# OET Case Notes

Physiotherapy · Proficient · Referral letter · to Pain Specialist / Consultant

oetwritingcorrection.com

## Physiotherapy — Referral to Pain Clinic for Chronic Low Back Pain

### THE CASE NOTES

**Patient:** Mrs Yolanda Ferreira, 47 years old, primary school teacher on reduced hours

**History:** 3-year history of chronic low back pain, non-specific; no radiculopathy; MRI (18 months ago) — L4-L5 mild disc degeneration, no significant nerve compression; never required surgery

**Assessment at referral to physio:** Fear-avoidance beliefs present (FABQ physical score 26); widespread allodynia; pain catastrophising (PCS 38/52); sleep disrupted

**Treatment provided (16 weeks):** Cognitive-behavioural pain management programme, progressive graded exercise, sleep hygiene education, pacing strategies; 12 individual sessions

**Response:** FABQ score reduced to 18; sleep somewhat improved; but still pain NRS 7/10 average, PCS 31/52 — persistent high catastrophising despite improvement; unable to return to full hours at work

**Indicators of central sensitisation:** Allodynia, widespread hyperalgesia beyond L4-L5 territory; poor response to mechanical treatment; pain maintains despite exercise improvements

**Psychological:** Generalised anxiety disorder (on sertraline — GP-managed); marital difficulties (disclosed, not clinical); catastrophising measured objectively

**Referral reason:** 16-week evidence-based trial with significant but insufficient functional recovery; central sensitisation features suggest benefit from a multidisciplinary pain specialist approach

**Task:** Write a referral letter to the pain clinic specialist, Dr Amira Hassan, summarising the physiotherapy findings and the rationale for specialist referral.

**Task: Write a referral letter to the pain clinic specialist, Dr Amira Hassan, summarising the physiotherapy find**
and the rationale for specialist referral.

### WHAT TO INCLUDE

+ **The 16-week evidence-based treatment programme and the outcome: FABQ and PCS scores at start and end**
  Quantified outcome data is the core of a physiotherapy referral to a specialist. The scores show partial but insufficient improvement — the precise justification for escalation rather than more of the same treatment.

+ **The clinical indicators of central sensitisation**
  This is the physiotherapist's unique diagnostic contribution: allodynia, widespread hyperalgesia beyond the imaging territory, poor mechanical response. These explain why routine physiotherapy has reached its ceiling and why a pain specialist approach is indicated.

+ **That she remains unable to return to full hours at work**
  The functional impact of the ongoing disability tells the specialist the stakes — this is not a mild complaint. It frames the urgency and the functional goal of referral.

### WHAT TO LEAVE OUT

– **The marital difficulties**
  Disclosed in a therapeutic context and not a clinical finding the pain specialist requires. Psychosocial stressors can be noted as a category; identifying the specific personal situation in a referral letter is a privacy breach and irrelevant to the specialist's assessment.

# OET Case Notes

Physiotherapy · Proficient · Referral letter · to Pain Specialist / Consultant



– **The 18-month-old MRI findings in detail**
  Noted for context; the specialist will order updated imaging if needed. 'Prior MRI shows mild L4-L5 disc degeneration without significant neural compromise' is one sentence. Detailed MRI reporting is the radiologist's domain.

## CRITERION IN FOCUS · CONTENT

Physiotherapy referrals to specialist services are graded on clinical reasoning, not clinical information volume. The examiner asks: has the physiotherapist explained why this patient needs a pain specialist, not more physiotherapy? The answer must be in the objective data — the treatment delivered, the measured response, and the central sensitisation indicators. Opinion without data is not sufficient.