

OET Nursing Writing Week

Carl Brown

The task is: *Write a letter to a healthcare professional requesting continuation of care for a patient.*

45 minutes

40 minutes to write (maximum)

5 minutes reading

180 – 200 Guideline word count

Planning

10 - 15 minutes:

- Find the **PURPOSE**
- Identify the **CASE NOTES** you will use
- Organise the case notes into **LOGICAL PARAGRAPHS**

What is the situation after the above steps?

I can focus on writing = Perfect circumstances in which to write a letter

General Paragraph Purposes

Introduction	<ul style="list-style-type: none"> • patient name • general medical context • general request • (urgency)
Timeline 1	<ul style="list-style-type: none"> • The beginning of the medical context up to the present • In some letters it might include the current situation
Timeline 2 / Current	<ul style="list-style-type: none"> • Current situation • In some letters it is appropriate to separate the past from the current
Background – Medical	<ul style="list-style-type: none"> • Related / important medical history / family history • Medications etc
Background - Social	<ul style="list-style-type: none"> • Lifestyle / family
Request	<ul style="list-style-type: none"> • expand on the request – discharge plan / follow up care

Identifying Purpose & Choosing Case Notes:

Ask yourself these questions about Carl Brown case notes:

1. Who is the reader?	Occupational Therapist
2. What is the reader's task?	Request a workplace assessment
3. Does the reader know the patient?	No
4. Does the writer have any tasks?	Outline our suggestions/concerns
5. Why am I writing <u>today</u> ?	Patient wants to return to work
6. Is it urgent?	no

Test 3

Writing (45 minutes)

TIME ALLOWED: READING TIME: 5 MINUTES
WRITING TIME: 40 MINUTES

Read the case notes and complete the writing task which follows.

Notes:

Assume that today's date is 25 January 2020

You are a nurse in a family medical practice and you see a patient about his back pain.

PATIENT DETAILS:

Name: Carl Brown (Mr)

DOB: 31 October 1977 (43 y.o.)

Address: 32 Green Avenue, Oldtown

Social background: Self-employed graphic designer, works mainly from home (8 hrs/day on computer)
Divorced (2019), joint custody of daughter (7 y.o.)
Lives alone – 2-bedroom house w home office
Interests: reading, TV sports

Family history: Father: 75 y.o. – degenerative spondylosis
Mother: 72 y.o. – osteopenia

Past medical history: 1983: Nasal fracture (bicycle accident)
1985: Chickenpox
1993: Fractured L arm (motorcycle accident)
2015: L4/L5 disc herniation (lifting weights) – successful treatment w NSAIDs, physiotherapy
Allergies: none

Treatment record

Appt. with family doctor: 15 January 2020

Presenting complaint:

Subjective:

Lower back pain 2–3 wks (pain = 4/10)

Objective:

Localised pain w spasms, tenderness

Poor posture – forward head tilt evident

Diagnosis: Grade 2 muscle sprain lower back (no nerve root compromise)
?aggravated by prolonged sitting (3-hr continuous blocks) & poor posture

Treatment:

- Ibuprofen 400 mg 3×/day
- Omeprazole 20 mg 1×/day (4 wks)
- No sitting at desk > 3 hrs/day (6 wks)
- Regular planned breaks advised (1×/60–90 mins)
- Physiotherapy 1×/wk (4 wks) - prescribed exercises 2×/day
- Follow-up w practice nurse (25 January)
- Pt. requests workplace assessment - nurse to arrange w OT

Appt w practice nurse: 25 January 2020

Subjective:

Physio 'helping' (pain = 2/10)

Some non-compliance w medication & postural advice (works at desk total 4–5 hrs/day, 'I often forget about breaks and taking the tablets')

Anxious to resume pre-injury routine (important project deadline mid-Feb)

Objective:

BP 123/80, PR: 86/min, Temp: 37°C (normal)

No spasms, tenderness

Discussion w pt:

Continue physio

OT referral (pt consent given):

- workplace assessment (?unsuitable seating: Pt reports using immovable folding wooden chair → ?replace w height-adjustable ergonomic chair plus wristrest & footrest)
- assess requirement for lumbar support
- graded return-to-work plan
- check compliance w advice re prolonged sitting (still working >3 hrs without breaks)
- advise correct sitting position/posture

Plan: Write to OT

Writing Task:

Using the information in the case notes, write a letter of referral to Mr Sanders, the Occupational Therapist, outlining your concerns about the patient, requesting a workplace assessment and summarising your suggestions. Address the letter to Mr John Sanders, Occupational Therapist, Oldtown Clinic, 34 Newbury Street, Oldtown.

In your answer:

- **Expand the relevant notes into complete sentences**
- **Do not use note form**
- **Use letter format**

The body of the letter should be approximately 180–200 words.

