45 minutes of playing volleyball, and these activities can be varied from day to day. It is hoped that this different emphasis on moderate amounts of activity, and the flexibility to vary activities according to personal preference and life circumstances, will encourage more people to make physical activity a regular and sustainable part of their lives.

The information in this report summarizes a diverse literature from the fields of epidemiology, exercise physiology, medicine, and the behavioral sciences. The report highlights what is known about physical activity and health, as well as what is being learned about promoting physical activity among adults and young people.

Development of the Report

In July 1994, the Office of the Surgeon General authorized the Centers for Disease Control and Prevention (CDC) to serve as lead agency for preparing the first Surgeon General's report on physical activity and health. The CDC was joined in this effort by the President's Council on Physical Fitness and Sports (PCPFS) as a collaborative partner representing the Office of the Surgeon General. Because of the wide interest in the health effects of physical activity, the report was planned collaboratively with representatives from the Office of the Surgeon General, the Office of Public Health and Science (Office of the Secretary), the Office of Disease Prevention (National Institutes of Health [NIH]), and the following institutes from the NIH: the National Heart, Lung, and Blood Institute; the National Institute of Child Health and Human Development; the National Institute of Diabetes and Digestive and Kidney Diseases; and the National Institute of Arthritis and Musculoskeletal and Skin Diseases. CDC's nonfederal partners—including the American Alliance for Health, Physical Education, Recreation, and Dance; the American College of Sports Medicine; and the American Heart Association—provided consultation throughout the development process.

The major purpose of this report is to summarize the existing literature on the role of physical activity in preventing disease and on the status of interventions to increase physical activity. Any report on a topic this broad must restrict its scope to keep its message clear. This report focuses on disease prevention and therefore does not include the considerable body of evidence on the benefits of physical activity for treatment or

rehabilitation after disease has developed. This report concentrates on endurance-type physical activity (activity involving repeated use of large muscles, such as in walking or bicycling) because the health benefits of this type of activity have been extensively studied. The importance of resistance exercise (to increase muscle strength, such as by lifting weights) is increasingly being recognized as a means to preserve and enhance muscular strength and endurance and to prevent falls and improve mobility in the elderly. Some promising findings on resistance exercise are presented here, but a comprehensive review of resistance training is beyond the scope of this report. In addition, a review of the special concerns regarding physical activity for pregnant women and for people with disabilities is not undertaken here, although these important topics deserve more research and attention.

Finally, physical activity is only one of many everyday behaviors that affect health. In particular, nutritional habits are linked to some of the same aspects of health as physical activity, and the two may be related lifestyle characteristics. This report deals solely with physical activity; a Surgeon General's Report on Nutrition and Health was published in 1988.

Chapters 2 through 6 of this report address distinct areas of the current understanding of physical activity and health. Chapter 2 offers a historical perspective: after outlining the history of belief and knowledge about physical activity and health, the chapter reviews the evolution and content of physical activity recommendations. Chapter 3 describes the physiologic responses to physical activity—both the immediate effects of a single episode of activity and the long-term adaptations to a regular pattern of activity. The evidence that physical activity reduces the risk of cardiovascular and other diseases is presented in Chapter 4. Data on patterns and trends of physical activity in the U.S. population are the focus of Chapter 5. Lastly, Chapter 6 examines efforts to increase physical activity and reviews ideas currently being proposed for policy and environmental initiatives.

Major Conclusions

1. People of all ages, both male and female, benefit from regular physical activity.
2. Significant health benefits can be obtained by including a moderate amount of physical activity (e.g., 30 minutes of brisk walking or raking leaves, 15 minutes of running, or 45 minutes of playing volleyball) on most, if not all, days of the week. Through a modest increase in daily activity, most Americans can improve their health and quality of life.
3. Additional health benefits can be gained through greater amounts of physical activity. People who can maintain a regular regimen of activity that is of longer duration or of more vigorous intensity are likely to derive greater benefit.
4. Physical activity reduces the risk of premature mortality in general, and of coronary heart disease, hypertension, colon cancer, and diabetes mellitus in particular. Physical activity also improves mental health and is important for the health of muscles, bones, and joints.
5. More than 60 percent of American adults are not regularly physically active. In fact, 25 percent of all adults are not active at all.
6. Nearly half of American youths 12–21 years of age are not vigorously active on a regular basis. Moreover, physical activity declines dramatically during adolescence.
7. Daily enrollment in physical education classes has declined among high school students from 42 percent in 1991 to 25 percent in 1995.
8. Research on understanding and promoting physical activity is at an early stage, but some interventions to promote physical activity through schools, worksites, and health care settings have been evaluated and found to be successful.

