

TODAY:

- 1 Review
- 2 Grading Your Work!
- 3 Assignment

WRITING SUB-TEST: MEDICINE
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 17 June 2018

You are a doctor in the Outpatients Clinic of Northwood Hospital. You see a patient who is complaining of a painful hand.

PATIENT DETAILS:

Name: Betty Weston
Marital status: Divorced
Residence: 59 Atlantic Avenue, Northwood
DOB: 12 Feb 1964 (55 years)
Next of kin: Mother (80 years)

Social background:

Occupation: supermarket manager (job: 'v tiring'; pt. aware that obesity is aggravating factor), long hours, 'on feet all day'
Lives with mother (is caregiver) & 2 of 3 children (sons aged 23 & 25), daughter: married, lives nearby
Diet: high-fat, high-calorie, irregular meals (often binges)
Leisure: TV, reading - no sports/physical activity

Past medical history:

Type 2 diabetes mellitus (2012), hypothyroidism (2015)
Obesity
Arthrosis
Surgeries: 1999 - appendectomy
2014 - cholecystectomy (cholecystitis diag. late 2013)
Obstetric history: G3P3A0L3
Allergies: none
Non smoker
No alcohol

Outpatient clinic: 10 Jun 2018

Presenting problem:

Numbness/tingling in thumb, index & middle finger of R hand (3 wks' duration), sleep disturbed by pain (relieved by moving fingers)
Difficulty unscrewing jar tops and gripping glass/cup, objects slip from fingers
Pt. denies trauma to R hand or pain in other joints

Physical examination:

VS: BP: 132/84 mmHg, P: 78 beats/minute,
T: 36°C, RR: 32 breaths/minute
Body Mass Index (BMI): 32 kg/m²
Cardiovascular: normal heart sounds, no murmurs
R hand: no swelling, ↓grip strength
Phalen's manoeuvre & Tinel's sign: both positive

Diagnosis:

Carpal tunnel syndrome

Medications:

Metformin 1500mg/day PO divided q8hr with meal (diabetes mellitus)
Enalapril 20mg PO qDay (diabetes mellitus)
Levothyroxine 25mcg PO qDay (hypothyroidism)
Paracetamol 500mg PO, prn

17 Jun 2018

Review of symptoms:

Fatigue, cold intolerance, constipation

Discharge plan:

Conservative management: night-time wrist splinting (for >3 weeks)
Electromyography (EMG), nerve conduction study (NCS) → stabilise severity/exclude other neurologic diagnosis
↓BMI
Refer to physical therapy for aerobic fitness & weight-loss program (avoid exercises that cause wrist strain)
Continue baseline medication
Thyroid Stimulating Hormone (TSH) blood levels: assess need to ↑Levothyroxine
Refer to occupational therapy for wrist splint (custom- made, in neutral position) & ergonomics assessment


Writing Task:

Using the information given in the case notes, write a referral letter to Ms Goody, a community occupational therapist, for treatment management of Betty's condition. Address the letter to Ms Alison Goody, Occupational Therapist, Northwood Community Health Centre, Northwood.

In your answer:

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

Plan

<p>Introduction</p>	<ul style="list-style-type: none"> • Purpose: further management
<p>Background</p> <p>Reader is an OT so lifestyle</p> <p>Reader does not know patient</p>	<p>Social background:</p> <p>Occupation: supermarket manager (job: 'v tiring'); pt. aware that obesity is aggravating factor), long hours, 'on feet all day'</p> <p>Lives with mother (is caregiver) & 2 of 3 children (sons aged 23 & 25), daughter: married, lives nearby</p> <p>S I Diet: high-calorie, irregular meals (often binges)</p> <p>Leisure: - no sports/physical activity</p> <p>Past medical history:</p> <p>Type 2 diabetes mellitus (2012), hypothyroidism (2015)</p> <p>Art:</p>
<p>Timeline:</p>	<ul style="list-style-type: none"> • 10th June: symptoms & diagnosis • Grip strength / drop things (jar top) • Pain at night + move fingers to relieve • Today <p>Phalen's manoeuvre & Tinel's sign: both positive</p>
<p>Requests</p>	<ul style="list-style-type: none"> • Expand: further management • Night-time wrist splinting • Ergonomic assessment • Neutral position • 2 appointments: physio / diet <p>Ergonomic handle</p>  <p>Designed to fit the body exactly</p>

On 10th June 2018, Ms Weston presented to our clinic reporting numbness and tingling in the fingers of her right hand, sleep-disturbing pain, and difficulty with tasks, including unscrewing jar tops and gripping objects. She also denied any history of injury. On physical examination, even though there was not any swelling in her right hand, grip strength was reduced. Both Phalen's manoeuvre and Tinel's sign were positive. And finally she has been diagnosed with carpal tunnel syndrome.

