OET Case Notes

Physiotherapy · Proficient · Discharge letter · to Community Physiotherapist

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Physiotherapy — Complex Discharge to Community Physio after Stroke

THE CASE NOTES

Patient: Mr Samuel Asante, 72 years old

Stroke: Left MCA ischaemic stroke 21 days ago; moderate right hemiplegia; mild expressive dysphasia (improving)

Gait: Ambulant 15–20 m with a walking frame and one-person standby assist; foot-drop brace fitted (right) — essential for safe walking; circumduction pattern, working on this actively

Upper limb: Right arm: shoulder subluxation (2 cm inferior gap on palpation); flaccid tone proximal; some finger flexion emerging distally; arm sling for positioning when up; passive range maintained; self-care dependent

Cognition and motor interaction: Mild executive dysfunction affects motor learning: needs step-by-step verbal cuing rather than demonstration alone; best performance in morning sessions; fatigue significant by afternoon

Resolved or not physiotherapy priority: DVT prophylaxis (completed); urinary catheter (removed, continent); speech therapy ongoing (separate referral); nutrition managed by dietitian

Falls risk: High — two assisted falls during inpatient admission; falls risk assessment completed; bed alarm and supervision protocols in place; to continue in community

Equipment discharged with: Walking frame, foot-drop brace, arm sling, perching stool for kitchen tasks

Home: Bungalow with step at front door (ramp being arranged by OT); wife is main carer

Goal: Progress to walking stick outdoors in 8–12 weeks; return to independent food preparation (current: supervised)

Task: Write a discharge letter to the community physiotherapist summarising the active physiotherapy priorities and functional status for ongoing rehabilitation.

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WHAT TO INCLUDE

+ **Gait status, the foot-drop brace and that circumduction is the current focus**
  The community physiotherapist needs the gait baseline and the active rehabilitation goal. The foot-drop brace is safety-critical — any session without it risks a fall.

+ **Right shoulder subluxation, flaccid proximal tone, the sling indication, and emerging distal finger movement**
  The full upper limb picture lets the community physiotherapist set appropriate goals — preventing shoulder joint damage while working on emerging distal motor function. The subluxation management is ongoing, not resolved.

+ **The cognitive-motor interaction: step-by-step cueing, morning sessions more productive, fatigue by afternoon**
  This is the physiotherapist-specific clinical intelligence about how to structure sessions effectively. Without it, the community physiotherapist will not know why afternoon sessions produce weaker results.

WHAT TO LEAVE OUT

– **DVT prophylaxis and urinary catheter detail**
  Both resolved. A single line — 'medically stable for discharge' — covers these. The community physiotherapist does not need the resolved acute medical history.

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– **The speech therapy and dietitian involvements in detail**
  Separate care streams with their own referrals and letters. Mention briefly that speech therapy is ongoing; the detail belongs in those teams' handovers.

CRITERION IN FOCUS · CONTENT

Proficient physiotherapy discharge letters are graded on clinical specificity in the active rehabilitation domains. 'Upper limb weakness' is too vague; 'right shoulder subluxation with flaccid proximal tone and emerging distal finger flexion, sling in place for subluxation management' is the proficient standard. The examiner checks whether the receiving physiotherapist could set measurable goals from the letter — they cannot do that from vague descriptions.

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