

Physiotherapy — Discharge to Community Physio after Total Hip Replacement

THE CASE NOTES

Patient: Mrs Patricia Cunningham, 68 years old

Procedure: Left total hip replacement (posterior approach) — day 7 post-op; unremarkable recovery

Hip precautions: Posterior hip precautions for 12 weeks: avoid hip flexion >90°, no internal rotation, no adduction past midline; patient demonstrates understanding and compliance

Mobility: Ambulant with a single-point stick indoors; requires supervision on stairs (one rail, one step at a time); independent on level ground

Pain: Mild resting pain; NRS 3/10; managing with regular paracetamol and PRN ibuprofen — does not limit activity

Home exercise programme: Issued and practised: hip abductor strengthening (clam and abductor squeeze), knee extension, ankle pumps, gentle hip extension — all in hip precaution range; patient performs independently

Equipment: Single-point stick (patient's own); raised toilet seat (10 cm, issued); sock aid and long-handled shoe horn issued

Goals: Progress to independent mobilisation without stick by week 8; return to driving by week 6 (subject to surgeon clearance); resume swimming by week 12

Surgeon review: 4-week outpatient orthopaedic review booked

Task: Write a discharge letter to the community physiotherapist, Ms Laura Greene, summarising Mrs Cunningham's functional status and providing guidance for ongoing rehabilitation.

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WHAT TO INCLUDE

+ The hip precautions and their 12-week duration

A safety-critical handover — if the community physiotherapist does not know the precautions, they could prescribe exercises or activities that cause dislocation. This is the single most important item in the letter.

+ Current mobility: single-point stick indoors, supervised on stairs

The community physiotherapist's starting baseline. The rehabilitation progression — from stick to independent — must begin from the actual current level.

+ The home exercise programme already issued and that she performs it independently

The community physiotherapist builds on the existing programme, not duplicates it. Knowing she is already independent with the exercises tells them where to advance.

WHAT TO LEAVE OUT

– The analgesic regimen in detail

Pain is well-controlled and does not limit activity. State this in one line; the specific drugs and doses are for the nursing and medical discharge summary, not the physiotherapy handover.

– The surgeon review date

An orthopaedic milestone for the medical team. The community physiotherapist works within the 12-week precaution window; the specific surgical review date does not change their session plan.

OET Case Notes

Physiotherapy · Intermediate · Discharge letter · to Community Physiotherapist

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CRITERION IN FOCUS · CONTENT

Physiotherapy discharge letters to community colleagues are graded on functional specificity. 'Good mobility' is not a baseline; 'ambulant with a single-point stick indoors, supervised on stairs' is. Examiners check whether the community physiotherapist could write a session plan from the letter — vague functional descriptions fail this test.

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