

OET Nursing Writing Week

Carl Brown

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

Planning

10 - 15 minutes:

- Find the **purpose**
- Identify the **content** you will use
- Organise the case notes into **logical paragraphs**

What is the situation after the above steps?

You're in a perfect position to do your best writing.

General Paragraph Purposes

Introduction	Patient name: General Medical Context: General Request:
Timeline 1	Beginning of this medical context up to the present
Timeline 2	Current situation
Background – medical	Medical information that is not directly related to this context: <ul style="list-style-type: none"> • family history • current medications • current illnesses • weight / height
Background – social	Lifestyle <ul style="list-style-type: none"> • diet / smoke / drink • living arrangements • relationships • job
Request	Expand the general request – provide details of tasks

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?	Workplace assessment
3. Does the reader know the patient?	No
4. Does the writer have any tasks?	No
5. Why am I writing <u>today</u> ?	Pt improved – 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>	<ul style="list-style-type: none"> • Patient name: Carl Brown • General medical context: recovering from a grade 2 muscle sprain in his lower back • General request: workplace assessment
<p>Background</p>	<p>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</p> <p>Family history: Father: 75 y.o. – degenerative spondylosis ✓ Mother: 72 y.o. – osteopenia</p> <p>Past medical history: 1983: Nasal fracture (bicycle accident) 1985: Chickenpox 1990: Fractured L arm (motorcycle accident) 2015: L4/L5 disc herniation (lifting weights) – successful treatment w NSAIDs, physiotherapy ✓ Allergies: none</p>
<p>15th January</p>	<p>Presentation & treatment:</p> <p>Treatment record Appt. with family doctor: 15 January 2020</p> <p>Presenting complaint:</p> <p><u>Subjective:</u> ✓ Lower back pain 2–3 wks (pain = 4/10)</p> <p><u>Objective:</u> ✓ Localised pain w spasms, tenderness ✓ Poor posture – forward head tilt evident ✓</p> <p>Diagnosis: Grade 2 muscle sprain lower back (no nerve root compromise) ✓ ?aggravated by prolonged sitting (3-hr continuous blocks) & poor posture ✓</p> <p>Treatment: ✓ ✓ Ibuprofen 400 mg 3x/day ✓ Omeprazole 20 mg 1x/day (4 wks) ✓ No sitting at desk > 3 hrs/day (6 wks) ✓ Regular planned breaks advised (1x/60–90 mins) Physiotherapy 1x/wk (4 wks) - prescribed exercises 2x/day request ← Follow-up w practice nurse (25 January) Pt. requests workplace assessment - nurse to arrange w OT</p>

<p>25th January</p>	<p>Current condition:</p> <p><u>Appt w practice nurse: 25 January 2020</u></p> <p><u>Subjective:</u> Physio 'helping' (pain = 2/10) ✓ <i>Summarise</i> ← Some non-compliance w medication & postural advice (works at desk total 4–5 hrs/day, 'I often forget about breaks and taking the tablets') <i>request</i> ← Anxious to resume pre-injury routine (important project deadline mid-Feb)</p> <p><u>Objective:</u> BP 125/80, PR: 86/min, Temp: 37°C (normal) ✓ No spasms, tenderness</p> <p><u>Discussion w pt:</u> <i>request</i> ← Continue physio</p>
<p>Request</p>	<p>OT referral plan:</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 ✓

Homework: Write 25th January & Request paragraph: send to paul@set-english.com

Introductions

- We focus on past events
- We include information from other paragraphs – too much detail
- We forget the purpose
- We get the purpose wrong