Starting with 'And' is informal

COMPLEX:

CONJ. _____, _____

Although
Despite
Even though

Adjective

On 10th June 2018, Ms Weston presented to our clinic reporting numbness and tingling in the fingers of her right hand, sleep-disturbing pain, and difficulty with tasks, including unscrewing jar tops and gripping objects. She also denied any history of injury. On physical examination, *even though* there was **no** swelling in her right hand, grip strength was reduced. Both Phalen's manoeuvre and Tinel's sign were positive. **Consequently**, she has been diagnosed with carpal tunnel syndrome. **Currently, she reports fatigue**

Well of course!

Maybe if you put the diagnosis in Introduction then its okay here

On 10th June 2018, Betty Weston presented to our outpatient clinic with numbness and tingling in her right hand fingers over the past 3 weeks. In addition, she has difficulty unscrewing jar tops and gripping glass, and objects slip from fingers. Her vital signs were normal, and Phalen's manoeuvre and Tinel's sign were positive, which conformed carpal tunnel syndrome.

Advice: if unsure about cause (in any way) from case notes. Just say the SEQUENCE

Mr Weston presented on 10th June 2018 with a three-week history of numbness and tingling in her right hand. She had experienced pain, which had caused sleep disturbances, that had been relieved by moving her fingers and She had reported having difficulty with unscrewing jar tops and gripping objects such as glasses or cups. As example , the grip strength of her right hand had diminished . She is currently experiencing fatigue.

10th June Ms Weston presented with numbness and tingling in her right hand

On 10th June 2018, Ms Weston **reported that she had been experiencing** numbness and tingling in her right hand fingers **over the past 3 weeks**. In addition, she has difficulty unscrewing jar tops and gripping **objects**. Her vital signs were normal, and Phalen's manoeuvre and Tinel's sign were positive, which was followed by carpal tunnel syndrome being diagnosed.

Do we need it?

Sleep disturbance? Is where?

Ms Weston presented on 10th June 2018 with a three-week history of numbness and tingling in her right hand. She had experienced pain, which **had been** relieved by moving her fingers and she had reported having difficulty with unscrewing jar tops and gripping objects. **She is currently experiencing fatigue**.

↓grip strength . not mentioned in all above?

10th June Ms Weston presented with numbness and tingling in her right-hand fingers for 3 weeks along with sleep

fingers for 3 weeks along with sleep disturbances related to pain. Despite reporting no trauma, she has difficulty gripping objects. On examination her vitals were normal. However Phalen's manoeuvre and Tinel's sign were positive with diminished right hand strength which showed us she has a carpal tunnel syndrome. Today she is experiencing fatigue.

disturbances related to pain. Despite reporting no trauma, she has difficulty gripping objects. On examination, her vitals were normal. However, Phalen's manoeuvre and Tinel's sign were positive with diminished right-hand strength, which showed us she has a carpal tunnel syndrome. Today, she is experiencing fatigue.

Introduction	<ul style="list-style-type: none"> • Purpose: further management
Background (reader needs this perhaps more)	<p>Regarding Ms Weston's medical history, she has type 2 diabetes, hypothyroidism, and arthrosis. Additionally, her BMI is recorded as 32, and her diet mainly consists of high fat and calories. In terms of her social background, she works as a supermarket manager, which she describes as very tiring, and lives a sedentary lifestyle. Ms Weston is also responsible for her mother's care.</p>
Hospital Visit 10th	<p>Ms Weston initially presented on 10th June 2018 with a three-week history of numbness and tingling in her right hand. She stated that she had experienced pain, which had caused sleep <u>disturbances</u>, and that this had been relieved by moving her fingers. Additionally, she reported having difficulty with unscrewing jar tops and gripping objects such as glasses or cups. On examination, the grip strength of her right hand had diminished, and she was subsequently commenced on paracetamol. Currently, she is experiencing fatigue.</p> <p>We can use Past Perfect here because the symptoms started before going to hospital</p> <p>alain@set-english.com</p> <p>17 Jun 2018 Review of symptoms: Fatigue, cold intolerance, constipation</p> <p>Discharge plan: Conservative management: night-time wrist splinting (for >3 weeks) Electromyography (EMG), nerve conduction study (NCS) -> stabilise severity/exclude other neurologic diagnosis ↓BMI Refer to physical therapy for aerobic fitness & weight-loss program (avoid exercises that cause wrist strain) Continue baseline medication Thyroid Stimulating Hormone (TSH) blood levels: assess need to ↑Levothyroxine Refer to occupational therapy for wrist splint (custom- made, in neutral position) & ergonomics assessment</p>
Requests	<p>alain@set-english.com</p> <ul style="list-style-type: none"> • Expand: further management • Night-time wrist splinting • Ergonomic assessment • Neutral position • 2 appointments: physio / diet <p>Ergonomic handle</p>



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