

# Writing sub-test

## Podiatry

### Sample Test

Please print in **BLOCK LETTERS**

Candidate number  -  -

Family name \_\_\_\_\_

Other name(s) \_\_\_\_\_

City \_\_\_\_\_

Date of test \_\_\_\_\_

Candidate's signature \_\_\_\_\_

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

# OCCUPATIONAL ENGLISH TEST

**WRITING SUB-TEST:   PODIATRY**

**TIME ALLOWED:       READING TIME:   5 MINUTES**

**WRITING TIME:      40 MINUTES**

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

## **Notes:**

You are attending to a dancer's toe nails after a number of recurring attempts to relieve trouble from an ingrown toe nail.

<b>Clinic:</b>	Podiatry Clinic
<b>Name:</b>	Jennifer Dupont
<b>Marital status:</b>	Single
<b>Residence:</b>	14 Powell Drive Newtown
<b>Date of Birth:</b>	January 10, 1990
<b>Examination date:</b>	September 4, 2010
<b>Diagnosis:</b>	Recurring onychocryptosis (ingrown toenail) R/ hallux
<b>Past Medical History:</b>	Appendicectomy 1998 Father - ingrown toe nail problems for yrs. Ingrown toe nail – treated with success 2005 L sore - not ingrown 2006 Infected R toe given anti-biotic powder 2007 R toe nail still sore, purulent discharge – resting from dance 2008 Toe been good for more than 1 yr now very red, inflamed & green discharge 2010.
<b>Social background:</b>	Migrated France -> Australia 1999 with parents. Elite dancer. Lives at home with parents between travelling on dance tours.
<b>Medical History</b>	Chronic badly infected R hallux for 5 yrs. Attended many times & treated with betadine antiseptic liquid and oral antibiotics.

## Treatment record/Case notes:

- 1/08/09** Presented for routine nail treatment
- Strongly recommended that podiatrist attends nail care as the patient has an involuted nail shape and poor cutting techniques has lead to recurring problems.
- 6/12/09** L / hallux - good. Hypergranulation of R /hallux red - no evidence of infection.
- Cut own toe nails in a hurry before a dance recently. Superficial skin damage ~8mm to R/1
- Busy schedule over next month - cannot rest.
- 4/09/10**
- On examination:** R/1 Extremely painful with exudate
- Daily soaks in Epsom salts and dressings by district nurse /family member with betadine and mefix / hypafix
- Currently resting. Reviewed by doctor whilst on tour recently. Oral antibiotics cephalixin (Keflex) (1rpt)
- R/1 treated, nail spike removed and dressing applied
- To attend clinic once/week.
- Wants something done about the recurring problem.
- Discussed options including wedge resection with phenolisation, though not during infective stage. Need plenty of time off from dancing. Explained healing post procedure.
- For referral to Local GP.

### Writing task:

Using the information given in the case notes, write a letter of referral to the local doctor, Dr Ray Brooks, 3 Brougham Road, Lakeside suggesting that Jennifer be reviewed for possible wedge resection of her right large toe.

### 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:   PODIATRY**

**SAMPLE RESPONSE:   LETTER**

Dr Ray Brooks  
3 Brougham Road  
Lakeside

*(Today's date)*

Dear Dr Brooks,

RE: Ms Jennifer Dupont  
14 Powell Drive  
Newton

DOB 10/1/1990

Thank you for reviewing Jennifer Dupont, an elite dancer with chronic onychocryptosis in her right hallux. Her left toe is less problematic. Jennifer's medical history is uneventful but her father has had numerous ingrown toe nails. Jennifer has attended this clinic since 2005 with varied success for infections.

Her attendance to the clinic has been irregular, despite my advice. Due to heavy schedules she recently cut her own nails and caused further superficial soft tissue damage (~8mm). I have seen her three times since August 2009. Her current regime includes daily soaks in Epsom salts, regular dressings with betadine liquid and mefix. Recently, whilst on tour she required oral Keflex (cephalexin) from a local doctor.

I explained that due to her ongoing problems and infrequency of visits for regular treatment, the best treatment option is a wedge resection. With proper phenolisation she should be problem free in the future. I also explained that the infection must first be treated with antibiotics before the procedure can be undertaken. Jennifer is likely to require 2-3 weeks of rest for the toe to heal.

I would appreciate an assessment of Jennifer to determine if further antibiotics are required and if a wedge resection would be an appropriate treatment path.

Sincerely,

Podiatrist.