Summary

The benefits of physical activity have been extolled throughout western history, but it was not until the second half of this century that scientific evidence supporting these beliefs began to accumulate. By the 1970s, enough information was available about the beneficial effects of vigorous exercise on cardiorespiratory fitness that the American College of Sports Medicine (ACSM), the American Heart Association (AHA), and other national organizations began issuing physical activity recommendations to the public. These recommendations generally focused on cardiorespiratory endurance and specified sustained periods of vigorous physical activity involving large

muscle groups and lasting at least 20 minutes on 3 or more days per week. As understanding of the benefits of less vigorous activity grew, recommendations followed suit. During the past few years, the ACSM, the CDC, the AHA, the PCPFS, and the NIH have all recommended regular, moderate-intensity physical activity as an option for those who get little or no exercise. The *Healthy People 2000* goals for the nation's health have recognized the importance of physical activity and have included physical activity goals. The 1995 *Dietary Guidelines for Americans*, the basis of the federal government's nutrition-related programs, included physical activity guidance to maintain and improve weight—30 minutes or more of moderate-intensity physical activity on all, or most, days of the week.

Underpinning such recommendations is a growing understanding of how physical activity affects physiologic function. The body responds to physical activity in ways that have important positive effects on musculoskeletal, cardiovascular, respiratory, and endocrine systems. These changes are consistent with a number of health benefits, including a reduced risk of premature mortality and reduced risks of coronary heart disease, hypertension, colon cancer, and diabetes mellitus. Regular participation in physical activity also appears to reduce depression and anxiety, improve mood, and enhance ability to perform daily tasks throughout the life span.

The risks associated with physical activity must also be considered. The most common health problems that have been associated with physical activity are musculoskeletal injuries, which can occur with excessive amounts of activity or with suddenly beginning an activity for which the body is not conditioned. Much more serious associated health problems (i.e., myocardial infarction, sudden death) are also much rarer, occurring primarily among sedentary people with advanced atherosclerotic disease who engage in strenuous activity to which they are unaccustomed. Sedentary people, especially those with preexisting health conditions, who wish to increase their physical activity should therefore gradually build up to the desired level of activity. Even among people who are regularly active, the risk of myocardial infarction or sudden death is somewhat increased during physical exertion, but their overall risk of these outcomes is lower than that among people who are sedentary.

Research on physical activity continues to evolve. This report includes both well-established findings and newer research results that await replication and amplification. Interest has been developing in ways to differentiate between the various characteristics of physical activity that improve health. It remains to be determined how the interrelated characteristics of amount, intensity, duration, frequency, type, and pattern of physical activity are related to specific health or disease outcomes.

Attention has been drawn recently to findings from three studies showing that cardiorespiratory fitness gains are similar when physical activity occurs in several short sessions (e.g., 10 minutes) as when the same total amount and intensity of activity occurs in one longer session (e.g., 30 minutes). Although, strictly speaking, the health benefits of such intermittent activity have not yet been demonstrated, it is reasonable to expect them to be similar to those of continuous activity. Moreover, for people who are unable to set aside 30 minutes for physical activity, shorter episodes are clearly better than none. Indeed, one study has shown greater adherence to a walking program among those walking several times per day than among those walking once per day, when the total amount of walking time was kept the same. Accumulating physical activity over the course of the day has been included in recent recommendations from the CDC and ACSM, as well as from the NIH Consensus Development Conference on Physical Activity and Cardiovascular Health.

Despite common knowledge that exercise is healthful, more than 60 percent of American adults are not regularly active, and 25 percent of the adult population are not active at all. Moreover, although many people have enthusiastically embarked on vigorous exercise programs at one time or another, most do not sustain their participation. Clearly, the processes of developing and maintaining healthier habits are as important to study as the health effects of these habits.

The effort to understand how to promote more active lifestyles is of great importance to the health of this nation. Although the study of physical activity determinants and interventions is at an early stage, effective programs to increase physical activity have been carried out in a variety of settings, such as schools, physicians' offices, and worksites. Determining the most effective and cost-effective intervention

Physical Activity and Health

approaches is a challenge for the future. Fortunately, the United States has skilled leadership and institutions to support efforts to encourage and assist Americans to become more physically active. Schools, community agencies, parks, recreational facilities, and health clubs are available in most communities and can be more effectively used in these efforts.

