

Physiotherapy — Advice Letter on Home Exercises for a Rotator Cuff Strain

THE CASE NOTES

Patient: Mr Jason Webb, 38 years old, recreational tennis player

Diagnosis: Right rotator cuff strain (supraspinatus tendinopathy); diagnosed clinically and confirmed on ultrasound

Cause: Overuse injury; worsened during recent increase in tennis training

Current symptoms: Aching pain in right shoulder, especially overhead movements and sleep on that side; NRS 5/10 on aggravating movements; improving over last 2 weeks with rest

Home exercise programme: (1) Pendulum swings: 20 circles clockwise and anticlockwise, twice daily, pain-free range. (2) External rotation with theraband: 15 repetitions x 3 sets, elbow at side. (3) Scapular squeeze: hold 5 seconds x 10 repetitions. — All exercises to stay within a 3/10 pain limit.

Activity modification: Pause tennis until reviewed in 4 weeks; avoid overhead lifting above shoulder height; swimming backstroke is fine; sleep on the unaffected side or with a pillow under the arm

Pain management: Paracetamol or ibuprofen for pain; ice after exercises for 10 minutes

When to seek help: If pain significantly worsens, numbness or tingling develops in the arm, or no improvement after 4 weeks — return to the clinic

Task: Write an advice letter to Mr Webb explaining his home exercise programme and how to manage his shoulder at home.

Task: Write an advice letter to Mr Webb explaining his home exercise programme and how to manage his shoulder at home.

WHAT TO INCLUDE

- + **The three exercises with repetitions, sets and the pain limit (3/10)**
The patient must be able to perform the programme without guidance. Vague instructions like 'do your shoulder exercises' are not actionable. The 3/10 pain limit is the safety guide for self-progression.
- + **Activity modifications: pause tennis, no overhead lifting, sleep position**
Continuing aggravating activities is the most common reason rotator cuff injuries do not recover. Concrete activity restrictions are as important as the exercises.
- + **The safety net: return if pain worsens, numbness develops, or no improvement at 4 weeks**
The patient must know what to watch for and when to seek help. Numbness is a red flag that signals possible nerve involvement — different from tendinopathy.

WHAT TO LEAVE OUT

- **The anatomy of the rotator cuff and the supraspinatus**
A patient needs to know what the injury is in plain terms, not an anatomy lesson. 'A strain of one of the tendons that stabilises your shoulder joint' is one sentence; naming the four rotator cuff muscles is not needed.
- **The ultrasound findings in detail**
Tell the patient the ultrasound confirmed the diagnosis. The detailed findings — thickness, echogenicity — belong in the clinical record, not the patient letter.

OET Case Notes

Physiotherapy · Beginner · Advice letter · to Patient

oetwritingcorrection.com

CRITERION IN FOCUS · CONCISENESS & CLARITY

Physiotherapy advice letters are graded on whether the patient can follow the instructions without clarification. Each exercise must have three elements: what to do, how many times, and any limit. 'Pendulum swings: 20 circles in each direction, twice daily, moving your arm gently within a range that stays below 3 out of 10 pain' is complete. 'Do the pendulum exercise' is not.

Write this letter, then get it marked at oetwritingcorrection.com/oet-writing-services

oetwritingcorrection.com