

Consigne générale : traitez le sujet de votre choix. Il est nécessaire d'indiquer en revanche le nom de l'enseignant responsable.

Sujet 1

Responsable : Khaled Fezzani

L'accès aux documents n'est pas autorisé

Le processus de vieillissement normal ou pathologique induit une fragilisation progressive des composantes cognitive de la personne âgée. Des programmes d'intervention basés sur la stimulation cognitive ou bien sur la pratique d'activités physiques se sont révélés être capables de modérer ce déclin. Quels sont ces programmes et quels sont les modèles et les mécanismes explicatifs de leurs effets préventifs en relation avec la fragilisation cognitive. Argumentez vos propos avec les résultats des études scientifiques sur le sujet.

Sujet 2

Responsable Yves Morales

L'accès aux documents n'est pas autorisé

Commentez l'extrait suivant à partir des enjeux qui animent l'action publique en matière de prévention des effets du vieillissement depuis les années 1990.

L'engouement récent des publics retraités pour les activités physiques et sportives (APS), relevé dans les dernières enquêtes menées par l'INSEP, peut sembler paradoxal. Ainsi, entre 1985 et 2010, la pratique d'une APS est passée de 53,8% à 89% pour les personnes âgées de 55 à 74 ans avec une augmentation qui semble progresser encore selon les derniers indicateurs (Burlot et Lefèvre 2009)¹. L'âge de la retraite n'est-il pas celui du déclin des forces physiques ? N'est-il pas le temps d'une déchéance inexorable contre laquelle on ne peut rien ? (Caradec, 2006). Ce « paradoxe » apparent tient en partie à l'habitude d'analyser le vieillissement comme un problème, en prêtant une plus grande attention à ceux qui vieillissent mal et menacent de tomber dans la dépendance plutôt qu'à ceux qui vieillissent bien et conservent un mode de vie physiquement actif. Tendances qui se renforcent dans le champ de la gérontologie qui institue la « fragilité » comme une étape du vieillissement avec l'inconvénient de la confondre à un « risque » et un « coût » social (Ennuyer, 2002).

Références bibliographiques :

BURLOT F et LEFÈVRE B., Le sport et les seniors : des pratiques spécifiques ? *Retraite et Société*. 2009/2 ; 58 : 133-158.
CARADEC V., « le vieillissement c'est la déchéance », dans GUERETTE M-J., CARADEC V., BERGMAN H., JOANETTE Y., BLANCHARD F. *La vieillesse, c'est le déclin, on n'y peut rien. Santé, Société et Solidarité*, Vieillessement et santé : idées reçues, idées nouvelles [Actes du 1er forum franco-québécois]. 2006 ; 1 : 23-31.
ENNUYER B. *Les malentendus de la dépendance. De l'incapacité au lien social*, Dunod, Paris, 2002.

¹ La pratique physique et sportive des Français, est mesurée selon une conception large du mot « sport » qui consiste à ne pas le réduire aux seules pratiques instituées en clubs.

Année Universitaire 2017-2018

Diplôme M2 APAS

Session normale de décembre 2017

Code APOGEE : SIAPA1FM

Modèles et évaluations des troubles neurodéveloppementaux

Jean-Michel Albaret

Montrez comment l'association d'un TDA/H et d'une obésité orientent la mise au point d'un projet en APA auprès d'enfants.

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ANNEE UNIVERSITAIRE 2017-2018
MASTER 2 STAPS APA-S
SESSION NORMALE DE DECEMBRE 2017

SIAPA1LM / SIAPA1MM : Evaluation et promotion de la santé / systèmes de soins

Durée : 120 min.

Communal David / Darolles Yann

Documents et notes personnelles autorisés.

L'évaluation dans le champ de la santé s'appuie sur une démarche visant à apprécier entre autres la pertinence, l'efficacité, l'efficience, les répercussions voire la qualité d'une action ou d'un service rendu aux usagers.

