

Speech Pathology — Discharge to GP after Voice Therapy

THE CASE NOTES

Patient: Ms Priya Sharma, 35 years old; primary school teacher

Diagnosis: Muscle tension dysphonia (MTD); laryngoscopy confirmed no structural lesion (ENT report attached)

Baseline: Voice Handicap Index (VHI-10) score at start: 28/40 (moderate impact); VHQ at start: rough, strained quality, reduced projection, vocal fatigue by end of school day

Treatment: 6-week programme: resonance therapy, laryngeal relaxation techniques, breath support, vocal hygiene education (hydration, voice rest, environment); 12 sessions

Outcome: VHI-10 score at discharge: 11/40 (mild impact); voice quality: clear, sustainable projection; able to teach full day without vocal fatigue

Maintenance programme: Daily 10-minute resonance exercise; voice rest after high-demand days; 2 litres water daily; avoid throat clearing (use sipping technique); limit voice use to 4 hours continuous without a 15-minute voice rest

Return criteria: Re-refer if VHI-10 rises above 20, or if vocal quality deteriorates significantly despite consistent maintenance — likely to recur with significant voice demands in teaching

Task: Write a discharge letter to the GP, Dr Gavin Walsh, summarising the outcome of voice therapy and the maintenance and re-referral plan.

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WHAT TO INCLUDE

- + **The VHI-10 scores before and after therapy (28 to 11) with the clinical interpretation**
Quantified outcome data is the clinical evidence that the therapy worked and that discharge is clinically appropriate. The GP needs to know the patient's voice has functionally improved, not just that therapy was completed.
- + **The maintenance programme essentials: resonance exercise, voice rest threshold, hydration**
MTD recurrence in teachers is common. The GP reinforces the maintenance programme at GP visits — they need to know what to ask about and support.
- + **The re-referral trigger: VHI-10 above 20 or significant quality deterioration**
An action-threshold tells the GP when to refer back without requiring them to administer the VHI-10 themselves — they can ask the patient to self-rate using the handout provided at discharge.

WHAT TO LEAVE OUT

- **The full resonance exercise technique detail**
The patient has the exercise programme; the GP does not perform voice therapy. One line confirms the programme exists and has been issued.
- **The ENT laryngoscopy findings in detail**
State that no structural lesion was confirmed; the ENT report is attached. Reproducing the laryngoscopy findings in the SLP discharge letter is not necessary — the GP can access the ENT report.

OET Case Notes

Speech Pathology · Intermediate · Discharge letter · to General Practitioner

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CRITERION IN FOCUS · CONTENT

Speech pathology discharge letters are assessed on whether the outcome is quantified. 'Good improvement noted' fails Content; 'VHI-10 improved from 28 to 11 (moderate to mild impact), with full-day teaching tolerance restored' passes. The quantified outcome is the clinical standard for discharge communication in speech-language pathology.

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