Student	Teacher
<p>25th January 2020</p> <p>Mr John Sanders Occupational Therapist Oldtown Clinic 34 Newbury Street Oldtown</p> <p>Dear Mr Sanders,</p> <p>Re: Mr Carl Brown, DOB: aged 43</p> <p>I am writing regarding Mr Brown, who is recovering from back pain. He is ready to go back to work and now requires your assessment.</p>	<p>be more specific – give the diagnosis</p> <p>Clear purpose</p>
<p>I am writing regarding Mr Carl Brown, who has been recovering from a muscle sprain in his lower back. He is being referred for a workplace assessment.</p>	<p>It's ok to put the full name 'Carl Brown' in the introduction – <u>but not in other paragraphs.</u></p>
<p>Oldtown Clinic 34 Newbury Street Oldtown</p> <p>25 January 2020</p> <p>Dear Mr John Sanders RE: Mr Carl Brown Age: 43</p> <p>I am writing regarding Mr John Sanders Mr Carl Brown, who presented to a family medical practice with a muscle sprain in the</p>	<p>Writing to John Sanders – not about! Why focus on presentation – talk about the situation now he is being referred to you - redundant</p>

<p>lower back. He is being referred to you and requires a workplace assessment.</p>	
<p>I am writing to refer Mr. Carl Brown who is 43-year-old self-employed graphic designer, for a workplace assessment and further advice regarding his lower back pain. Mr. Brown has been experiencing localized lower back pain, with associated spasms and tenderness, for the past 2-3 weeks. His pain is rated at 2/10 after physiotherapy, he remains anxious to resume his routine due to work deadlines.</p>	<p>Too much information about the patient and the situation.</p> <p>Concise - just the general information</p>
<p>25th January 2020 Mr John Sanders, Occupational Therapist Oldtown Clinic 34 Newbury Street Oldtown</p> <p>Re: Mr Carl Brown, aged 43</p> <p>Dear Mr-Brown Sanders,</p> <p>I am writing regarding Mr Carl Brown, who presented to our clinic for an appointment. He is being referred to you for a workplace assessment.</p>	<p>What's the medical context?</p> <p>He requires – much simpler than 'he is being referred...'</p>
<p>I am writing to refer Mr Brown, who is diagnosed with a grade 2 muscle sprain in his lower back and now needs your workplace assessment and grade return to work plan</p>	<p>who has been diagnosed with</p> <p>who is recovering from</p>
<p>25th January 2020</p> <p>Mr John Sanders Occupational Therapist Oldtown Clinic 34 Newbury Street Oldtown</p>	

<p>Re: Mr Carl Brown, aged 43</p> <p>Dear Mr Sanders,</p> <p>I am writing to refer Mr Brown, who is recuperating from a muscle sprain in his lower back. He is returning to work, and now requires your support and assessment of his workplace.</p>	
<p>25th January 2020</p> <p>Mr John Sanders Oldtown Clinic 34 Newbury Street Oldtown</p> <p>Dear Mr John Sanders</p> <p>Re: Mr Carl Brown, DOB: 31st October 1977</p> <p>I am writing regarding Mr Brown, who was admitted to our clinic due to a grade 2 muscle sprain in his lower back following back pain. He now requires your further care and assessment.</p>	<p>wasn't admitted didn't have the diagnosis upon presentation</p>
<p>Mr John Sanders Occupational Therapist Old Town Clinic 34 Newbury Street Old Town</p> <p>25th January 2020</p> <p>Re: Mr Carl Brown, aged 43</p> <p>Dear Mr Sanders,</p> <p>I am writing regarding Mr Carl Brown, who was recently admitted to our hospital with a Grade 2 muscle sprain and lower back pain. He is being referred back to you for continued care and evaluation.</p>	<ol style="list-style-type: none"> 1) he wasn't in a hospital! 2) he wasn't with the OT before the problem – he isn't returning to somebody's care 3) Purpose is not specific enough

