

# Writing sub-test

## Optometry

### Sample Test

Please print in **BLOCK LETTERS**

Candidate number

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Family name

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Other name(s)

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City

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Date of test

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Candidate's signature

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**YOU MUST NOT REMOVE OET MATERIAL FROM THE TEST ROOM**

# OCCUPATIONAL ENGLISH TEST

**WRITING SUB-TEST: OPTOMETRY**

**TIME ALLOWED: READING TIME: 5 MINUTES**  
**WRITING TIME: 40 MINUTES**

Read the case notes below and complete the writing task which follows.

## Notes:

**Name:** (Mr) Mark Wilkinson (**D.O.B.** 09/07/1968)

**First visit:** 27/02/13 (referred by GP, Dr Heather Meredith)

**General health:** Type 2 diabetes – diagnosed June 2012  
Overweight (Wt: 110kg, Ht: 178cm).  
BP – 163/92  
Smoker since age 18 (1986)  
Cholesterol: total cholesterol – 8.3mmol/L  
Asthma since 1987  
Medications – statins (for cholesterol lowering), bronchodilator (ventolin) (for asthma)

### Current refractive condition:

Astigmatism, presbyopia

**External examination:** Nothing abnormal found

**Visual acuity:** R and L 6/6

**Refraction:** R: plano/-1.50 x 165, L: +0.25/-1.00 x 180, Add +1.00. The patient's current glasses are accurate for distance but have no near addition.

**Amsler:** Nothing abnormal described R or L

**IOP:** R and L 16mmHg (Goldmann)

**Slit lamp biomicroscopy:** Nothing abnormal in anterior segment, R or L

### Dilated fundus examination:

2 microaneurysms and one intra-retinal (blot) haemorrhage noted in right eye superior temporal quadrant, more than two disc diameters from fovea. Three microaneurysms noted 2-3 disc diameters inferior and temporal to left optic nerve head. Maculae appear uncompromised and optic nerve heads are flat and pink.

**Diagnosis:**

- 1 Bilateral astigmatism with a new finding of (age-appropriate) presbyopia
- 2 Bilateral mild/moderate non-proliferative diabetic retinopathy (NPDR)

**Management:**

- 1 Multifocals prescribed (first pair)
- 2 Counselling patient regarding ocular findings and the importance of good glycaemic control
- 3 Review recommended for 12 months
- 4 Report sent to patient's general medical practitioner

TURN OVER

**Second visit: 10/02/14** Patient reports that current glasses are blurred at distance but adequate for near. R vision worse than L at all distances. Admits to very poor blood-glucose control over previous 12 months.

**Visual acuity:** R 6/9- and L 6/6-

**Refraction:** R: 1.00/-1.75 x 165, L: 1.25/-1.00 x 180, Add +1.75

**Amsler:** Minor metamorphopsia described within central 2 degrees on R (temporal to fixation), nothing abnormal described on L

**IOP:** R and L 18mmHg (Goldmann)

**Slit lamp biomicroscopy:** Trace, but generalised cortical lens opacities R and L. Nothing abnormal found other than this.

**Dilated fundus examination:**

Microaneurysms and intraretinal haemorrhages noted in all quadrants of both eyes. Retinal vessel irregularities evident in both eyes. Small neovascular frond noted in right superior temporal quadrant. R macula appears mildly oedematous. Hard exudates are present within one disc diameter of fovea. L macula appears uncompromised.

**Diagnosis:**

- 1 Bilateral myopic shift and increase in presbyopia
- 2 R proliferative, L severe NPDR

**Management:**

- 1 Discussion of findings with patient
- 2 Referral to ophthalmologist (semi-urgent) – diabetic status treatment plan
- 3 No alteration of spectacles at this stage

### **Writing Task:**

Using the information in the case notes, write a letter to request a review of the patient's diabetic status and a treatment plan. Write to the Ophthalmologist (Dr Milson Werrall, Ophthalmologist, Benbow General Hospital, 32-40 Main Street, Benbow West).

**In your answer:**

- **Expand the relevant notes into complete sentences**
- **Do not use note form**
- **Use letter format**

**The body of the letter should be approximately 180–200 words.**

# OCCUPATIONAL ENGLISH TEST

**WRITING SUB-TEST: OPTOMETRY**

**SAMPLE RESPONSE: LETTER OF REFERRAL**

Dr Milson Werrall  
Ophthalmologist  
Benbow General Hospital  
32-40 Main Street  
Benbow West

10 February 2014

Dear Dr Werrall,

Re: Mr Mark Wilkinson

Mr Mark Wilkinson has been a patient at this clinic since 2013. He was diagnosed with Type 2 Diabetes in June 2012. Mr Wilkinson has visited our clinic twice, most recently complaining of blurred distance vision. On examination, his bilateral mild non-proliferative diabetic retinopathy (NPDR) has progressed to proliferative diabetic retinopathy (PDR) in the right eye and severe NPDR in the left eye.

Visual acuity tests show significant deterioration of vision in the right eye over the past 12 months, and Amsler test results over the same period show development of minor metamorphosia in the right eye (temporal to fixation). IOP has increased from 16 to 18 mmHg (Goldmann) on both sides.

Dilated fundus examinations show signs of developing macula oedema in the right eye, although the left remains uncompromised. Significantly increased numbers of microaneurysms and intraretinal haemorrhages are evident in all quadrants of both eyes, as are retinal vessel irregularities.

Management to date has involved counselling regarding the significance of ocular findings, and about the importance of good glycaemic control (which Mr Wilkinson has been unable to maintain), and recommendation of an annual review, which the most recent consultation comprised.

Please examine Mr Wilkinson to assess his condition, and recommend an appropriate treatment and management plan.

Yours sincerely,

Optometrist