

Physiotherapy — Discharge Letter after Pulmonary Rehabilitation

THE CASE NOTES

Patient: Mr Henry Osei, 70 years old; COPD (GOLD Stage II)

Programme: 6-week hospital-based pulmonary rehabilitation programme (two group sessions per week); completed all 12 sessions

Baseline (pre-programme): 6-Minute Walk Test (6MWT): 280 m; MRC dyspnoea score 3; CAT score 24

Outcome (post-programme): 6MWT: 340 m (+60 m, exceeds 30 m minimal clinically important difference); MRC dyspnoea score 2; CAT score 18 — significant improvement in exercise tolerance and breathlessness

Exercise programme: Home maintenance programme issued: brisk walking 30 minutes five days per week, cycling on static bike if available

Patient understanding: Understands the need to maintain physical activity; attended all education sessions (inhaler technique, breathlessness management, energy conservation); inhaler technique checked and correct

Smoking status: Ex-smoker (stopped 3 years ago)

Recommendation: Annual review by GP; re-refer to pulmonary rehabilitation if condition deteriorates (next 6MWT at annual COPD review)

Task: Write a discharge letter to the patient's GP, Dr Fiona Murphy, summarising the outcome of pulmonary rehabilitation and the ongoing management recommendation.

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WHAT TO INCLUDE

+ The 6MWT results pre and post, with the change and clinical significance

The outcome data is the core of a rehabilitation discharge letter. The GP needs to know whether the programme worked and by how much. A +60 m change that exceeds the MCID is the clinical conclusion.

+ The home maintenance programme: brisk walking 30 minutes five days a week

Pulmonary rehabilitation benefits are lost without ongoing activity. Handing over the specific maintenance programme to the GP means they can reinforce it at the annual COPD review.

+ The recommendation to re-refer if condition deteriorates

The GP needs to know when to re-refer. Pulmonary rehabilitation is most effective when repeated at the right clinical trigger, not routinely.

WHAT TO LEAVE OUT

– The group session curriculum and education topics in detail

State briefly that education sessions were attended and inhaler technique is correct. The GP does not need the group programme content — they need the outcome.

– Smoking history beyond a brief mention

Ex-smoker for 3 years is one fact worth noting as positive context. A narrative about the cessation journey is not relevant to the discharge summary.

OET Case Notes

Physiotherapy · Beginner · Discharge letter · to General Practitioner

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CRITERION IN FOCUS · ORGANISATION & LAYOUT

A pulmonary rehabilitation discharge letter has a clear three-part structure: (1) the programme completed, (2) the outcomes with data, (3) the recommendation for ongoing management. Beginner candidates sometimes write the recommendation before the outcomes — this loses Organisation & Layout marks because the GP cannot evaluate a recommendation without first reading the results.

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