Letter Plan

<p>Introduction</p>	<p>Name: Carl Brown General medical context: ----- General request: Workplace assessment</p>
<p>15th Jan</p>	<p>Treatment record <u>Appt. with family doctor: 15 January 2020</u> ✓</p> <p>Presenting complaint:</p> <p><u>Subjective:</u> Lower back pain 2-3 wks (pain = 4/10) ✓ ①</p> <p><u>Objective:</u> Localised pain w spasms, tenderness ✓ ② Poor posture – forward head tilt evident ✓</p> <p>Diagnosis: ③ ✓ ✓ Grade 2 muscle sprain lower back (no nerve root compromise) ✓ ?aggravated by prolonged sitting (3-hr continuous blocks) & poor posture</p> <p>Treatment:</p> <p>Summarise { Ibuprofen 400 mg 3×/day Omeprazole 20 mg 1×/day (4 wks) No sitting at desk > 3 hrs/day (6 wks) Regular planned breaks advised (1×/60-90 mins) Physiotherapy 1×/wk (4 wks) - prescribed exercises 2×/day Follow-up w practice nurse (25 January) Pt. requests workplace assessment - nurse to arrange w OT</p>
<p>25th Jan</p>	<p><u>Appt w practice nurse: 25 January 2020</u></p> <p><u>Subjective:</u> Physio 'helping' (pain = 2/10) ✓ Some non-compliance w medication & postural advice (works at desk total 4-5 hrs/day, 'I often forget about breaks and taking the tablets') ✓ Anxious to resume pre-injury routine (important project deadline mid-Feb)</p> <p><u>Objective:</u> BP: 120/80, PR: 80/min, Temp: 37°C (normal) ✓ No spasms, tenderness</p>
<p>Background</p>	<p>Previous injury: 2015: L4/L5 disc herniation (lifting weights) – successful treatment w NSAIDs, physiotherapy Father: 75 y.o. – degenerative spondylosis</p>

Request	<p>Expand on purpose:</p> <p>Some non-compliance w medication & postural advice (works at desk total 4–5 hrs/day, 'I often forget about breaks and taking the tablets')</p> <p>Discussion w pt: summarise</p> <p>Continue physio</p> <p>OT referral (pt consent given):</p> <ul style="list-style-type: none">• workplace assessment (?unsuitable seating: Pt reports using immovable folding wooden chair → ?replace w height-adjustable ergonomic chair plus wristrest & footrest) ✓• assess requirement for lumbar support ✓• graded return-to-work plan ✓• check compliance w advice re prolonged sitting (still working >3 hrs without breaks) ✓• advise correct sitting position/posture ✓
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Homework: Write 25th Jan and Background Paragraph: send to laurence@set-english.com

Introductions

Student	Teacher
<p>I am writing regarding Mr Carl Brown, who visited my family medical practice today for his lower back pain started since 3 weeks and he requested for work place assessment. He is being referred to your facility for further assessment and evaluation.</p>	<p>Conciseness & Clarity: The intro is supposed to give a direct summary of the situation and what is being requested</p> <p>Content: We are not sending the patient to a facility</p> <p>Grammar: Don't combine so many ideas in one sentence:</p> <p>I am writing regarding Mr Carl Brown, who visited my family medical practice today due to lower back pain. It started 3 weeks ago and he has requested a work place assessment.</p>
<p>I am writing regarding Mr Carl Brown, who has been diagnosed with grade 2 muscle sprain in his lower back. He is being referred for a workplace assessment. and your expertise is highly appreciated.</p>	<p>who is recovering from a grade 2 muscle sprain in his lower back</p> <ul style="list-style-type: none"> - a bit clearer, less chance of misunderstanding
<p>25th January 2020</p> <p>Mr John Sanders Occupational Therapist Old Town Clinic 34 Newbury Street, Oldtown</p> <p>Re: Mr Carl Brown, DOB: 31st October 1977</p> <p>Dear Mr Sanders,</p> <p>I am writing to refer Mr Brown, who was diagnosed with grade 2 muscle sprain lower back and now he requires a workplace assessment by you.</p>	<p>Why focus on what happened in the past? Tell the situation now in the introduction – see above 'recovering'</p>
<p>I am writing to refer Mr Carl Brown, who was diagnosed with grade 2 muscle sprain in his lower back, due to bad posture and prolonged sitting in front of his computer. He now requires a workplace assessment and a graded return-to-work plan.</p>	<p>We don't need to explain the diagnosis in the introduction</p> <p>Be careful with including <i>too much detail</i> in the introduction – you will have to repeat it in the letter</p>

<p>Mr John Sanders</p> <p>Occupational Therapist</p> <p>Oldtown Clinic</p> <p>34 Newbury Street</p> <p>Oldtown</p> <p>25 January 2020</p> <p>Dear Mr John Sanders,</p> <p>Re: Mr Carl Brown, DOB: 31 October 1977 (43 years old)</p> <p>I am writing about regarding Mr Carl Brown, who presented to our service for due to back pain. He is being referred now to your facility for further assessment and evaluation.</p>	<p>facilities:</p> <ul style="list-style-type: none"> - hospitals - clinics - physiotherapy/rehabilitation centre - gym - nursing home - dialysis centre - respite / day care centres
<p>I am writing this referral letter regarding Mr. Carl Brown, who has a muscle sprain in his lower back and now requests your assessment in of his workplace.</p>	
<p>I am writing to request a workplace assessment for Mr Carl Brown, who has a <i>2nd-grade muscle sprain lower back diagnosis</i>.</p>	<p><i>'a diagnosis of 2nd grade muscle sprain in his lower back' – probably more natural but....very good grammar to nominalise in this way.</i></p>
<p>Mr John Sanders Occupational Therapist Oldtown Clinic</p>	

