

# OET Case Notes

Speech Pathology · Intermediate · Referral letter · to Specialist MND Speech Pathologist

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## Speech Pathology — Referral to MND Specialist SLP for AAC Assessment

### THE CASE NOTES

**Patient:** Mrs Claire Donnelly, 54 years old; motor neurone disease (bulbar-onset ALS) diagnosed 9 months ago; retired solicitor

**Current speech:** Dysarthria severity: mild-to-moderate (UPDRS speech subscale equivalent); intelligibility 70% to unfamiliar listeners in a quiet room; intelligibility drops to approximately 40% in noise; short phrases clear; multi-sentence speech increasingly effortful; rate of deterioration: moderate (intelligibility declined from 85% to 70% over 3 months)

**Voice:** Vocal quality: slightly hypophonic and strained; reduced range; no nasal air escape at this stage; does not fatigue rapidly with short conversation but struggles after 30 minutes

**Swallowing:** Mild pharyngeal dysphagia — on IDDSI Level 7 (regular) diet; no aspiration on clinical assessment at last review; monitored

**Current communication:** Uses smartphone for messages; voice banking underway (ModelTalker — approximately 120 phrases banked to date); aware of and open to AAC discussion

**Why proactive AAC now:** Window for high-quality voice banking and early AAC learning is closing as speech deteriorates; proactive AAC provision recommended before communication is significantly impaired — preserves quality of voice banking, allows learning while cognitively and physically able, reduces crisis referral at point of speech loss

**Task:** Write a referral letter to the MND specialist SLP, Ms Karen Hughes, requesting proactive AAC assessment and continued voice banking guidance.

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### WHAT TO INCLUDE

- + **Current intelligibility: 70% to unfamiliar listeners in quiet, 40% in noise — and the rate of decline (85% to 70% over 3 months)**  
The decline rate is the most important datum in a progressive condition referral. 70% intelligibility is the current level; the 15-point drop over 3 months is what tells the specialist that the proactive AAC window is now.
- + **That voice banking is underway (ModelTalker, approximately 120 phrases) and the patient is open to AAC discussion**  
The specialist needs to know the voice banking status to continue it effectively — how far along it is, which system, and whether the patient has the correct approach for the remaining recording window.
- + **The reason for proactive referral: the window for high-quality voice banking closes as speech deteriorates; learning AAC while speech is still functional is clinically recommended**  
This is the clinical argument that needs to be made explicitly. The specialist team needs to understand this is a proactive referral, not a crisis — and why acting now is in the patient's best interest.

### WHAT TO LEAVE OUT

- **The swallowing assessment in detail**  
Swallowing is a separate clinical stream being monitored. Brief mention: 'mild pharyngeal dysphagia on IDDSI Level 7 diet, monitored.' The MND SLP referral focuses on the communication programme.

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## – The MND diagnosis history and disease progression beyond the communication context

'Bulbar-onset ALS diagnosed 9 months ago' is the one-clause context. The MND team has the full neurological record; the SLP referral covers the speech and AAC picture.

### CRITERION IN FOCUS · GENRE & STYLE

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A referral letter for a patient with a progressive terminal illness requires particular care with register. The letter is professional — it should convey urgency without being alarming and should not use language that frames the referral as a sign of imminent speech loss. 'To ensure Mrs Donnelly has the best possible communication options as her condition progresses' is the correct framing — it positions the referral as proactive planning, not crisis management. The receiving specialist will communicate with the patient using their expertise; the referral letter sets the clinical context without overstepping into prognostic language.

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