

WRITING SUB-TEST – TEST BOOKLET

INSTRUCTIONS TO CANDIDATES

You must write your answer for the Writing sub-test in the **Writing Answer Booklet**.

You must **NOT** remove OET material from the test room.

Occupational English Test

WRITING SUB-TEST: PHYSIOTHERAPY

TIME ALLOWED: READING TIME: 5 MINUTES

WRITING TIME: 40 MINUTES

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

Notes:

Assume that today's date is 30 August 2019.

You are a physiotherapist at the Underhill Physiotherapy Clinic. A new patient, Mrs Melanie Wright, consults you about pain in her left knee.

PATIENT DETAILS:

Name: Mrs Melanie Wright

Date of birth: 08 June 1973

Social background: Works as teacher F/T
Keen walker: 4x 1hr/week + circuit class x2/week
2 children; youngest 5yrs

Medical history: Partial meniscectomy in R (1990) & L (2000)
↑Gym exercises for 3 weeks prior

30 Aug 2019

Presenting problem: Intermittent medial L knee pain 3/10. Some swelling
Intermittent tightness L posterior thigh
Occasional lower back pain – not related

Current background: 2 weeks ago, Pt turned suddenly while walking and felt something 'pop' in her L knee → swelled up some hours after → iced and rested. Self-medicated with Paracetamol (Panadol). Waited for improvement
No giving way. Some locking and unable to straighten

Agg: Unpredictable; swells by end of day; cannot straighten

Irritability: Moderate

Eases: Likes it bent a little

24-Hour behaviour:

Night Wakes her and makes getting to sleep difficult

AM ✓ Better

Day By afternoon more swollen

Previous treatment: Nil

Investigations/X-rays: Nil

Current medication: Glucosamine
Felodipine for high BP

General history: Recent sinus infection

Screening questions: Weight loss
Steroids

Objective exam:

Observation Limping, unable to straighten knee

Functional tests Ascending stairs difficult and slow

Active ROM Lacks full extension and flexion

Passive ROM Pain↑ on passive extension
Tightness in hamstrings

Joint integrity tests ACL, PCL, LCL, MCL – all NAD

Palpation Tender on anteromedial joint line

Impression/Diagnosis: Further damage to L medial meniscus

Action: Condition explained ✓
Informed consent given ✓
Educated about condition
Advised to have further investigations: ? X-ray/MRI/arthroscopy; consult Dr
Advised to replace weight-bearing activity, use swimming for fitness in meantime
Letter to Dr outlining findings
R/V: phone with results of visit to Dr

NB: Pt has no GP in Underhill (new in town). Requested recommendation

Writing Task:

Using the information given in the case notes, write a letter of referral to Dr Delbridge, a general practitioner, at Underhill Medical Centre, outlining the patient's presenting complaint, relevant medical history and your assessment, and request further investigations. Address the letter to Dr David Delbridge, Underhill Medical Centre, 71 Jewel Crescent, Underhill.

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.

Any answers recorded here will not be marked.

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Occupational English Test**WRITING SUB-TEST: PHYSIOTHERAPY
SAMPLE RESPONSE: LETTER OF REFERRAL**

Dr David Delbridge
Underhill Medical Centre
71 Jewel Crescent
Underhill

30 August 2019

Dear Dr Delbridge

Re: Mrs Melanie Wright
DOB: 08/06/73

Thank you for seeing Mrs Melanie Wright, who has just moved to Underhill. She requires investigation of pain in her left knee which is suggestive of further damage to the left medial meniscus subsequent to partial right and left meniscectomies in 1990 and 2000 respectively.

Mrs Wright presented today complaining of a two-week history of intermittent medial left knee pain (3/10) with concomitant swelling, and intermittent tightness of the left posterior thigh. The symptoms first occurred when she turned suddenly while walking. For three weeks prior to the onset, she had increased her exercise at the gym.

On examination, she lacks full flexion and extension, pain increases on passive extension, and she has tightness in the hamstrings. The anteromedial joint is tender on palpation. Joint integrity testing was normal bilaterally. She limps when walking, and finds ascending stairs slow and difficult. The symptoms become worse towards the end of the day, interrupting her sleep.

Her current medications are glucosamine and the antihypertensive, felodipine. I have recommended that she replace weight-bearing exercise with swimming in the interim, and advised her that further investigations such as an X-ray or MRI or arthroscopy may be indicated.

Thank you for your assessment and ongoing management of this patient. If you require any further information, do not hesitate to contact me.

Yours sincerely

Physiotherapist