Après avoir précisé le sens de la démarche évaluative, vous décrirez en vous appuyant sur une méthodologie et des outils conceptuels la conduite d'une évaluation. Précisez en amont le secteur (promotion de la santé, sanitaire ou médico-social). Vous illustrerez vos propos sur la base d'expériences présentées durant les enseignements.

Code épreuve : SIAPA1EM : Mécanismes physiopathologiques de l'adaptation à l'exercice
Durée : 60 min.

Enseignant responsable : Yann DAROLLES

Documents : ☐ Autorisés ☒ Non autorisés

1_ Présentez les 2 principaux types de maladies respiratoires chroniques, donnez un exemple étiologique, précisez les éléments physiopathologiques et la symptomatologie associée.

2_ Le Trouble Ventilatoire Obstructif (TVO) est à l'origine d'une Limitation Expiratoire des Débits (LED) chez les sujets insuffisants respiratoires chroniques obstructifs. Décrivez les conséquences ventilatoires de cette LED et proposez une synthèse sous forme schématique.

3_ Commentez la figure ci-dessous :

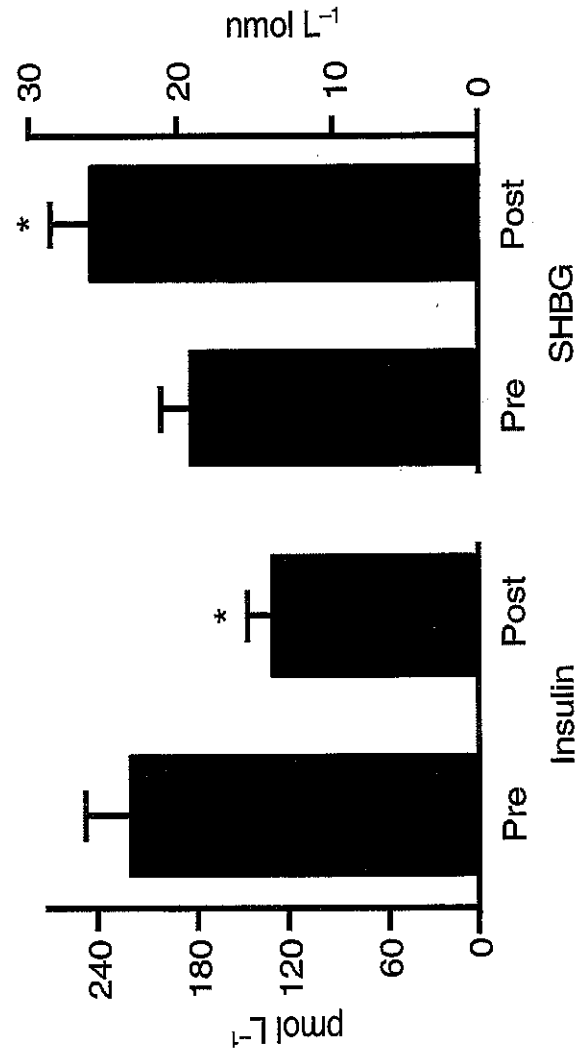


Figure 1 Effect of three weeks of a low-fat, high-fibre diet and daily exercise on fasting serum insulin and sex hormone-binding globulin (SHBG). Data were obtained from Tymchuk *et al.* (19). * $P < 0.05$ vs. Pre; $n = 27$. Pre, before the diet/exercise programme; Post, after the diet/exercise programme.

Barnard et al. (2012)

**Année Universitaire 2017-2018
Master 2 APAS
Session 1 - UE 2**

Durée : 1h

S. Garnier

Définition et prévention de la sarcopénie

Aucun document, ni matériel est autorisé.