School-based interventions for youth are particularly promising, not only for their potential scope—almost all young people between the ages of 6 and 16 years attend school—but also for their potential impact. Nearly half of young people 12–21 years of age are not vigorously active; moreover, physical activity sharply declines during adolescence. Childhood and adolescence may thus be pivotal times for preventing sedentary behavior among adults by maintaining the habit of physical activity throughout the school years. School-based interventions have been shown to be successful in increasing physical activity levels. With evidence that success in this arena is possible, every effort should be made to encourage schools to require daily physical education in each grade and to promote physical activities that can be enjoyed throughout life.

Outside the school, physical activity programs and initiatives face the challenge of a highly technological society that makes it increasingly convenient to remain sedentary and that discourages physical activity in both obvious and subtle ways. To increase physical activity in the general population, it may be necessary to go beyond traditional efforts. This report highlights some concepts from community initiatives that are being implemented around the country. It is hoped that these examples will spark new public policies and programs in other places as well. Special efforts will also be required to meet the needs of special populations, such as people with disabilities, racial and ethnic minorities, people with low income, and the elderly. Much more information about these important groups will be necessary to develop a truly comprehensive national initiative for better health through physical activity. Challenges for the future include identifying key determinants of physically active lifestyles among the diverse populations that characterize the United States (including special populations, women, and young people) and using this information to design and disseminate effective programs.

http://www.cdc.gov/nccdphp/sgr/pdf/execsumm.pdf. [Adapt.]

1

O relatório apresenta como argumento(s) crucial(is) para a defesa das ideias por ele propagadas o(s) seguinte(s) fato(s):

(a) as pesquisas apontam que a atividade física não precisa necessariamente ser intensa para melhorar a saúde e indicam que o aumento da quantidade de exercícios é um fator que também concorre para o aumento do seu benefício para a saúde do praticante.

(b) a manutenção de uma única atividade física constantemente e o aumento da sua intensidade são cruciais para que esta traga benefícios para a saúde, segundo observado na população obesa americana.

(c) há pouca pesquisa sobre a relação entre os fatores saúde, obesidade e atividade física no contexto da população americana.

(d) todas as formas de exercício podem trazer algum tipo de prejuízo à saúde se não feitas adequadamente e regularmente.

(e) pessoas de diferentes faixas etárias se beneficiam de forma diferente em relação às atividades físicas que desenvolvem.

2

O principal enfoque ou propósito do relatório

(a) a relação entre atividade física e diminuição da mortalidade.

(b) a relação entre atividade física e o sucesso na reabilitação de doentes.

(c) a relação entre atividade física e a prevenção de doenças, assim como a investigação de formas que levem à maior pratica de atividades físicas pela população.

(d) a divulgação de novas pesquisas sobre obesidade, atividade física e índices de mortalidade da população americana.

(e) a propagação de uma campanha educativa para combater a obesidade.

3

Dentre as conclusões do relatório se encontra o(s) seguinte(s) aspecto(s):

(a) A diminuição da doença do diabetes é o maior benefício, em termos de saúde, já comprovado com o aumento das atividades físicas.

(b) De forma geral, quanto mais frequente e longa a atividade física for, a tendência será que o seu benefício para a saúde seja ainda maior. (correta)

(c) Os adolescentes e jovens em geral são uma parcela da população americana que já alcançou considerável progresso, no que concerne à necessidade de desenvolverem mais atividades físicas que contribuam para a melhora de sua saúde.

(d) Os especialistas já encontraram caminhos para a diminuição da obesidade via atividade física e controle alimentar.

(e) Há indícios de que atividades físicas se não monitoradas podem ser extremamente prejudiciais à saúde do praticante.

4

As expressões grifadas na frase que segue "The major purpose of this report is to summarize the **existing literature** on the role of physical activity on **preventing disease** and on the status of interventions to increase physical activity(…)" dizem respeito, respectivamente,

(a) à literatura que existiu até a data da publicação do relatório, mas está ultrapassada, e às atividades físicas que prevenirão doenças no futuro.

(b) à literatura atual e à prevenção de doenças que poderão ocorrer pelo excesso de atividades físicas.

(c) às publicações essências para a área em como a obesidade pode ser prevenida.

(d) à literatura que existia somente no campo da epidemeologia e agora passa ao campo da educação física para desenvolver ações de prevenção contra a obesidade e aumento da mortalidade.

(e) à literatura existente e à ação de prevenir doenças via atividades físicas.