<p>34 Newbury Street Oldtown</p> <p>25 January 2020</p> <p>Dear Mr Sanders,</p> <p>Re: Mr Carl Brown, DOB: 31 October 1977 (aged 43)</p> <p>I am writing to request a workplace assessment for Mr Carl Brown, who has been admitted to a family medical practice with back pain. He has been is recovering from lower back pain and requires your further assessment.</p>	<p>been admitted to = he is staying in this facility</p> <p>lower back pain v a grade 2 lower back muscle sprain – which is more professional/specific?</p> <p>the patient doesn't require assessment – incorrect purpose</p>
<p>Mr John Sanders Occupational therapist Oldtown Clinic 34 Newbury Street Old town</p> <p>Re: Carl Brown, 44 years old</p> <p>Dear Mr Sanders,</p> <p>I am writing to refer Mr Brown, who presented our clinic with lower back sprain. He requires your workplace assessment and support.</p>	<p>Why focus on what happened in the past? Tell the situation now in the introduction – see above 'recovering'</p> <p>Be careful – when there is a diagnosis after admission, we shouldn't say the patient presented with the diagnosis.</p>
<p>Mr John Sanders Occupational Therapist Oldtown Clinic 34 Newbury Street Oldtown</p> <p>25th January 2020</p> <p>Re: Carl Brown</p> <p>Dear Mr Sanders,</p> <p>I am writing regarding Mr Carl Brown, who has lower backpain, and now he needs his workplace to be assessed.</p>	<p>Extending relative clauses:</p> <p>, who has lower back pain and now requires a workplace assessment</p> <p>No extra 'he' is required in extended relative clause</p>
<p>Mr John Sanders</p>	

<p>Occupational Therapist</p> <p>Oldtown Clinic</p> <p>34 Newbury Street</p> <p>Oldtown</p> <p>25th January 2020</p> <p>Dear Mr Sanders,</p> <p>Re: Mr Carl Brown, aged 43</p> <p>I am writing regarding Mr Carl Brown, who has been recuperating from a grade two lower back muscle sprain and is ready to return to work. He is being referred to you and now requires assessment of his workplace.</p>	<p>He is already working!</p>
<p>I am writing regarding Mr Carl Brown who has been recovering from lower back pain as well as he is really keen to get back to work. He is being referred to you and now requires your workplace assessment.</p>	<p>I am writing regarding Mr Carl Brown, who has been recovering from lower back pain and is keen to get back to work.</p> <p>as well as – followed by nouns:</p> <p>I am writing regarding Mr Carl Brown who has been recovering from lower back pain as well as <u>being</u> keen to get back to work.</p> <p>He is already working!</p>
<p>25 January 2020</p> <p>Mr John Sanders Occupational Therapist Oldtown Clinic 34 Newbury Street, Oldtown</p> <p>Dear Mr John Sanders,</p> <p>Re: Mr Carl Brown, DOB: 31 October 1977</p>	<p>Why focus on what happened in the past? Tell the situation now in the introduction – see above ‘recovering’</p> <p>We don’t need caps for The Clinic – ‘our clinic’</p> <p>He wasn’t admitted anyway – he visited</p>

<p>I am writing regarding Mr Carl Brown, who was admitted to The Clinic due to his lower back pain following 2-3 weeks. He is scheduled to return to work at his request, now requires further a workplace assessment and advice.</p>	<p>He is keen to return to work, and now requires a workplace assessment and advice.</p> <p>He is already working!</p>
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<p>Mr John Sanders Occupational Therapist Oldtown Clinic 34 Newbury Street Oldtown</p> <p>25 January 2020</p> <p>Re: Mr Carl Brown, DOB: 31 October 1977</p> <p>Dear Mr Sanders,</p> <p>I am writing regarding Mr Carl Brown, who has been diagnosed with grade 2 muscle sprain lower back. Now he needs to start his work, for which he requires a workplace assessment.</p>	<p>I am writing regarding Mr Carl Brown, who has been diagnosed with a grade 2 lower back muscle sprain. Now he wants to return to work, for which he requires a workplace assessment.</p> <p>He is already working!</p>
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<p>25 January 2020 Mr. Jones Sandres Occupational Therapist Oldtown Clinic 34 Newbury Street Oldtown</p> <p>Dear Mr. Jones Sandres Re: Mr Carl Brown</p> <p>I am writing regarding Mr Carl Brown, who was treated for back pain and wants to return to work. He is due to be discharged and now requires your request for a workplace assessment and advice.</p>	<p>I am writing regarding Mr Carl Brown, who has been treated for a back sprain and wants to return to work. He is due to be discharged and now requires your request for a workplace assessment and advice.</p> <p>He hasn't been admitted, so cannot be discharged</p> <p>He is already working!</p>
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I am writing regarding Mr Carl Brown, who has a lower back sprain and requires a workplace assessment and support.	

Timeline: 15th Jan

15th Jan

Treatment record
Appt. with family doctor: 15 January 2020 ✓

Presenting complaint:

Subjective:
 Lower back pain 2-3 wks (pain = 4/10) ✓ ①

Objective:
 Localised pain w spasms, tenderness ✓ ②
 Poor posture – forward head tilt evident ✓

Diagnosis: ③ ✓
 ✓ Grade 2 muscle sprain lower back (no nerve root compromise)
 ✓ ?aggravated by prolonged sitting (3-hr continuous blocks) & poor posture

Treatment:

Summarise

- Ibuprofen 400 mg 3×/day
- Omeprazole 20 mg 1×/day (4 wks)
- No sitting at desk > 3 hrs/day (6 wks)
- Regular planned breaks advised (1×/60–90 mins)
- Physiotherapy 1×/wk (4 wks) - prescribed exercises 2×/day
- Follow-up w practice nurse (25 January)
- Pt. requests workplace assessment - nurse to arrange w OT

