# OET writing samples: occupational therapy, with answers

2 original practice cases with case notes and a model letter. Allow 5 minutes to read and 40 minutes to write, then compare. A model shows one good way to answer. It is not an official OET sample or a marking guide, and all patients are fictional.

## Sample 1: Referral letter

### Home safety follow-up after wrist fracture

Assume that today's date is 23 October 2026. Mrs Paredes is being discharged home this afternoon. You are an occupational therapist on the orthopaedic ward of the local hospital. Using the information in the case notes, write a letter of referral to Ms Fang Bitar, a community occupational therapist, requesting a home assessment, the installation of rails and a review of Mrs Paredes's daily living skills. Address the letter to Ms Fang Bitar, Community Occupational Therapist, Community Occupational Therapy Service, Community Health Centre, 42 High Street. 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.

**Patient details**

- Name: Mrs Lucia Paredes
- DOB: 14/03/1945 (81 yrs)
- Address: 15 Church Lane
- Admitted: 19/10/26; discharge: 23/10/26

**Social background**

- Widow (husband died 2019); lives alone; R-handed
- Single-storey house; 3 steps at front door, no rail; shower over bath
- Daughter lives interstate, phones daily; unable to visit until Dec
- Neighbour helps with shopping 1×/wk
- Sings in church choir; enjoys knitting
- Daughter told staff she and her brother are 'not speaking' after argument over late father's estate

**Medical history**

- Hypertension: amlodipine daily
- Osteoarthritis both knees; uses walking stick outdoors
- Nocturia: gets up 2–3×/night to toilet
- Bilateral cataract surgery 2016
- Appendicectomy 1972
- Allergies: penicillin (rash)

**Admission**

- Fall 19/10 approx 02:00: tripped on loose bath mat in dark on way to toilet; on floor ~2 hrs before able to phone neighbour
- X-ray: undisplaced R distal radius fracture; no other injuries; no head strike
- Managed non-operatively: below-elbow plaster cast for 6/52
- Analgesia: regular paracetamol; pain well controlled
- Bone density scan requested; GP to follow up

**OT assessment**

- Mobility (physio): independent with walking stick indoors, previously outdoors only
- Unable to do buttons, cut food or open jars one-handed (L hand only)
- Showering: unable to step over bath edge safely → no showering in bath until bath board/rails fitted; seated wash at basin agreed, carer to supervise; cast must be kept dry, cast protector supplied
- Toilet: low seat, nothing to hold; difficulty standing up using one hand → toilet frame with raised seat supplied; trialled on ward, transfers safe + independent; delivered home 23/10

- Kitchen: managing simple meals with adapted cutlery; kettle tipper trial successful
- Alert and orientated; keen to remain at home
- Previously declined personal alarm ('don't want to be a nuisance'); now agreeable
- Complained hospital food 'tasteless' and night nurse 'rude'

**Plan**

- Community OT referral: home visit within 1/52; assess bathroom/toilet; grab rails (shower/bath, toilet) + front step rail; consider bath board, night lighting; review toilet frame; review ADLs
- Personal alarm application started; until installed, agreed to keep mobile phone with her day and night
- Fracture clinic 30/10: check X-ray
- Cast care: seek urgent medical review if ↑ pain, numbness, swelling or colour change in fingers
- Interim home support confirmed (short-term community care): carer visits every a.m. from 24/10 for supervised wash + help with dressing; domestic help 1×/wk. Aged care assessment requested for ongoing support
- Discharge summary sent to GP; GP review in 1/52
- Neighbour checked home before discharge: loose bath mat removed; plug-in night light fitted in hallway

## Model letter: sample 1

23 October 2026

Ms Fang Bitar
Community Occupational Therapist
Community Occupational Therapy Service
Community Health Centre
42 High Street

Dear Ms Bitar,

**Re: Mrs Lucia Paredes, DOB 14/03/1945**

I am writing to refer Mrs Paredes, an 81-year-old widow who lives alone and is being discharged home today, and to request a home visit within one week for a home assessment, installation of rails and a review of her daily living skills.

She fell at about 02:00 on 19 October 2026 after tripping on a loose bath mat in the dark on the way to the toilet, sustaining an undisplaced right distal radius fracture. She is right-handed and has a below-elbow cast for six weeks. She cannot manage buttons, cut food or open jars, but she prepares simple meals with adapted cutlery.

Her shower is over the bath, and she cannot step over the edge safely, so she will wash seated at the basin until a bath board or rails are fitted. Her toilet is low with nothing to hold, so I supplied a toilet frame with a raised seat, which she used safely on the ward. Please assess for grab rails in the bathroom and toilet and a rail at her front steps, and consider a bath board and night lighting.

A carer will visit each morning from 24 October.

