

## 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 10 February 2019**

You are attending to a five-year-old girl with mild cerebral palsy (CP) who exhibits toe walking. The patient was referred to you by her paediatrician, Dr Robyn Black.

#### **PATIENT DETAILS:**

**Name:** Felicity Brown  
**DOB:** May 16, 2009  
**Address:** 1 Power Street, Princetown  
**Examination date:** Feb 10, 2019  
**Diagnosis:** Toe walking (equinus gait)

#### **Past medical history:**

Mild L hemiplegic (one arm/one leg affected) CP diagnosed September 2018  
Mild asthma – salbutamol inhaler, occasionally, mostly nocte  
Spent wks on & off in children's hospital – 1st few yrs of life  
Sees paediatrician 6 mthly  
Assessment by educational psychologist – should integrate well into school  
Above average intelligence  
Chest infections annually – prescribed antibiotics  
No known allergies

**Social background:** Lives with parents, 1 brother (7yrs), 1 sister (9yrs)  
Parents (especially mother) very protective. Attended preschool fairly successfully. Preparing for school next year. Enjoys music and is learning the piano

**Treatment record:** Always walks on toes. Late walker ~22mths. Mother worried – paediatrician doing nothing about problem, recommended mother to see podiatrist for 2nd opinion.  
Gait reasonable. Managing well but mother comments that she seems to trip a lot.  
Plays table tennis with siblings – doesn't have to move far/fast to compete. Normal childhood games, playing, etc. Likes running – slowly but enjoys it. Mother seems to want an orthotic

**On examination:** Shoe wear slightly uneven L side but reasonable  
Range of foot movement in the R foot – NAD  
L foot – Varus position with equinus. Assessment of movement through L ankle ?spastic and reveals a ‘clasp knife’ quality. Overly strong calf muscles compared to weak dorsiflexors (tibialis anterior) → tripping  
No pain in feet/legs  
Suggested paediatric physio to ↑ ankle movement  
Suggested the need for assessment by a prosthetic and orthotic (P&O) professional for AFO (ankle foot orthoses)  
  
Letter to paediatrician to explain findings and recommendations

### **Writing Task:**

Using the information given in the case notes, write a letter to the paediatrician, Dr Robyn Black, 9 Fenton St, Newtown, outlining your findings and reinforcing that Felicity’s mobility and gait are acceptable and that you provided reassurance to the parents.

**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**

Dr Robyn Black  
Paediatrician  
9 Fenton St  
Newtown

10 February 2019

Dear Dr Black,

Re: Felicity Brown, 5 years old

Thank you for recommending Felicity for assessment of her toe walking. I am pleased to report that it is more of a concern to her mother than for her mobility and enjoyment of life as a five-year-old with mild cerebral palsy; although the mother did report incidents of tripping.

On examination, the left foot was identified to be in a Varus position with equinus. There is an overpowering of the calf muscles, while the anterior leg muscles (mainly tibialis anterior) are unable to provide enough dorsiflexion resulting in tripping. The equinus appears to be spastic in nature and has a 'clasp knife' feel, however, Felicity copes very well with this problem. The right foot was normal.

I have recommended a paediatric physiotherapist to assist with increasing the ankle movement in Felicity's left foot and a prosthetic and orthotic professional who will be able to prescribe an AFO (ankle foot orthosis) if necessary. With a combined approach, we should be able to see some improvements in the range of motion at the left ankle joint.

I hope you find this information helpful in your ongoing management. Please do not hesitate to contact me with any queries.

Yours sincerely,

Podiatrist