

## Occupational Therapy — Advice Letter on Energy Conservation for a Patient with MS

### THE CASE NOTES

**Patient:** Ms Diana Abara, 39 years old; relapsing-remitting MS; significant fatigue — Fatigue Severity Scale score 52/63 at last assessment; works part-time as an administrator

**Energy conservation principles taught:** (1) Planning — write a daily plan; spread demanding tasks across the week rather than clustering on one day; schedule rest periods before reaching fatigue, not after; (2) Prioritising — list tasks by importance; 'must do today', 'can wait', 'can delegate'; (3) Pacing — use a timer (20 minutes work, 10 minutes rest) for sustained tasks; alternate heavy and light tasks; (4) Positioning — sit for tasks usually done standing (ironing, food preparation); use arm rests; reduce unnecessary trips

**Heat management:** Heat worsens MS fatigue (Uhthoff's phenomenon); shower with cool water; avoid hot baths; work in a cool room; carry a small cooling towel when outdoors; plan demanding activities for the cooler part of the day

**Work:** Employer has agreed to flexible start time (10:00 rather than 09:00) and a 20-minute rest break mid-morning; provided written guidance for occupational health

**Sleep:** Fatigue is exacerbated by poor sleep — advised sleep hygiene review with GP if sleep remains disrupted; daytime naps: max 20 minutes before 15:00 to avoid disrupting night sleep

**Task:** Write an advice letter to Ms Abara explaining the four energy conservation principles and the heat management strategy.

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### WHAT TO INCLUDE

- + **The four principles with their key practical application: planning (spread tasks), prioritising (must/can-wait/can-delegate), pacing (20-on/10-off timer), positioning (sit for tasks usually done standing)**  
These are the specific strategies — they must each have a practical application in the letter. A principle named without its application is not usable by the patient at home.
- + **Heat management: cool shower, avoid hot baths, cool working environment, plan demanding tasks in the cool part of the day**  
Uhthoff's phenomenon is a major and specific fatigue exacerbator in MS. Unlike generic fatigue advice, heat management is disease-specific and high-impact. The patient may not have been told about this by their neurologist.
- + **Schedule rest BEFORE reaching fatigue — not when already fatigued**  
This is the most important and most counter-intuitive principle of energy conservation in MS. Most people rest reactively (when exhausted). Pre-emptive rest prevents the fatigue crash and is the principle that most reduces the functional impact of MS fatigue.

### WHAT TO LEAVE OUT

- **The FSS score and the clinical fatigue assessment detail**  
The patient does not need their clinical score in the advice letter. 'You mentioned that fatigue has a significant impact on your daily life' is the right opening. The score is for the clinical record.

# OET Case Notes

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## – The sleep hygiene advice beyond the nap instruction

Sleep hygiene is a separate consultation and GP matter. One sentence — 'if your sleep is disturbed, please discuss with your GP, as poor sleep worsens fatigue' — is the appropriate delegation.

## CRITERION IN FOCUS · ORGANISATION & LAYOUT

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An energy conservation letter with four principles requires a structure that makes the principles navigable. Writing all four in a continuous paragraph makes them indistinguishable. The proficient approach uses a short numbered or labelled structure: 'Planning: ... Prioritising: ... Pacing: ... Positioning: ...' The patient needs to be able to refer back to a specific principle — they are not reading this once for pleasure.

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