

# OET Case Notes

Occupational Therapy · Proficient · Referral letter · to Driving Assessment Centre OT

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## Occupational Therapy — Referral for a Driving Assessment after Traumatic Brain Injury

### THE CASE NOTES

**Patient:** Mr Shane O'Donnell, 40 years old; marketing manager; TBI (road traffic accident, 4 months ago); moderate severity

**Cognitive profile:** Processing speed: moderately impaired (SDMT score 28/90-second trial — significantly below age norm); attention: sustained attention impaired (DIVA-F); executive function: planning difficulties (Tower of London); memory: verbal short-term memory slightly below norm; visual fields: intact bilaterally

**Physical:** Mild right-sided weakness (grip strength 70% right vs left); no significant upper limb coordination deficits; lower limb function fully recovered

**Driving history:** Regular driver pre-injury; drove 200 miles/week for work; has stopped driving since the accident; employer requires driving for the role; anxious to return

**DVLA notification:** GP notified DVLA at time of injury; current DVLA status: licence revoked pending medical review; GP has completed the medical questionnaire; DVLA decision pending

**OT assessment:** General OT cognitive assessment completed; significant processing speed deficit is the primary concern for driving — not physical function; specialist on-road assessment required to determine whether compensatory strategies allow safe driving

**Patient and family views:** Patient believes he is ready to drive; wife is concerned about safety; patient has agreed to a formal assessment as an objective measure

**Task:** Write a referral letter to the specialist driving assessment centre OT, explaining the specific cognitive deficits relevant to driving and requesting an on-road assessment.

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### WHAT TO INCLUDE

**+ The processing speed deficit (SDMT score 28 — significantly below norm) as the primary driving safety concern**

Processing speed is the most safety-critical cognitive domain for driving — it determines reaction time and hazard response. The SDMT score with the age-norm context gives the specialist the objective data they need to plan the assessment battery.

**+ That the DVLA licence has been revoked and the DVLA process is pending**

The driving assessment centre must know the DVLA context before booking the assessment. If the licence is revoked and the DVLA has not yet cleared the patient for assessment, the specialist clinic may need to liaise with DVLA before proceeding.

**+ The patient's belief that he is ready vs the wife's safety concern, and that he has agreed to an objective assessment**

The motivational and family context matters to how the specialist frames the assessment and communicates results. The driving assessment is partly serving as the objective arbiter — the specialist must understand this role.

### WHAT TO LEAVE OUT

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- **The full TBI rehabilitation history and acute management**

The driving assessment centre needs the current cognitive profile and the DVLA status — not the acute TBI management, neurosurgical intervention, or inpatient rehabilitation milestones.

- **The Tower of London and DIVA-F results in detail**

The processing speed deficit is the primary concern — state it with its score. The other cognitive test results can be included as a brief summary: 'also showing sustained attention and planning difficulties on formal assessment.' The specialist will administer their own driving-specific battery.

## CRITERION IN FOCUS · CONTENT

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Driving assessment referrals are a high-stakes clinical communication — the outcome affects road safety for the patient and the public. The examiners mark on whether the specific cognitive deficits relevant to driving are identified (not all cognitive deficits), whether the DVLA status is communicated, and whether the specific assessment being requested is clear (on-road assessment, not just a clinical review). These three elements constitute the Content requirement.

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