<p>Mr John Sanders Occupational Therapist Oldtown Clinic 34 Newbury Street Oldtown</p> <p>25/01/2020</p> <p>Re: Mr. Carl Brown, aged 43</p> <p>Dear Mr John Sanders,</p> <p>I am writing to refer Mr Carl Brown, who visited our clinic hospital due to a muscle sprain in his at the lower back. He now requires a work place assessment and your further support.</p>	
<p>Mr Johan sSanders Occupational Therapist Old town clinic 34 Newbury street Old town</p> <p>Re: Mr Carel Brown, DOB: 31 October 1977</p> <p>Dear Mr Sanders,</p> <p>I am writing to refer Mr Brown, who visited our clinic for a follow - up due to a grade 2 muscle sprain in his lower back . He is currently stable and has requested a workplace assessment.</p>	<p>Does this really tell the story? Better to say 'is recovering from...'</p>
<p>25th January 2020</p> <p>Mr John Sanders Occupational Therapist Oldtown Clinic 24 Newbury Street Oldtown</p> <p>Re: Mr Carl Brown , DOB: 31st October 1977</p> <p>Dear Mr Sanders,</p>	

<p>I am writing regarding Mr Brown , who reported to our hospital for review due to Grade 2 muscle sprain . He is being referred to you for further workplace assessment and support.</p>	<p>no hospital! Better to say 'is recovering from..'</p>
<p>25th January 2020</p> <p>Mr Sanders Occupation Therapist Old town clinic 34 Newbury street, Old town</p> <p>I am writing regarding Mr Brown who visited our family medical practice with a complaint of lower back pain since 2-3 weeks. He is now scheduled to be referred to you for ongoing care and support.</p>	<p>'has been experiencing lower back pain for 2-3 weeks'?</p> <p>I think it's better to put in the correct diagnosis, instead of a paraphrase</p>
<p>25th January 2020</p> <p>Mr John Sanders Occupational Therapist Oldtown Clinic 34 Newbury Street Oldtown</p> <p>Re: Mr Carl Brown, aged 43</p> <p>Dear Mr Sanders,</p> <p>I am writing regarding Mr Brown, who visited our family medical practice due to a Grade 2 muscle sprain lower back. He is scheduled to be refer to you for requesting workplace assessment and further support.</p>	<p>Why discuss where he visited in the introduction? Leave that for the timeline paragraph – intro is a brief summary of the situation, not a description of what happened.</p>
<p>25th January 2020 Mr John Sanders Occupational Therapist Oldtown Clinic 34 Newbury Street Oldtown</p> <p>Re: Mr Carl Brown, 43 years old</p>	<p>The anxiety bit probably doesn't need to be included here but it's very well written!</p>

<p>Dear Mr Sanders,</p> <p>I am writing regarding Mr Brown, who has been diagnosed with a grade 2 lower back muscle sprain. Due to his anxiety about resuming his pre-injury routine, he requires your assessment at of his workplace.</p>	<p>Also, it is easier to say 'a workplace assessment'</p>
<p>I am writing regarding Mr Brown, who is receiving medication and physiotherapy for back pain. He is going to be returning to work and requires a workplace assessment</p>	<p>a grade 2 lower back sprain – be more helpful to the reader</p>
<p>I am writing with regards to Mr care Brown, who was recently assessed on our ward for back pain. He requires your urgent attention to conduct a work place assessment, and your support.</p>	<p>No ward mentioned. Just give diagnosis? Additionally, this is not an urgent letter.</p>

Background

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~~

Student	Teacher
<p>Socially, Mr Brown is a Self employee, who works as a graphic designer at home 8 hours per day on the computer. Additionally, he has a family history of degenerative spondylosis</p> <p>Regarding his medical background , in 2015 Mr Brown presented with L4 and L5 disc herniation due to lifting weights, for which treatment with NSAIDS and physiotherapy were performed.</p>	<p>Mr Brown is a self-employed graphic designer, who works at home 8 hours per day on the computer. In 2015 he experienced L4 and L5 disc herniation due to lifting weights, which was treated successfully. Additionally, he has a family history of degenerative spondylosis.</p>
<p>Mr Brown is a self-employed graphic designer and works at his home for about 8 hours daily. <i>He has a history of disc herniation</i> and his father had a has degenerative spondylosis.</p>	<p><i>This is a bit misleading – it seems like it is chronic/recurrent!</i></p>
<p>He Mr Brown is a graphic designer who works on the computer for around 8 hours each day. His father suffers from degenerative spondylosis. In 2015, he developed an L4/L5 disc herniation due to weight lifting, which was successfully treated with NSAIDs and physiotherapy. His father suffers from degenerative spondylosis.</p>	<p>Always start new paragraphs with the patient's name.</p> <p>Intra-paragraph Organisation: be more logical with the flow of information. Don't interrupt info about the patient with info about his father – put that at the end.</p>