I advised **John** to eat less fat.

subject + verb + object

John was advised to eat less fat

On the 15th January, Mr Brown presented with a 3-week history of lower back pain, which was 4/10 and localized with spasms and tenderness, as well as forward head tilt.

along with / as well as – requires a noun:

Meningitis is characterised by a petechial rash. (You get a petechial rash when you have meningitis)

Student	Teacher
<p>On 15 January 2020, Mr Brown visited our clinic complaining of lower back pain persisting for the past previous 2-3 weeks. He described the pain as 4 out of 10, localised with spasms and tenderness, evident due to his poor posture and forward head tilt. On examination, he was diagnosed with a Grade 2 muscle sprain in the lower back, potentially worsened by prolonged sitting and poor posture. In terms of his treatment, he was prescribed Ibuprofen 400mg, and omeprazole 20mg. Additionally, he was advised to limit sitting at the desk to no more than 3 hours, daily, for 6 weeks with regular breaks recommended every 60-90 minutes, along with physiotherapy sessions, once, weekly for 4 weeks and prescribed exercises to do at home twice, daily</p>	<p>the past 5 weeks</p> <p>the pain score is subjective (he described) but the rest of this sentence is the result of an objective examination – he did not describe.</p> <p>Does OT need to know prescription details?</p> <p>limit + object + to + (level/time/speed)</p> <p>Brilliant listing – well done</p>
<p>On 15th January, Mr Brown reported experiencing tenderness and spasms, as well as a lower back pain for approximately three weeks at 4/10 intensity pain. These symptoms were possibly aggravated due to bad posture and prolonged sitting in front of his computer. As a result, he was commenced on medication and weekly physiotherapy, along with exercise twice a day. Additionally, he was advised to not spend more than 3 hours at the desk, and to take regular breaks every 60-90 minutes.</p>	<p>He didn't report these things</p> <p>Great listing!</p> <p>No diagnosis here – is it in your introduction? Best to put it here.</p>
<p>On 15 January, Mr Brown was presented to the clinic with lower back pain for 3 weeks and with a pain score of 4/10. On examination, he has localised pain with spasms and tenderness. Poor posture and forward head tilt was has been evidenced while forwarding head tilt. Based on the examination, he has been was diagnosed with a grade 2 muscle sprains without nerve root involvement, and it has been was possibly aggravated due to prolonged sitting with poor posture.</p> <p>He has been advised to take regular painkillers and avoid prolonged sitting, after 1 week of</p>	<p>Opening verbs in OET:</p> <ul style="list-style-type: none"> • passive: was admitted – correct • active: presented – correct <p>(admit is not correct here anyway)</p> <p>lower back pain for 3 weeks: a 3-week history of lower back pain – more professional</p> <p>having had lower back pain for 3 weeks</p>

<p>physiotherapy follow-up with the practice nurse on 25 January.</p>	<p><u>Check this – it isn't accurate and it is missing key information:</u></p> <p>avoid prolonged sitting – what is that exactly?</p> <p>You are saying the patient should do these things only after 1 week of physio</p> <p>Check the notes and some previous paragraphs</p>
<p>Medically, he has been presenting lower back pain for 2-3 weeks, which is 4/10 and localized with spasms and tenderness. It is characterized by forward head tilt evident. Consequently, he has been diagnosed with grade 2 muscle sprain lower back, which aggravated by prolonged sitting and poor posture.</p> <p>He has been advised regular planned breaks 1*/60-90 mins, no sitting at desk more than 3 hours in a day for 6 weeks, Physiotherapy 1*wk for 4 weeks, and as well as exercises 2*/day.</p>	<p>On the 15th January, Mr Brown presented with a 3-week history of lower back pain, which was 4/10 and localized with spasms and tenderness. Additionally, forward head tilt was evident. Consequently, he was diagnosed with a grade 2 lower back muscle sprain, which was possibly aggravated by prolonged sitting and poor posture.</p> <p>He was advised to take regular planned breaks 1*/60-90 mins, no sitting at desk more than 3 hours in a day for 6 weeks, Physiotherapy 1*wk for 4 weeks, and as well as exercises 2*/day.</p> <p>Look at lists in first two paragraphs for how to present these numbers / instructions</p> <p>We need to work on tense and other minor language issues</p>
<p>On 15th January, 2020, Mr Brown presented with mild lower back pain. Upon assessment, his pain was possibly aggravated by prolonged sitting and poor posture, which resulted in him having localised back pain, spasms and tenderness. Consequently, he was diagnosed with a grade 2 lower back muscle sprain and was treated accordingly. Additionally, he has been advised on not sitting at his desk and taking regular breaks, attending physiotherapy once a week for 4 weeks and follow up appointment today. In addition, he requested to be seen by occupational therapist.</p>	<p>treatment summary – are we missing some information – exercise / detail around the sitting at desk? See above for good examples</p>
<p>Mr Brown presented to our clinic on 15th of January 2020 with 4/10 level of localised lower back pain including spasms and tenderness. He had a poor posture with tilted his head tilted forward. He has been was diagnosed with a grade 2 muscle sprain in his lower back without any nerve root compromise ing. We sent him</p>	<p>What about the possible aggravation?</p>