5 **I. Vocabulary: Translate the following words from the article. (3 pts)**

1. physical and mental ailments (line 5)=
2. to afford (line 8)=
3. shelter= (line 29) =
4. the dust= (line 30-1) =
5. unemployment = (line 51) =
6. Social security disability= (line) page 3 =

10 **II. Comprehension Questions: Answer the following in complete sentences. (6 pts)**

1. What was Reggie thinking when she decided to rescue the victims?
2. Give 3 examples of the metal and physical consequences of her heroic effort.
3. According to Reggie, is her good healthcare treatment in Cuba thanks to M Moore and his film? Why/Why not?

15 **III. Translate (4 pts)**

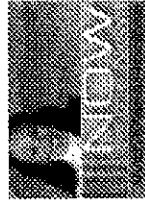
1. "And also my children ended up with no insurance. And then we down spiraled into absolute poverty." (lines) 54-55
2. "I would have gone to Mars. I would have gone to Siberia. It didn't matter where. If I could obtain the tests I needed to obtain." (lines) (81-82) page 3

IV. Essay : Write a 150-word essay. (7 pts)

Comment upon the following quote: p 62-63

- 20 " ...this was the tragedy that unified us as a country and brought us together and showed our humanity."

June 29, 2007



NOW on the News with Maria Hinojosa

Transcript: Reggie Cervantes: Desperate for Health Care

» More about this interview

MARIA HINOJOSA: Today we're talking with Reggie Cervantes. As a volunteer rescue worker, Cervantes searched for survivors at ground zero immediately after the twin towers were hit here in New York City. Because of this Cervantes says she now suffers from a number of **physical and mental ailments**.

Cervantes is featured in Michael Moore's new documentary, "Sicko," which is about healthcare in America. And she traveled with Moore to Cuba to undergo treatment there that she says she could not **afford** her in America. So welcome to our broadcast.

REGGIE CERVANTES: Thank you.

HINOJOSA: So, let's just go back for a second to September 11th. You are—at that time you were working as an emergency medical responder.

CERVANTES: I was a volunteer emergency medical responder.

HINOJOSA: And when you realized that the towers were hit. The thing that said to you, I've got to go be on sight was what?

CERVANTES: There were many people that we knew from the previous attack at the World Trade Center that were impacted and injured and affected. From lessons learned from the first attack, we knew that there weren't enough rescue workers.

HINOJOSA: And what was going on in your mind at that point? Were you thinking, gee, I know that this is a—a horrible thing that's happening. But my gosh, wait a second. Maybe I should go get the hard hat. Maybe I really need to go get my face mask. Were any of those questions going on in your mind at all?

CERVANTES: Well, I walked in with a dust mask. But within minutes of using

/

25 it, it was clogged between the—the humidity of the breath on one side. And the debris and the dust and the pulverized stuff in the air on the other side.

What registered in my brain and the brain of many of the rescue workers at that point is is there anybody in sight who's down? Is there anybody under a car? Is there anybody who sought shelter?

30 So we searched doorways. We searched under cars. We searched clearing the dust off windows to look into vehicles. Most of us who were EMTs for a long time, I was an EMT for nine years, were just on autopilot.

HINOJOSA: So how many days were you down there?

CERVANTES: Three days.

35 **HINOJOSA:** What happens later? You leave this sight. And suddenly what happens to your physical health and to your mental health?

CERVANTES: Well, the first step, when you leave the sight the first day for me it was all those images replaying in my head. And thinking, you know, 'who did I see, who didn't I see, who am I missing, who did we lose?'

40 And my—my airway was so burnt it was—it was like my throat was on fire. And then you have the combination of the flashbacks.

And you're fatigued. You have this emotional fatigue that's just tremendously exhausting. But you're energized because you know you need to get back to the scene. You know you left people behind.

45 **HINOJOSA:** What—what ends up happening with your health? That—because you ended up having to quit your job.

CERVANTES: I—I could not longer work. I wasn't sleeping. I wasn't breathing. I was constantly coughing. Now I have gastro- esophageal reflex disease as many other rescue workers do.

50 **HINOJOSA:** But you had health insurance when you had a job.

CERVANTES: I did. But I couldn't maintain my insurance on unemployment. Because the COBRA benefits were \$800 a month.