<p>Regarding Mr Brown, social background he Mr Brown-is a self-employed-work graphic designer and primarily doing-works from home, spending around 8 hours per day on his computer. His family history reveals that his father has degenerative spondylosis and his mother has osteopenia. In terms of his medical history, in 2015, he was diagnosed with L4/L5 disc herniation which was successfully treated with medications and physiotherapy. His family history reveals that His father has degenerative spondylosis. and his mother has osteopenia:</p>	<p>If you are going to use introductory phrases, get them right!</p> <p>Regarding Mr Brown’s social background, Don’t get simple information like jobs / ages / names wrong – just copy from the case notes!</p> <p>Intra-paragraph Organisation: be more logical with the flow of information. Don’t interrupt info about the patient with info about his father – put that at the end.</p>
<p>Mr Brown works as a graphic designer spending eight hours daily on his computer. In 2015, he experienced a L4/L5 disc herniation due to lifting weights, for which he was treated accordingly with good results.</p> <p>Regarding his family history, we were informed about his father, who was diagnosed with degenerative spondylosis.</p>	<p>Be more concise: His father has degenerative spondylosis.</p>
<p>Mr Brown is a self - employed graphic designer, who most of the time works from home, and he spends longer hours sitting whilst working on his computer and forgets to go for a break. In 2015, Mr Brown had a L4/L5 disc herniation as a result of weight lifting. However, this was successfully treated with Nsaids and physiotherapy. His father has was diagnosed of degenerative spondylosis. and mother, osteopenia.</p>	<p>Stick to the numbers – don’t describe them. Additionally, it’s better to put the breaks information in timeline.</p> <p>Don’t focus on diagnosis in background – just say he has spondylosis.</p>
<p>In terms on of Mr Brown’s social and medical background, he works as a graphic designer from home and spends eight hours daily on his computer. In 2015, he had a disc herniation while lifting weights and as a result of that , for which he had a successful treatment with NSAIDs and physiotherapy. In his family history, his father has d degenerative spondylosis.</p>	<p>Good content, good organisation. Small language & conciseness issues.</p>

<p>As a graphic designer, Mr Brown spends eight hours a day working on his home computer. His medical history includes an L4/L5 herniation sustained while lifting weights in 2015, for which he was successfully treated with analgesics and physiotherapy. Regarding his family medical history, his father has degenerative spondylosis.</p>	<p>Very well written! Zero errors, great writing.</p>
<p>Mr. Brown is a graphic designer who works from home eight hours a day on his computer. He had an L4-L5 disc herniation due to lifting weights, which was successfully treated with NSAIDs and physiotherapy. In addition, his family medical history includes degenerative spondylosis in his father has degenerative spondylosis.</p>	
<p>Mr Brown is a graphic designer ,who works mainly 8 hours on his computer during the day, mainly from his home. Regarding his medical history ,he had a disc herniation which was treated with NSAIDs and physiotherapy sessions also. Additionally, his father has a degenerative spondylosis.</p>	<p>Good content and structure! Well done!</p>
<p>In terms of his social and medical backgrounds, Mr Brown is a graphic designer working from home on his computer for 8 hours daily. In 2015, Mr Brown had L4 and L5 disk herniation due to lifting weights. Additionally, there is a family history of degenerative spondylosis. ,as his father has the condition.</p>	
<p>Mr. Brown, works as a graphic designer, he spends 8 hours per day on a computer. In 2015, he was diagnosed with L4/L5 herniation which was attributed to lifting weights and was successfully treated. In addition, his father has had a history of degenerative spondylosis.</p>	<p>which was attributed to – due to : more concise</p>
<p>In terms of Mr and Brown's background information, he works as a designer, mainly from home, for 8 hours daily using a computer. Additionally, he has a history of L4 / L5 disc herniation, which was successfully treated with NSAIDS and</p>	

physiotherapy. He also has a family history of degenerative spondylosis.

