

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 1 May 2018

You are a physiotherapist in private practice. Max Wolff has been referred to you by his doctor, Dr William Stacey, for review and a treatment plan after presenting with chronic back pain. Mr Wolff visited you yesterday.

PATIENT DETAILS:

Name: Max Wolff (Mr)
Age: 35
Profession: Full-time musician: orchestral double bass player
Lives with spouse, also a musician
No dependants

Physiotherapy Notes - from initial consultation 30 Apr 2018

Family/Patient History:

Father (70) has mild osteoarthritis; mother (67) healthy Younger brother & sister healthy
Tonsillectomy/adenoidectomy (1979) Myopic (corrective lenses since age 14)
Non-smoker; 'social' drinker (8-10 units/week)
Mild idiopathic scoliosis (<20°, untreated) since teenage years: slouching at desk while studying at school & music college
Minor, ongoing postural problems from music college to present: daily work routine (practising, attending rehearsals & performing with orchestra); pain not a problem until recently
Little formal exercise (no sports, no gym); busy schedule, with frequent evening work

Subjective: Pt complains of ongoing upper back pain – feels stiff, 'frozen', 'locked' between shoulders; also dull pain in lumbar region
Agg: prolonged performance on instrument (>2 hrs); ease: rest
Symptoms developing over last 6-10 months; pt too busy at work to attend doctor; has been using non- prescription analgesics lately for relief (to help with sleep, esp. after evening performances)
Bass playing requires particular body posture – pt normally sits on high stool with body weight mainly on R leg; L arm is bent & raised up to near pt's ear on instrument, R arm reaches forward to produce sound with bow. Unbalanced posture.
Pt concerned that current symptoms may prevent participation in important international tour with orchestra (for 1 month, leaving in 3 weeks) – this was trigger to attend doctor.
Also aware, however, of need to find & treat cause of current symptoms to maintain long-term health & continued capacity to perform (= earn).

Physical Examination Findings:

Standing posture – mild thoracic kyphosis with protraction of both scapulae & forward head posture. Average build with lax abdominal muscles.

Flexion in standing – fingertips 10cm below knees, mild scoliosis convex on right.

Extension in standing – stiff ++

Side flexion in standing – fingertips to knee on left – complains of right lumbar tightness; fingertips 5cm above knee on right with stiff segment T3-T8.

Spinal rotation in sitting – stiff end of range to left but range normal. Pain reproduced with overpressure; $\frac{3}{4}$ range to right – stiff segment T3-T8.

Palpation – increased tone & tenderness left erector spinae T6-T8 & right erector spinae L2-L4. Stiff PA central & right unilateral T3-T8.

Treatment Plan: Posture training including cross-tape to mid thoracic spine to promote postural awareness & self-correction of forward posture.

Soft tissue releases left erector spinae T6-T8 & right erector spinae L2-L4. Spinal mobilisation T3-T8 to increase extension & right rotation.

Home exercises: Right side flexion in sitting bringing left arm over head; right rotation in sitting with hands behind neck, elbows forward – eight repetitions of each exercise with 10 second stretch at end of range – repeat four times each day.

Review twice each week until departure – introduce strength exercises & self-massage using tennis ball at next session. Advised patient that problem is not acute – should be able to participate in tour but will need to exercise, do self-massage & use tape for posture while away.

Writing Task:

Using the information in the notes, write a letter back to the referring doctor detailing your findings and suggested treatment plan. Address your letter to Dr William Stacey, Greywalls Clinic, 23 Station Road, Greywalls.

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**

Dr William Stacey
Greywalls Clinic
23 Station Road
Greywalls

1st May 2018

Dear Dr Stacey,

Re: Max Wolff – aged 35

Thank you for referring your patient, Mr Max Wolff, to me for review and a treatment plan. He attended my clinic yesterday.

As you know, Mr Wolff is an orchestral double bass player by profession. He reports upper back pain between his shoulders that is aggravated by prolonged performance on the instrument (over two hours) and eased by rest. He also has dull pain in his lumbar spine. The symptoms have been developing for 6-10 months and Mr Wolff has recently been using low-strength analgesics to help him sleep.

On examination, there is mild thoracic kyphosis with protraction of both scapulae and forward head posture. Mild scoliosis is evident on the patient's right side with lumbar tightness (stiff segment T3- T8) and 3/4 range spinal rotation.

I initiated posture training and spinal mobilisation and have started the patient on home exercises involving rotation and stretching. Mr Wolff will have twice-weekly sessions for three weeks until the start of the concert tour, and I will introduce strength exercises and self-massage at our next session.

Mr Wolff will need to continue his treatment routine while away but will be able to participate in the tour.

Please contact me for any further information.

Yours sincerely,

Physiotherapist