Yours sincerely,
Occupational Therapist
Orthopaedic Ward

## Why this letter works

**Kept:** The opening states the three requests and the timing, followed by the fall, the hand injury and the bathroom, toilet and step problems that the community therapist must address.

**Left out:** Her choir and knitting, her daughter's family argument, her blood pressure and penicillin allergy, the old surgeries, the ward food complaint and the fracture clinic and GP follow-up do not affect the home assessment.

## Sample 2: Update letter

### Rheumatoid arthritis flare limiting work tasks

Assume that today's date is 23 October 2026. Mrs Bukhari completed her sixth occupational therapy session two days ago. You are an occupational therapist at an outpatient hand therapy clinic. Using the information in the case notes, write a letter to Dr Vikram Srivastava, Mrs Bukhari's general practitioner. Update him on the outcome of her occupational therapy and ask him to review her medical management. Address the letter to Dr Vikram Srivastava, General Practitioner, The Medical Centre, 42 High Street. 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.

**Patient details**

- Name: Mrs Lakshmi Bukhari
- DOB: 14/03/1968 (58 yrs)
- Referred by GP (Dr Vikram Srivastava) 08/26 for hand function & work tasks
- Dx: seropositive rheumatoid arthritis (2019)

**Social background**

- Hairdresser in busy salon, 4 days/wk (↓ from 5 days since 06/26)
- Lives with husband; 2 adult children
- Daughter getting married 12/26 — pt wants to style bridal party's hair
- Enjoys gardening & sings in local choir
- Says salon manager 'doesn't care' & books her the most difficult clients

**Medical history**

- RA meds: methotrexate weekly + folic acid; managed by rheumatologist
- Last rheumatology review 05/26 — 'stable'; next appt 02/27
- Pt says rheumatologist is 'always rushed & never listens'
- Hypothyroidism — thyroxine daily
- Appendicectomy 1990
- OTC ibuprofen PRN past 3/52 — now taking most days
- Allergies: nil known

**OT intervention**

- 6 sessions 26/08/26 – 21/10/26
- Joint protection & energy conservation education — able to describe & apply principles at work
- Bilat custom resting hand/wrist splints at night — worn most nights, well tolerated
- Adapted tools: ergonomic offset-handle scissors, lightweight hairdryer, padded brush handles, height-adjustable stool
- Hand function ↑: now completes cut & blow-dry without rest break (previously needed 2 breaks)
- Self-rated work performance ↑ 4/10 → 7/10

**Current presentation (21/10/26)**

- Morning stiffness ↑ over past 4/52: now ~90 min (was ~20 min)
- Swelling & tenderness bilat MCP 2–3 & wrists, R > L; warmth over R wrist
- Pain 6/10 at end of work day (was 3/10)
- Unable to start clients before 10:00; cancelled 3 early appts this month
- Fatigue ↑; nil fever, nil wt loss reported
- Reports nil missed methotrexate doses
- Hair dye has stained R splint strap — replacement strap given

**Plan**

- Continue night splints, adapted tools & joint protection strategies
- Letter to GP: review medical mx of flare ± request earlier rheumatology review
- Pt to discuss later start times / shorter shifts with employer

- OT review 6/52 to reassess hand function & work tolerance

## Model letter: sample 2

23 October 2026

Dr Vikram Srivastava
General Practitioner
The Medical Centre
42 High Street

Dear Dr Srivastava,

**Re: Mrs Lakshmi Bukhari, DOB 14/03/1968**

I am writing to update you on the outcome of Mrs Bukhari's occupational therapy and to ask you to review her medical management, as she now has signs of a rheumatoid arthritis flare.

She completed six sessions between 26 August and 21 October 2026. She applies joint protection and energy conservation principles at work, wears custom resting splints most nights and uses adapted tools. She can now complete a cut and blow-dry without a rest break, whereas she previously needed two. She rates her work performance 7 out of 10, up from 4.

However, on 21 October 2026 her morning stiffness had increased over four weeks, from about 20 minutes to about 90 minutes. She has swelling and tenderness in both wrists and the second and third metacarpophalangeal joints, worse on the right, with warmth over the right wrist. Her end-of-day pain is 6 out of 10, previously 3. She reports more fatigue, no fever, no missed methotrexate doses and ibuprofen use most days for three weeks. She cannot start clients before 10:00.

Please review her medical management and consider requesting an earlier rheumatology review, as her next appointment is in February.

Yours sincerely,
Occupational Therapist
Outpatient Hand Therapy Clinic

## Why this letter works

**Kept:** The opening gives the outcome and the request together, followed by the current flare findings that justify the review and the work impact.

**Left out:** Her family, the wedding, gardening and choir, her comments about the manager and rheumatologist, her thyroid medication, the old surgery, the stained splint strap and the plans for employer discussion and review are not needed for the GP's review.