

## 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: PODIATRY**

**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 podiatrist at Suburban Podiatry Clinic. Mr Tyrell has been referred to your clinic by his doctor.

#### **PATIENT DETAILS:**

**Name:** Mr Callum Tyrell

**DOB:** 17 Feb 1996

**Address:** 900 West Main Road, Newtown

**Social background:** Single  
Chef  
Plays soccer weekly with local team

**Family background:** Father – lung cancer (55 years old)  
Mother – nil significant

**Medical history:**

2013	Tear R talofibular ligament (rehabilitation minimal)
2014	Tonsillitis
2014	Inversion sprain, R ankle
2015	Ongoing pain in R ankle
2017	Tinea Pedis, L foot
2018	Ankle inversion sprain, R side

#### **Allergies and medical warnings:**

November 2014 Allergy to penicillin

**Medications:** Anti-inflammatories, 1 b.d.  
Paracetamol, p.r.n.

#### **30 Aug 2019**

**Reason for referral:** Multiple injuries to R foot/ankle, recent R ankle sprain (2 weeks ago)

**Footwear:** Sports shoes: 5 years old, wears to soccer practice 1x/week  
Work shoes: slip resistant low-cut boots  
Ankle brace: not worn

#### **Subjective assessment:**

R ankle – pain (ongoing)  
Around R ankle – feeling of instability  
Unable to play/train for soccer games

**Objective assessment:** R ankle swollen

**Tests:**                    ↑talar tilt, ↑anterior drawer – R side  
R ankle dorsiflexion range of motion – limited  
Pain w. palpation of R anterior talofibular ligament  
Hopping: pain reproduced  
Jumps (side-to-side): pain reproduced  
Strength deficits, R side, with ↓balance

**Diagnosis:**            Lateral ankle ligament injury – R sub-acute  
Lateral ankle instability (chronic)

**Discussions:**        Likely cause of instability – weak R talofibular ligament following injury (2013)

**Treatment:**           Short term:  
• rest compression  
• bracing (brace supplied)/taping  
Long term:  
• progressive weight bearing  
• exercise therapy, stretching/strengthening/proprioception  
• refer to physio: assessment, treatment (manual therapy, exercise routine),  
  support for return to activities

## **Writing Task:**

Using the information given in the case notes, write a letter of referral to Mrs Ramsay, a physiotherapist at Newtown Physiotherapy Clinic. Address the letter to Mrs Trudy Ramsay, Physiotherapist, Newtown Physiotherapy Clinic, 32 Green Street, Newtown.

**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: PODIATRY****SAMPLE RESPONSE: LETTER OF REFERRAL**

Mrs Trudy Ramsay  
Physiotherapist  
Newtown Physiotherapy  
Clinic 32 Green Street  
Newtown

30 August 2019

Re: Mr Callum Tyrell  
DOB: 17.02.96

Dear Mrs Ramsay

Thank you for seeing Mr Tyrell for further assessment and treatment of his right sub-acute lateral ankle ligament injury and chronic lateral ankle instability.

During his examination today, Mr Tyrell reported ongoing pain and a feeling of instability around the right ankle, affecting his ability to play in his usual soccer games. His ankle was swollen, with an increased right-sided talar tilt and anterior drawer. He had limited dorsiflexion range of motion and pain that was reproduced on palpation of the anterior talofibular ligament, with side to side jumps and hopping. I also noted reduced strength and balance on the right side compared to the left.

Mr Tyrell has a history of injuries to the right ankle, which began with a tear to the right talofibular ligament with minimal rehabilitation in 2013. He suffered two subsequent inversion sprains in 2014 and 2018.

In the short term I have recommended rest, compression and taping his right ankle and provided Mr Tyrell with an ankle brace. Once his pain has reduced, I will continue to encourage progressive weight bearing, and strengthening of the ankle through exercise therapy. I would be most grateful if you could continue manual therapy, develop an exercise routine and support Mr Tyrell's rehabilitation.

Please do not hesitate to contact me with any concerns.

Yours sincerely

Podiatrist