<p>back to He was sent home with prescribed analgesics and arranged physiotherapy sessions. Also he has been advised to take regular breaks while his prolonged sitting.</p>	<p>More detail re the sitting instructions would be better for the OT</p>
<p>On 15th January, Mr Brown presented to our clinic with a lower back pain which he had been having approximately for approximately 3 weeks. He reported that the pain's strength was 4 out of 10 and it was localised with spasms and tenderness. He was diagnosed with a grade 2 muscle sprain, which was not compromising the nerve root. His condition had possibly been aggravated due to his poor posture and prolonged sitting. Ibuprofen and Omeprazol were prescribed and he was advised to not to sit longer than 3 hours, to take regular breaks, and to attend physiotherapy sessions once a week for 4 weeks long. In addition, some exercises were prescribed as twice a day. He requested an assessment for his workplace.</p>	<p>Careful here – he didn't report the spasms etc</p>
<p>On 15th January, Mr Brown reported that he had experienced back pain for three weeks. During examination, he had tenderness and spasms as well as poor posture. Subsequently, he was diagnosed with a grade 2 lower back muscle sprain, for which painkillers and physiotherapy exercises were commenced. Prolonged sitting might have aggravated d his posture, for which he was advised to not sitting at desk more than 3 hours per day and to have regular planned breaks.</p>	<p>Good – concise but detailed where it needs to be – accurate too!</p> <p>might have aggravated – speculating about what happened before the presentation</p>
<p>During an appointment on 15th January, Mr Brown reported to his GP that he had been experiencing lower back pain with spasms and tenderness. He attributed his condition to poor posture when working on a computer and for prolonged sitting periods. As a result, he was diagnosed with a 2nd-grade muscle sprain in his lower back and was prescribed ibuprofen. He was advised to take regular breaks and not sit at his desk for more than three hours a day for six weeks. Physiotherapy and exercises were also prescribed, and a follow-up appointment was scheduled on 25th January with a practice nurse. The nurse will arrange a workplace assessment with an occupational therapist, as requested by Mr Brown.</p>	<p>He didn't report spasms and tenderness!</p> <p>Did he attribute it to that? Or the healthcare professional?</p> <p>Very well written – great style and content re treatment – but two big content issues above</p>
<p>On 15th January 2020, he was diagnosed with a Grade 2 muscle sprain in his lower back, with a</p>	

<p>pain score of 4/10. The pain was localized, with by tenderness and spasms, not involving nerve root compromise but exacerbated by prolonged sitting with poor posture. His treatment plan included avoiding sitting at a desk for more than 3 hours/ day, and taking regular breaks of 60-90 minutes. Additionally, he was prescribed physiotherapy 1x/ week for four weeks, instructed to perform exercises 2x/ day, and to take ibuprofen 400 mg 3x/ day.</p>	<p>Very good writing!</p> <p>We have to do more to convert notes into sentences: once a day, three times a day etc</p>
<p>On 15th January 2020, Mr Brown reported lower back pain, atwith a score of 4/10. Additionally, his pain was accompanied by spasms, tenderness and poor posture, resulting in him being diagnosed with a grade 2 muscle sprain in the lower back, which could be could have been aggravated by prolonged sitting. Consequently, he was prescribed with anti-inflammatory medication , physiotherapy and exercise, as well as being advised regarding planned regular breaks and no sitting at the desk for 3 hours a day.</p>	<p>Did poor posture accompany the pain or cause it?</p> <p>Good way of showing the treatment – nice summary</p>
<p>Having had lower back pain for 2-3 weeks, Mr Brown presented to our facility on 15 January 2020. According to our assessment, he had a localised pain with spasms and tenderness on his back. Consequently, he was diagnosed with the aforementioned condition. Please note that he used to sit for a long time with poor posture. Subsequently, he was prescribed painkillers. He has been advised to avoid sitting for more than 3 hours a day and to take regular breaks. Physiotherapy has been arranged for 4 weeks.</p>	<p>Perfect participle clause is needed here because the 2-3 weeks of pain was before the presentation</p> <p>Possible aggravation?</p>
<p>On 15th January 2020, Mr Brown presented with lower back pain of 4/10 which was localised with spasms, tenderness and poor posture due to prolonged sitting for more than 3 hours. Consequently, he was advised to avoid sitting for a long time for 6 weeks and have planned breaks, along with doing exercises twice daily. He was prescribed with ibuprofen 400mg 3 times daily, Omeprazole 20mg once per day for 4 weeks and a follow up visit was recommended.</p>	<p>possibly due to?</p> <p>More information regarding advice required for OT – you have prioritised listing the medication details instead. Does that seem the best choice?</p>
<p>Mr Brown is a self-employed graphic designer who works mainly from home on a computer for 8 hours a day. On 15 January, he had lower back pain for 2-3 weeks with a pain score 4/10, localised pain with spasms and tenderness. His pain was possibly aggravated by prolonged</p>	<p>This seems like it should be in the background paragraph?</p>

sitting for 3 hours continuous blocks, combined with poor posture. Mr. Brown was advised to not sit at his desk >3 hours/day for 3 weeks and take regular planned breaks 1x/60-90 mins. He has been was referred to physiotherapy 1x/week (4 weeks) and has been prescribed exercise 2x/day.

We need to do more to convert these notes into sentences

On 15th January, Mr Brown presented with moderate lower back pain, spasms and tenderness, which was probably aggravated by poor posture and prolonged sitting due to his work. He has been was treated accordingly, along with physiotherapy and prescribed exercises twice a day. He has was also given advice not to sit for more than 3 hours and to have regular planned breaks.

Great! Concise, yet detailed in the right places!