HINOJOSA: So you ended up with no insurance whatsoever.

CERVANTES: And also my children ended up with no insurance. And then we down spiraled into absolute poverty. Where you wonder, you know, when my—my children were two and four. How am I going to buy milk? How am I

going to pay for day care to try to find a job? I'm facing catastrophic debt because it just mounts every month. And I'm unable to—to meet the responsibility. I have to trade off. Maybe instead of buying my children sneakers that month, I'll have to pay off part of a bill.

HINOJOSA: You know, and I'm sure that people are going to hear this and they're going to say, wait a second. But the—this is September 11. This was, you know, the—the tragedy that unified us as a country and brought us together and showed our humanity. And you're saying there was no place for you to get medical treatment or mental health treatment. Even though you had served, you know, volunteered time down at the site?

CERVANTES:

No. No place. I tapped into every available resource. But they told me repeatedly, well, go to the emergency room. They'll just bill you. You can apply for Medicaid. You know, at one point after being—declared disabled by Social Security. And receiving **Social security disability**, I was over the income bracket to receive any type of assistance. So I have over \$17,000 in collections activity from ambulance rides to emergency room treatment. And—on my credit report.

HINOJOSA: Tell us about how you got involved with Michael Moore's film.

CERVANTES: I responded to an Internet chat board that was asking for medical horror stories.

HINOJOSA: And when Michael Moore said to you, look. We are doing this film called Sicko. And we want to look at your treatment. And we're thinking about going to Guantanamo Bay you said, what, Reggie Cervantes?

CERVANTES: How soon?

HINOJOSA: That was you our response. To Guantanamo?

CERVANTES: I would have gone to Mars. I would have gone to Siberia. It didn't matter where. If I could obtain the tests that I needed to obtain.

HINOJOSA: People have heard about this scene where you're on this boat with Michael Moore. And he starts, you know, using this loud speaker to talk to the prison guards at—at Guantanamo. What happened?

CERVANTES: Nothing happened.

HINOJOSA: They didn't respond to you when you guys were calling out from that boat?

CERVANTES: No.

HINOJOSA:

Then you decide. I mean, Michael Moore had obviously thought about this ahead of time. He said, well, we're going to go around to the other end of the island where Havana is. What happens when you get to Havana?

CERVANTES: We went to the—to the hospital. And they took us.

HINOJOSA: You've been around the block. You know that walking—into a hospital in Havana with Michael Moore and a film crew, it's not the same as if you're a Cuban who's walking in to get treatment.

CERVANTES: Well, I have an interesting story about that. I went out for a walk one night. And I went through admitting. And I said to the young clerk, in Spanish, I'm sick. I'm here visiting and I need help. And the administrator came.

And I told her, I need treatment. I have chronic asthma. I have lung disease. And I'm here visiting. And I need to get checked out. And she says, well, I'm going to get you a doctor. And if you need to be admitted, we can admit you. At no point did anybody ask me for money. For my next of kin. Who do I work for. What's my husband's name. It didn't matter. They didn't know who I was. They didn't know who I was with.

HINOJOSA: They did know that you were a foreigner though.

CERVANTES: They did know I was a foreigner. They did know I was an American.

HINOJOSA: It's interesting. Because I was just in Havana. There are many stories that people in Cuba tell that would contradict a lot of what you're saying in terms of—if you're a Cuban what you actually can get. And the kind of services that you can get.

People would probably say, yes. You can find a doctor. Or find someone. But it—it helps a lot if you have dollars in your pocket even when you're Cuban to try to get the medical care that you need.

CERVANTES: I found it hard to believe that this small little island. 90 miles off the coast of Miami. Would take a little Puerto Rican girl from the Lower East Side and say, yeah. We'll treat you. Come on in. It's surreal. 9/11 was very surreal for us. Very painful. Going to Cuba was totally surreal. Because, you know, they're supposed to be the enemy.