Timeline 1 – 15th January

Presentation & treatment:

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 3x/day~~

✓ ~~Omeprazole 20 mg 1x/day (4 wks)~~

✓ No sitting at desk > 3 hrs/day (6 wks)

✓ Regular planned breaks advised (1x/60–90 mins)

✓ ~~Physiotherapy 1x/wk (4 wks) - prescribed exercises 2x/day~~

~~Follow up w practice nurse (25 January)~~

request

← Pt. requests workplace assessment - nurse to arrange w OT

Student	Teacher
<p>On 15th January, Mr. Brown presented to the clinic with complaints of lower back pain for 2 to 3 weeks. On examination, he had localised pain with spasms, tenderness and poor posture. A diagnosis of grade 2 muscle sprain lower back was made, which was aggravated by prolonged sitting. He was advised to avoid sitting at the desk for more than 3hours daily for 6 weeks Furthermore ,he was encouraged to and have regular planned breaks hourly. Additionally, Mr. Brown was being has been treated with ibuprofen and omeprazole as well as physiotherapy.</p>	<p>Good paragraph – some language issues but summarising and organisation very good.</p>

<p>On 15th January, Mr Brown, presented with a complaint of lower back pain lasting more than 3 to 4 weeks . Upon assessment, he had localised pain with muscle spasms and tenderness, which were attributed to poor sitting posture and forward head tilt. He also reported a pain score of 4/10. Therefore, he was diagnosed with the aforementioned condition, with no nerve root compromise, and has been advised to take was advised / has been taking ibuprofen and omeprazole. Additionally, he has been was advised not to sit at his desk for more than 3hours per day for the next 6weeks and to take regular planned breaks every 60 to 90 minutes. His treatment plan also includes physiotherapy once a week.</p>	<p>attributed to – caused by</p> <ul style="list-style-type: none"> - no relationship has been stated between these things. Content error. <p>Some tense issues – good writing but tense a bit confusing</p>
<p>On 15th January, Mr Brown reported that he had been experiencing a lower back pain for two-three weeks and GP's assessment pointed out his pain was localised. He presented symptoms as spasms and tenderness as well as a head poor posture. Following aforementioned assessment, Mr Brown was diagnosed with A grade two muscle sprain was diagnosed, lower back which was been aggravated by prolong sitting. He was prescribed analgesics, was advised to take regular breaks from sitting and follow-up physiotherapy. Mr Brown requested a future workplace assessment with an Occupational Therapist.</p>	<p>On 15th January, Mr Brown reported that he had been experiencing a lower back pain. Examination revealed spasms, tenderness and poor posture. A grade two muscle sprain was diagnosed, which was aggravated by prolong sitting.</p> <p>He was prescribed analgesics and advised to take regular breaks from sitting and do follow-up physiotherapy.</p> <p>I think the request would be better in the request paragraph.</p>