5

Segundo o relatório, as pesquisas sobre o desenvolvimento de atividades físicas começaram a se desenvolver mais desde:

(a) 1920.

(b) 2005.

(c) somente no século vinte e um.

(d) somente nos últimos cinco anos.

(e) a segunda metade do século vinte.

6

Identifique o fator ou fatores abaixo que <u>NÃO</u> são recomendações deste relatório:

(a) que se aumente a atividade física conforme as possibilidades, mas que se procure este aumento sempre.

(b) que se incentivem as escolas a oferecer educação física diariamente em todas as séries, como também a promover atividades físicas que continuem prazerosas para os alunos quando esses deixam a escola.

(c) que se observem os estudos mais recentes sobre o tema sempre.

(d) que a prioridade seja a intensidade dos exercícios físicos e não haja preocupação alguma com a diversificação das atividades.

(e) que os jovens se voltem para mais atividades físicas.

7

Dentre as atividades físicas moderadas que o texto cita estão:

(a) Quarenta e cinco minutos jogando voleibol e quinze minutos correndo.

(b) Trinta minutos de caminhada rápida e uma hora jogando tênis.

(c) Vinte e cinco minutos nadando.

(d) Quinze minutos andando de bicicleta.

(e) Trinta minutos de ginástica.

8

Esse relatório conta com a contribuição de estudos e pesquisas realizados por:

(a) médicos geriatras e pesquisadores sobre atividades físicas específicas.

(b) membros do governo americano somente.

(c) pesquisadores sobre saúde cardíaca somente.

(d) epidemiologistas, especialistas sobre atividades físicas e profissionais da saúde.

(e) centros de pesquisa europeus e americanos.

9

As expressões nas frases abaixo "...a review of resistance training is **beyond the scope of this report**", e "(…) This report **deals solely** with physical activity(…)" indicam:

(a) uma ideia da importância que o relatório possa ter.

(b) uma crítica em relação ao que outros relatórios possam ter apresentado.

(c) uma ideia das limitações que o relatório possa ter.

(d) uma necessidade de se reavaliar o relatório.

(e) uma possibilidade de se ler o relatório por um outro prisma.

10

Podemos resumir a sequência temática dos próximos capítulos (II-VI) do relatório da seguinte forma:

(a) Cap II Padrões e tendências sobre a atividade física em relação à população americana de jovens e adolescentes;
Cap III perspectiva histórica sobre pesquisas sobre atividades físicas e saúde;
Cap IV análise das respostas fisiológicas às atividades físicas da população americana e europeia;
Cap V o efeito das atividades físicas para a saúde dos idosos;
Cap VI a necessidade de pesquisas futuras sobre atividades físicas.

(b) Cap II Perspectiva histórica sobre crenças e conhecimentos sobre atividades físicas e saúde;
Cap III O efeito das atividades físicas para a prevenção de doenças e a adaptação à atividade física;
Cap IV A redução de doenças como as cardiovasculares, e outras, via a manutenção de atividades físicas;
Cap V Dados, padrões e tendências sobre a atividade física em relação à população americana;
Cap VI Resumo sobre esforços para aumentar as atividades físicas através de políticas e iniciativas ambientais.

(c) Cap II Perspectiva histórica sobre as pesquisas sobre atividades físicas e saúde;
Cap III Padrões e tendências sobre atividade física em relação à população americana;
Cap IV Análise das respostas fisiológicas às atividades físicas da população americana e europeia de idosos;
Cap V o efeito das atividades físicas para a saúde dos idosos;
Cap VI a vida saudável após a mudança de hábitos e campanhas para a população americana alterar sua vida sedentária.

(d) Cap II O efeito das atividades físicas para a saúde dos idosos;
Cap III Perspectiva histórica sobre pesquisas sobre atividades físicas e saúde;
Cap IV Análise das respostas fisiológicas às atividades físicas da população americana e europeia;
Cap V Padrões e tendências sobre a atividade física em relação à população americana;
Cap VI a necessidade de pesquisas futuras sobre atividades físicas.

(e) Cap II Padrões e tendências sobre a atividade física, obesidade e níveis de mortalidade em relação à população americana;
Cap III perspectiva histórica sobre pesquisas sobre atividades físicas e saúde;
Cap IV análise das respostas fisiológicas às atividades físicas da população americana e europeia;
Cap V o efeito das atividades físicas para a saúde dos idosos;
Cap VI a necessidade de pesquisas futuras sobre atividades físicas.