Generally grammatically solid too.

25 th Jan	<p><u>Appt w practice nurse: 25 January 2020</u></p> <p><u>Subjective:</u> Physio 'helping' (pain = 2/10) ✓ Some non-compliance w medication & postural advice (works at desk total 4–5 hrs/day, 'I often forget about breaks and taking the tablets') ✓ Anxious to resume pre-injury routine (important project deadline mid-Feb)</p> <p><u>Objective:</u> BP 120/80, PR: 80/min, Temp: 37°C (normal) ✓ No spasms, tenderness</p>
Background	<p>Previous injury: 2015: L4/L5 disc herniation (lifting weights) – successful treatment w NSAIDs, physiotherapy</p> <p>Father: 75 y.o. – degenerative spondylosis</p>

Student	Teacher
<p>On 25th January, Mr Brown reported that his pain reduced to 2 from 4 but he was anxious about resuming his pre-injury work routine. Additionally, there were no spasms and tenderness.</p> <p>Regarding his background, Mr Brown diagnosed with L4/L5 disc herniation due to lifting weights and treated successfully with NSAID and physiotherapy in 2015.</p>	<p>Today, Mr Brown reported that his pain had reduced to 2 from 4 due to the physiotherapy sessions and there were no spasms and tenderness. However, he seemed anxious to return to his pre-injury work routine.</p> <p>Regarding his background, Mr Brown was diagnosed with an L4/L5 disc herniation due to lifting weights and was treated successfully with NSAIDs and physiotherapy in 2015.</p> <ul style="list-style-type: none"> • No mention of career and sitting long hours – mentioned before? • No mention of father and family history – important?
<p>Mr Brown attended to follow up assessment today. His pain level has been decreased to 2/10 as a result of physiotherapy. Currently, he has no longer spasms or tenderness. Occasionally, he was on non-compliance of medications and postural advices. At the moment, he is being anxious to resume pre-injury routine, as he has to complete an important project in med-february. End of the session we discussed to continue physiotherapy.</p> <p>Mr Brown is a self-employed graphic designer, who works from home. He normally works 8 hours/day , sitting at his computer desk. He has a history of L4-L5 disk herniation caused by weight lifting in 2015. But, it was successfully treated with NSAIDs and Physiotherapy. In</p>	<p>Mr Brown attended his follow-up assessment today. His pain level has been decreased to 2/10 as a result of physiotherapy. Currently, he no longer has spasms or tenderness. Occasionally, he has been non-compliant with his medications and postural advice. In addition, he seemed anxious to resume his pre-injury routine, as he has to complete an important project in mid-February. End of the session we discussed to continue physiotherapy.</p> <p>Mr Brown is a self-employed graphic designer who works from home. He normally works 8 hours a day, sitting at his computer desk. He has a history of L4-L5 disk herniation caused by weightlifting in 2015 but it was successfully treated with NSAIDs and physiotherapy. In</p>

<p>addition, he has a family history with degenerative spondylosis and Osteopenia.</p>	<p>addition, he has a family history of degenerative spondylosis and osteopenia.</p> <ul style="list-style-type: none"> Some sentences could be combined and reduced to summarise more effectively: <p>“Mr Brown attended to follow up assessment today. His pain level has been decreased to 2/10 as a result of physiotherapy.”</p> <p>“Today, Mr Brown reported that his pain level had decreased to 2/10 as a result of physiotherapy.”</p>
<p>On 25th January, Mr Brown Presented again to our Clinic for a review appointment. From the discussion, was clear that he has been Anxious to resume pre-injury routine. However, physiotherapy has improved his condition, decreasing the pain from 4 to 2, of ten. Additionally, spasms and tenderness has not been occurred.</p> <p>Regarding Mr Brown medical history, in 2015, he was diagnosed with L4/L5 disc herniation, for which he received successful treatment with NSAIDs and Physiotherapy.</p>	<p>Today, Mr Brown presented again to our Clinic for a review appointment. From the discussion, it was clear that he is anxious to resume his pre-injury routine. However, Physiotherapy has improved his condition, decreasing the pain from 4 to 2 out of ten. Additionally, he was not experiencing any spasms or tenderness.</p> <p>Regarding Mr Brown’s medical history, in 2015 he was diagnosed with an L4/L5 disc herniation, for which he received successful treatment with NSAIDs and physiotherapy.</p> <ul style="list-style-type: none"> No mention of career and sitting long hours – mentioned before? No mention of father and family history – important?
<p>Currently, Mr Brown reported being anxious about the resume of his pre-injury routine, and stated that the pain has decreased now at 2/10. Upon assessment, no tenderness or spasms have been observed.</p> <p>Regarding his background, in 2015 Mr Brown had L4/L5 discs herniated, which were successfully treated. Please note that his father was diagnosed with degenerative spondylitis.</p>	<p>Today, Mr Brown reported being anxious to return to his pre-injury routine and stated that his pain had decreased to 2/10 due to the physiotherapy sessions. Upon assessment, no tenderness or spasms were observed.</p> <p>Regarding his background, in 2015 Mr Brown had an L4/L5 disc herniation, which were successfully treated. Please note that his father was diagnosed with degenerative spondylitis.</p> <ul style="list-style-type: none"> No mention of career and sitting long hours – mentioned before?
<p>On 25th January, Mr Brown stated that physiotherapy exercises are helping his pain, however, he is non-compliance with his postural</p>	<p>Today, Mr Brown stated that physiotherapy exercises were helping his pain; however, he had sometimes been non-compliant with the</p>