<p>Mr. Brown's appointment with his family doctor took place on 15th January. He presented with symptoms of localized lower back pain and poor posture. His condition was treated with ibuprofen and omeprazole. Additionally, he was advised to avoid sitting at his desk for more than three hours at a time and to take regular breaks. Physiotherapy has also initiated an routine exercise program for him.</p>	<p>Mr Brown initially presented / presented on 15th January with localised lower back pain, spasms and poor posture.</p> <p>Really good summarising – but spasms / ‘? aggravated by sitting at desk’ is not mentioned.</p> <p>Over-summarising excludes important content</p>
<p>in On 15th January 2020, Mr Brown presented with localised pain in his lower back possibility possibly due to prolonged sitting (3 hours continuously), and poor posture. Therefore, he was diagnosed with the aforementioned condition, and treated with ibuprofen, omeprazole, and physiotherapy sessions. Please note that Mr Brown has been advised to take regular breaks each 60 to 90 minutes, and avoid sitting for more than 3 hours while doing his work.</p>	<p>spasms?</p>
<p>He Mr Brown had an appointment with his family doctor. The doctor described low back pain. Examination revealed localised pain with spasms and poor posture The diagnosis is grade 2 muscle sprain, possibly aggravated by lumbago and prolonged sitting Ibuprofen and omeprazole treatment was given were prescribed It is was also recommended not to sit at a desk for more than 3 hours and to take regular planned breaks and do physiotherapy.</p>	<p>During an appointment On 15th January Mr Brown presented with</p> <p>Avoid using paraphrasing of medical terms – it’s risky</p>

<p><i>Mr Brown presented with lower back pain 2 to 3 weeks ago with a moderate pain score of 4 over 10. On assessment, he experienced tenderness at his lower back and localised pain with spasms. Mr Brown's head was tilted forward, evident of poor posture. He was then diagnosed with Grade 2 muscle sprain lower back with no nerve root compromised. However, the cause could be poor posturing and prolonged sitting continuously for 3 hours. Mr Brown was prescribed Ibuprofen and Omeprazole and regular planned breaks were advised for at least 60 minutes. He is doing well with physiotherapy and has requested for workplace assessment.</i></p>	<p>He presented with pain 10 days ago – on the 15th of January. Always say the specific date in timeline paragraphs.</p> <p><i>This</i> is written in a ‘non-concise’ way, which makes the paragraph long. See above for some examples of how to present the information in a concise way.</p> <p>This is actually from the 25th January?</p>
<p>On 15 th January, Mr Brown presented with lower back pain continueing for 3 weeks. His pain was localised with spasms and accompanied by tenderness. <i>He had a poor posture due to being forward head tilt evident.</i> As a result of that, he was diagnosed with grade 2 muscle sprain lower back without no nerve root compromise. I suspect that his condition aggravated by prolonged sitting 3 hours in continuous blocks and also having a poor posture. Mr Brown was treated with ibuprofen and omeprazole. In addition, he was recommended not to sitting at his desk longer than 3 hours in a day for 6 weeks and taking to take regular planned breaks every 60-90 minutes. Additionally, physiotherapy and painkillers has also was arranged for him and otherwise he requests workplace assessment with occupational therapist.</p>	<p><i>This</i> requires better use of ‘due to’ – which we’ll cover in upcoming classes. You can check it on the website too, under ‘causes’.</p> <p><i>Avoid using ‘I’ – first person voice. Use passive: ‘His condition was possibly aggravated by....’</i></p> <p>Look at ‘verb patterns’ on the website for guidance on recommended + to + infinitive</p>
<p>On 15th January 2024, Mr Brown visited the family doctor due to back pain and was diagnosed with a grade 2 muscle sprain in his lower back. He was treated routinely and referred to the practice nurse for follow-up care.</p>	<p><i>More detail on the treatment and advice is necessary, as we’re going to refer to the advice in the request paragraph.</i></p>
<p>On 15th January 2020, Mr Brown had an appointment with a family doctor. He</p>	

presented at the clinic complaining of lower back pain ~~4/10~~ ~~for 2 to 3 weeks~~ accompanied with spasms, tenderness and poor posture. ~~Mr Brown~~ He was diagnosed with grade 2 muscle sprain in his lower back with no nerve compromise. Subsequently, he was treated with ibuprofen, omeprazole and he was advised not to sit at the desk ~~up to~~ for more than 3 hours per day for 6 weeks.

Additionally, he has been ~~suggested~~ ~~advised~~ to have regular planned breaks once time 60 to 90 minutes and ~~do remain~~ ~~with~~ physiotherapy.