

According to her research article, these differences are not solely due to hormones. Dr. Tosi said, "There is a biologic basis for the differences in injury mechanism, pain sensation, healing response, etc. that cannot be explained simply by hormone levels. Responses to therapy, for example, surgery, anesthesia, rehabilitation, etc. also differ with sex." Despite the fact that studies have confirmed the higher prevalence of chronic Ms disorders in females, little is known about why this is the case. According to Dr. Tosi and her colleagues, more research is required to explore these important issues.

141. What is still unclear concerning MS disorder is the relationship between

- sex and incidence
- motion and hormones
- sensation and sex
- hormones and biology

142. According to Dr. Tosi, attributing gender differences in musculoskeletal health to hormones.....

- is quite convincing
- is in its infancy
- has been established
- has been acknowledged

143. According to this reading selection,

- musculoskeletal disorders are solely seen in females
- women's cells and molecules account for MS problems
- ample evidence shows why there are more female MS cases
- physicians face more MS diseases than other disorders

144. The author of this article calls for further

- bone health programs to be held
- research to be conducted in the field
- retention of higher prevalence of MS in women
- conventions to be held on this issue

145. This passage mainly attempts to

- report on the most common reasons for doctors' visits
- find out why MS is more prevalent among women
- disapprove the occurrence of MS disorders in female gender
- account for the health issues in women and their etiology

Passage 3

Since the late 1990s, accelerated growth in health care spending has translated into increased burdens on family budgets. In 2001-02, an average of 13 million families per year had direct out-of-pocket (OOP) costs equal to or exceeding 10 percent of family income. When premium costs are added into the equation, even more families are devoting a substantial share of resources to health care expenses. Using data from the Medical Expenditure Panel Survey to examine trends in family OOP spending between 1996-97 and 2001-02, this report examines the components of OOP spending and characteristics of families with high OOP costs, including income level and insurance coverage. Families struggling with high OOP expenses are more likely than other families to report difficulties in obtaining needed care, and often have trouble paying their bills— increasing the possibility that they may face debt or bankruptcy or drop coverage altogether.

مرکز تخصصی خدمات آموزشی گروه پزشکی نخبگان

دکتری تخصصی کارشناسی ارشد کاردانی به کارشناسی

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زیر نظر دکتر دعایی

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