<p>advice. In addition, he seemed anxious to resume pre-injury routine. On examination, his aforementioned symptoms were improved.</p> <p>In terms of his medical history, Mr Brown was diagnosed with disc herniation in 2015 due to lifting weights, subsequently, he was treated with NSAIDs and physiotherapy. In addition, his father has degenerative spondylosis.</p>	<p>postural advice and medication regime. In addition, he seemed anxious to resume his pre-injury routine. On examination, his aforementioned symptoms had improved.</p> <p>In terms of his medical history, Mr Brown was diagnosed with disc herniation in 2015 due to lifting weights and was subsequently treated using NSAIDs and physiotherapy. In addition, his father has degenerative spondylosis.</p> <ul style="list-style-type: none"> • No mention of career and sitting long hours – mentioned before?
<p>Currently, He has a 2 out of 10 rate of pain attributed to his physiotherapy. However, he is intermittent complying with medication and postural advice. He is now anxious to resume pre-injury routine.</p> <p>Medically, Mr Brown had a L3/l4 disc herniation incurred after lifting weights. He also has a family history of degenerative spondylosis and osteopenia. Socially, he is a graphic designer who works mainly from home for 8 hours in front of his computer.</p>	<p>Today, Mr Brown had a pain score of 2 out of 10 due to his physiotherapy sessions. However, his compliance with the medication and postural advice has been intermittent. He is now anxious to resume his pre-injury routine.</p> <p>Medically, Mr Brown had an L4/L5 disc herniation sustained after lifting weights. He also has a family history of degenerative spondylosis and osteopenia. Socially, he is a graphic designer who works mainly from home for 8 hours in front of his computer.</p> <ul style="list-style-type: none"> • Good level of content, only some language issues which can affect the clarity
<p>Today, Mr Brown has stated that his physiotherapy has been helping, resulting in his reduced pain score of 2/10. Additionally, he has experienced no spasms or tenderness. He has found challenging to remember about breaks and taking his tablet. He is feeling anxious about resuming his pre-injury routine due to having an important project deadline in mid-February.</p> <p>In 2015, Mr Brown suffered a L4/ L5 disk herniation due to lifting weights, NSAIDS and physiotherapy were the successful treatments. In Addition, he has a family history of degenerative spondylosis from his father's side and osteopenia from his mother's side.</p>	<p>Today, Mr Brown has stated that his physiotherapy had helped, resulting in a reduced pain score of 2/10. Additionally, he has experienced no spasms or tenderness. He has found it challenging to remember to have breaks and take his medication. He is feeling anxious to return to his pre-injury routine due to having an important project deadline in mid-February.</p> <p>In 2015, Mr Brown experienced an L4/L5 disk herniation due to lifting weights. NSAIDS and physiotherapy were the successful treatments used. In addition, he has a family history of degenerative spondylosis from his father's side and osteopenia from his mother's side.</p> <ul style="list-style-type: none"> • Good level of content, only some language issues which can affect the clarity • Try not to use the word 'suffer' – it could be considered judgemental

<p>On today's visit, he reported that his pain level has reduced following physiotherapy and when examined no spasm and tenderness were observed. However, he is feeling anxious to restart his pre-injury routine. Regarding his previous injury, he had disc herniation in 2015 which was successfully treated with NSAID and physiotherapy.</p>	<p>Today, Mr Brown reported that his pain level had reduced following physiotherapy and during examination, no spasms or tenderness were observed. However, he is feeling anxious to restart his pre-injury routine.</p> <p>Regarding his background, Mr Brown had an L4/L5 disc herniation in 2015 which was successfully treated with NSAIDs and physiotherapy.</p> <ul style="list-style-type: none"> • No mention of career and sitting long hours – mentioned before? • No mention of father and family history – important?
<p>On today's appointment, Mr Brown reported that his back pain has improved although there were occasional non-compliance with medication and postural advice. However, he is still anxious to resume pre-injury routine.</p> <p>In terms of background, Mr Brown works from home as a graphic designer and he has a family history of degenerative bone disease. In 2015, he experienced L4 and L5 disc herniation and it was treated successfully.</p>	<p>Today, Mr Brown reported that his back pain had improved although he has occasionally been non-compliant with his medication and the postural advice. In addition, he is still anxious to resume his pre-injury routine.</p> <p>In terms of background, Mr Brown works from home as a graphic designer and he has a family history of degenerative bone disease. In 2015, he experienced an L4 and L5 disc herniation and it was treated successfully.</p> <ul style="list-style-type: none"> • No mention of sitting long hours – mentioned before?
<p>On 25th January, Mr Brown reported that his pain reduced to 2 from 4 but he was anxious about resuming his pre-injury work routine. Additionally, there were no spasms and tenderness.</p>	<p>Today, Mr Brown reported that his pain had reduced to 2 from 4 and he had experienced no spasms and tenderness. However, he was anxious to return to his pre-injury work routine.</p> <ul style="list-style-type: none"> • No mention of career and sitting long hours – mentioned before? • No mention of father and family history – important?

