

OET Case Notes

Physiotherapy · Proficient · Transfer letter · to Outpatient Physiotherapist

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Physiotherapy — Transfer to Outpatient Physiotherapy for Complex Spinal Pain

THE CASE NOTES

Patient: Mr Anthony Obi, 51 years old, site manager; 4-week inpatient admission

Diagnosis: Chronic thoracolumbar pain secondary to L3-L4 disc degeneration with bilateral foraminal narrowing; no neurological deficit; conservative management

Inpatient programme: 4-week pain management and rehabilitation programme: hydrotherapy, progressive graded exercise, pain neuroscience education, manual therapy; CBT-informed sessions with psychology (continuing outpatient)

Functional status at discharge: Walks 500 m unaided on flat ground; negotiates stairs independently with rail; unable to complete tasks requiring sustained forward bending (garden maintenance, DIY, driving >20 minutes); pain NRS 4/10 average vs 8/10 at admission

Rehabilitation goals (agreed with patient): Return to part-time site work (office-based) in 8 weeks; progress to 30-minute walks 5 days/week; tolerate a 40-minute car journey; support weight loss programme (current BMI 36)

Active physiotherapy priorities for outpatient: Progressive thoracolumbar strengthening (begun inpatient, needs continuation); activity pacing; graded exposure to bending tasks; gait progression; gym-based conditioning (hydrotherapy not available outpatient)

Manual therapy note: Manual therapy has plateaued — redirect to active conditioning

Task: Write a transfer letter to the outpatient physiotherapist, Mr Paul Reidy, summarising the active physiotherapy goals and Mr Obi's current functional status.

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WHAT TO INCLUDE

- + **The functional baseline: 500 m on flat, stairs independent, limits on sustained forward bending and driving**
The outpatient physiotherapist designs the first session from this baseline. Specific walking distance and the bending limitation give measurable starting points.
- + **The agreed rehabilitation goals: part-time work, 30-minute walks, car journeys**
Patient-agreed goals are the frame for the outpatient programme. The physiotherapist advances the patient toward them from the first session.
- + **That manual therapy has plateaued and hydrotherapy is not available outpatient — redirect to gym conditioning**
Telling the outpatient physiotherapist what has been tried and reached its ceiling prevents them from retreating to inpatient approaches.

WHAT TO LEAVE OUT

- **The psychology sessions and sertraline detail**
A separate outpatient care stream. Acknowledge briefly that psychology is continuing; the outpatient physiotherapist does not need to plan around the therapy content.

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— The obesity referral beyond a brief note

A primary care stream. One clause — 'physical conditioning will indirectly support his weight management goal' — frames it for the physiotherapist without turning the transfer into a weight management letter.

CRITERION IN FOCUS · CONCISENESS & CLARITY

A proficient physiotherapy transfer letter for a patient with complex pain must ruthlessly separate the physiotherapy care stream from the medical, psychological, and primary care streams. Every sentence must earn its place by informing the outpatient physiotherapist's session design. Sentences about sertraline doses, obesity referral timelines, and hydrotherapy session curricula do not earn their place.

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