

OET Case Notes

Physiotherapy · Intermediate · Transfer letter · to Inpatient Rehabilitation Physiotherapist

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Physiotherapy — Transfer to an Inpatient Rehabilitation Unit

THE CASE NOTES

Patient: Mr Kevin Lam, 65 years old, retired accountant

Injury: C5-C6 incomplete spinal cord injury (ASIA C) following a fall from a ladder; surgical decompression day 1; spinal precautions currently in place — no uncontrolled cervical rotation or flexion

Acute physio: Day 2–14: respiratory physiotherapy (pneumonia prevented); progressive bed mobility; sitting balance; standing with a hoist; initial transfer practice

Current function: Sits unsupported for 5 minutes; stands with two-person assistance and a standing frame for 3 minutes; transfers bed-to-chair with two-person hoist; bowel and bladder management nursing-dependent

Upper limb: Right grip 3+ (improving); left grip 2 (consistent); wrist extension weak bilaterally; beginning to feed himself with adaptive utensils

Spinal precautions: Cervical collar in place; review by neurosurgeon at 6-week outpatient appointment; no unsupported cervical movement until cleared

Psychological: Motivated and engaged; understands the rehabilitation process; wife present daily and actively supporting

Goals agreed with patient: Independent wheelchair propulsion, independent transfers (long-term); self-care with aids (intermediate); return to some community participation (long-term)

Task: Write a transfer letter to the inpatient rehabilitation physiotherapist, Ms Tanya Patel, summarising Mr Lam's current functional status, the spinal precautions, and the rehabilitation goals.

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WHAT TO INCLUDE

- + **The spinal precautions and that the collar remains in place until the 6-week neurosurgical review**
A patient safety critical handover. The rehabilitation team must not progress to unsupported cervical movement until the neurosurgeon clears it. This cannot be omitted or vaguely stated.
- + **The functional baseline: sitting tolerance, standing ability, transfer method, upper limb grip**
The rehabilitation unit starts its programme from this baseline. Graded upper limb data — right grip 3+ vs left grip 2 — is the specificity the receiving physiotherapist needs to plan bilateral training.
- + **The patient's goals and his engagement**
Rehabilitation is patient-centred. The agreed goals frame the programme; his motivation level affects the session approach. Both belong in the transfer.

WHAT TO LEAVE OUT

- **The detailed surgical decompression technique**
The neurosurgical record covers this. The rehabilitation team needs the current function and the precautions, not the operative approach.

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— The acute respiratory physiotherapy detail

Resolved. A brief mention — 'pneumonia prevented' — confirms the acute concern is behind him. A full account of respiratory physiotherapy sessions does not inform the rehabilitation programme.

CRITERION IN FOCUS · ORGANISATION & LAYOUT

Transfer letters for spinal rehabilitation naturally organise into: injury and precautions, current function (lying, sitting, standing, transfers, upper limb), goals. Letters that mix these — stating goals before the function, or embedding precautions within the function section — lose Organisation & Layout marks. The receiving team reads this under time pressure; logical ordering is part of the professional standard.

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