Request	<p>Expand on purpose:</p> <p>Some non-compliance w medication & postural advice (works at desk total 4–5 hrs/day, 'I often forget about breaks and taking the tablets')</p> <p style="text-align: right; color: #0070C0;">summarise</p> <p><u>Discussion w pt:</u></p> <p>Continue physio</p> <p>OT referral (pt consent given):</p> <ul style="list-style-type: none"> • workplace assessment (?unsuitable seating: Pt reports using immovable folding wooden chair → ?replace w height-adjustable ergonomic chair plus wristrest & footrest) ✓ • assess requirement for lumbar support ✓ • graded return-to-work plan ✓ • check compliance w advice re prolonged sitting (still working >3 hrs without breaks) ✓ • advise correct sitting position/posture ✓
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Student	Teacher
<p>It would be appreciated if you could provide an assessment for Mr Brown, regarding his workplace and his lumbar support. Kindly be aware that he might need a chair replacement with a ergonomic one. In addition to avoid prolonged sitting, Mr brown needs to be advised for taking regular breaks, having foot and wrist rest, sitting in correct position and returning to work gradually. Please note that he often forgets his medication and taking regular breaks. Do not hesitate to contact me if you require further information.</p> <p>Your sincerely</p> <p>Nurse</p>	<p>It would be appreciated if you could provide a a workplace assessment for Mr Brown. Kindly be aware that he might need his chair to be replaced with an ergonomic one with a foot and wristrest and his requirement for lumbar support needs to be assessed. In addition, Mr Brown needs to be advised for to avoid prolonged sitting, take regular breaks, sit in the correct position, and return to work gradually. Please note that he often forgets to take his medication and regular breaks. Do not hesitate to contact me if you require further information.</p> <p>Yours sincerely</p> <p>Nurse</p> <ul style="list-style-type: none"> • No mention of continuing physio – mentioned before?
<p>In view of the above, it would be appreciated if you could carry out Mr Brown's workplace assessment, such as, replace his immovable folding chair to height-adjustable ergonomic chair with wrist and foot rest, assess the requirement for lumbar support, plan for return-to-work and correct sitting and posture. It is also important to check his compliance with medication and posture and give him advice as needed. Finally, Mr Brown needs to continue physiotherapy.</p>	<p>In view of the above, it would be appreciated if you could carry out Mr Brown's workplace assessment. Please consider replacing his immovable folding chair with a height-adjustable ergonomic chair with a wrist and footrest. Kindly assess his requirement for lumbar support, create a plan for his return to work, and advise him on the correct sitting posture. It is also important to check his compliance with his medication and posture advice. and give him advice as needed. Finally, Mr Brown was advised to continue physiotherapy.</p>

	<ul style="list-style-type: none"> • Good level of detail – only some language issues which may affect the clarity
<p>In view of the above, it would be appreciated, if you could assess Mr Brown’s workplace. Please assess his seating for the workplace and requirement for lumbar support along with grade his return-to-work plan. Kindly, advise a correct sitting position and check compliance with advice for prolonged sitting.</p> <p>If you require any further information, please do not hesitate to contact me.</p> <p>Yours sincerely,</p> <p>Nurse.</p>	<p>In view of the above, it would be appreciated if you could assess Mr Brown’s workplace. Please assess his seating for the workplace and his requirement for lumbar support, and create a graded return-to-work plan. Kindly advise him on the correct sitting position and check his compliance with advice for prolonged sitting.</p> <p>If you require any further information, please do not hesitate to contact me.</p> <p>Yours sincerely,</p> <p>Nurse</p> <ul style="list-style-type: none"> • No mention of continuing physio – mentioned before?
<p>Recently Mr Brown is feeling anxious about resuming his pre-injury routine due to having an important project deadline in mid-February. I would greatly appreciate it if you could do a workplace assessment as he uses unsuitable seating. He might benefit from the use of lumbar support to help improve his sitting posture so please would you mind examining him. Also, encourage him to prolonged sitting for no more than 3 hours without breaks.</p> <p>If you have any inquiries please do not hesitate to contact me.</p> <p>Yours sincerely Nurse</p>	<p>Recently Mr Brown is feeling anxious to return to his pre-injury routine due to having an important project deadline in mid-February. I would greatly appreciate it if you could carry out a workplace assessment and assess the suitability of his seating. He might benefit from the use of lumbar support to help improve his sitting posture so please would you mind examining him. Also, kindly encourage him to avoid prolonged sitting for no more than 3 hours without breaks.</p> <p>If you have any queries, please do not hesitate to contact me.</p> <p>Yours sincerely Nurse</p> <ul style="list-style-type: none"> • No mention of continuing physio or graded return-to-work plan – mentioned before? • More direct reference for checking compliance with medication and postural advice needed – this will make it clearer to the OT that they need to check this
<p>In view of the above, it would be greatly appreciated if you could provide workplace</p>	<p>In view of the above, it would be greatly appreciated if you could provide Mr Brown with</p>

assessment and support. Please note that he has given consent and physiotherapy should continue. Kindly, conduct assessment for possibly unstable seat and probably recommend for an adjustable one. Additionally, assess for his lumbar support requirement and grade his return-to-work plan. Please monitor his medication compliance and postural advice of sitting for 4-5 hours per day with correct posture, as well as taking breaks.

a workplace assessment ~~and support~~. Please note that he has given consent and physiotherapy should continue. Kindly **assess the suitability of his seating** and **consider recommending ~~for~~ an adjustable chair**. Additionally, assess **his need** for ~~his~~ lumbar support and **create a graded** return-to-work plan. Please monitor his medication and postural **advice compliance and advise him on** sitting for **less than three** hours per day with **the** correct posture, as well as taking breaks.

- Good level of detail – only some language issues which may affect the clarity