

## 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.**

Your patient, Sophie Bennett, is about to go on vacation and requires transfer to a local physiotherapist.

#### PATIENT DETAILS:

**Patient:** Ms Sophie Bennett  
**DOB:** 14 Nov 1969 (49 y.o.)  
**Occupation:** Nurse  
**Current history:** **20 Aug 2019** Lifting heavy object at work, sharp pain (P) for one hour  
Kept going but by end day P++. P now radiating into R leg  
Couldn't sit; tried to get up at 2am, couldn't move, took ½ hr to urinate  
Unable to sit, even on toilet  
Cuada equina syndrome (CES) red flag questions checked. No onward ED referral was required  
**21 Aug 2019** To Dr – Dr Greta Langley. Panadeine Forte, meloxicam NSAID (Mobic), benzodiazepine (Valium) prescribed  
**22 Aug 2019** P easing, continuing medications, avoiding sitting

**28 Aug 2019**

#### Presenting complaint:

R buttock/posterior thigh pain – constant and gripping. Intermittent numbness in sole of R foot, on outer border of ankle and great toe

**Aggravating factors:** Sitting, coughing/sneezing, putting on shoes/socks

R leg/buttock pain is 8/10 at worst and subsides to 4/10 at best, ↑in P as day progresses

**Night:** Can't turn, woken x3 night

**Day:** Worse as day progresses

**Relieving factors:** Heat (hot water bottle)  
Medication (as per prescription)  
Standing up (if sitting)  
Lying down (especially prone)

**Observation:** R knee flexed, limping, scared to turn, unable to weight bear (WB)

#### AROM lumbar spine:

**Flexion:** 50cm from floor (P) **Extension:** No active extension (P)

**Palpation:** R low lumbar paravertebral tenderness and spasm

R buttock tenderness and spasm

L5 central posterior/anterior (PA): ↑P +++

L3 and L4 central PA: ↑P +

**Straight leg raise:** R 35° P ↑back/leg (positive ankle dorsiflexion)  
L 80° (limited by L post thigh tightness)

**Reflexes:** R=L=NAD ankle, knee

**Sensation:** ↓Light touch over R little toe; remainder NAD

**Power:** L2 to S1 NAD

**Action taken:** Education re diagnosis of disc injury probable L4/5. No serious neurological signs but numbness (intermittent)  
Prone lying: repeated extension push up on elbows – improved lumbar flexion and reduction in leg pain  
Nil manual techniques performed due to irritability

**Recommendations:** Limit sitting – to use a lumbar roll  
Lie prone with extension routine hourly x10 when awake over next 2 days  
See Dr – change medication to tramadol (morphine-like narcotic) Review in 2 days

**30/08/19**

Review appointment  
50% ↑in mobility, 50% ↓in P  
Straight leg raise (SLR) R 50° P limits  
Able to lie prone with comfort. Able to open bowels OK

**Recommendations:** Continue prone extension exercises x10 every hr  
Pelvic floor exercises & transversus abdominis exercises x5 every hr  
To see physio in 2 wks  
Dr has reviewed medication. Off Pandeine Forte, onto tramadol  
Pt taking vacation (4 wks) to spend at beach house in Sandy Beach  
Requests transfer to physio nearby

### **Writing Task:**

Using the information in the case notes, write a letter of referral to a fellow physiotherapist, Dr White, outlining the presenting complaint and treatment to date. Address the letter to Dr Maggie White, Golden Sands Physiotherapy, 987 Main Rd, Sandy Beach.

**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 Maggie White  
Golden Sands Physiotherapy  
987 Main Road  
Sandy Beach

30 August 2019

Dear Dr White

Re: Ms Sophie Bennett (DOB: 14.11.69)

I am writing to refer Ms Sophie Bennett, a 49-year-old nurse, who I suspect has a disc injury at L4/5.

Ms Bennett presented on 28/08/19 following a work-related injury incurred while lifting a heavy object. On initial examination, there were no obvious neurological signs, but the patient reported intermittent numbness in the right foot. Symptoms included buttock/posterior thigh pain, exacerbated by sitting as the day progressed. Upon further questioning, there were no cauda equina syndrome symptoms. The symptoms were relieved by analgesics (initially Panadeine Forte, subsequently changed to tramadol), benzodiazepines and anti-inflammatory medication prescribed by her doctor.

The most significant findings on initial examination were limited lumbar flexion (to 50cm from floor) and no active extension range. Straight leg raise was limited to 35° on the right by pain in the buttock/thigh, with further pain increase with dorsiflexion. After two days of repeated extension in lying, her pain is now settling (50% improvement) and I have now prescribed additional pelvic floor and lower abdominal exercises, with ongoing physiotherapy for review in two weeks' time.

Ms Bennett has requested transfer to a physiotherapist at Sandy Beach, where she is taking a four-week vacation. I would appreciate your assistance in managing her recovery.

Yours sincerely

Physiotherapist