OET writing samples: physiotherapy, 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: Progress update letter

Frozen shoulder - progress has plateaued

Assume that today's date is 22 October 2026. Mrs Sethi had her initial physiotherapy assessment on 27 August 2026 and attended her eighth weekly treatment session today. You are a physiotherapist at an outpatient physiotherapy clinic. Using the information in the case notes, write a letter to Mrs Sethi's GP, Dr Arun Juneja, updating him on her progress and asking him to consider further management. Address the letter to Dr Arun Juneja, General Practitioner, General Practice, 42 Park Road. 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 Jocelyn Sethi
- DOB: 14/03/1971 (55 yrs)
- Address: 15 Elm Street
- Referred by Dr Arun Juneja (GP) 08/26 with R frozen shoulder; initial physio assessment 27/08/26

Social background

- Office administrator, full time; mainly computer work; R-handed
- Married; husband currently doing most household tasks
- Enjoys gardening and swimming; unable to swim since onset
- Husband remarked at 3rd appt that she 'has always made a fuss about pain'

Medical history

- Type 2 diabetes (6 yrs): metformin 1 g BD; HbA1c 7.1% (06/26)
- Hypothyroidism: levothyroxine daily
- Appendicectomy aged 19
- Allergies: nil known

Initial assessment (27/08/26)

- Insidious onset R shoulder pain approx. 5/12 ago; no trauma
- R shoulder X-ray (07/26, ordered by GP): no abnormality detected
- Global ↓ active and passive ROM R shoulder, esp. external rotation (ER); night pain 7/10
- No neck-related symptoms; no red flags (no fever, wt loss, trauma or neurological signs)

Treatment

- Weekly physio × 8/52 (03/09/26–22/10/26): education, gentle ROM exercises within pain tolerance, home exercise program (HEP)
- Adherent to HEP: exercises 2×/day
- Analgesia: paracetamol 1 g QID, limited relief; ibuprofen ceased 09/26 due to indigestion
- Complained that clinic receptionist was rude to her on 2 occasions

Progress (22/10/26)

- Wks 1–4: small ↑ ROM (passive ER 10° → 20°)
- Wks 5–8: no further ↑ ROM. Current passive R: flexion 100° (L 170°), abduction 80° (L 165°), ER 20° (L 70°)
- Night pain persists 7/10; wakes 3–4×/night; unable to lie on R side
- Tired at work; ↓ concentration due to poor sleep
- Difficulty dressing (bra, jacket) and reaching overhead shelves
- Anxious condition will 'never get better'; keen to try further treatment options

- Asked about acupuncture, which a friend found helpful for back pain

Plan

- Ask GP to consider intra-articular corticosteroid injection for pain relief; pt willing
- Alternatively / if no improvement: referral to orthopaedic shoulder clinic for further options
- Corticosteroid inj may temporarily ↑ BGL: pt to monitor BGL closely after any injection
- Continue physio fortnightly meanwhile; reassess ROM 4/52 after any injection
- Next physio appt 05/11/26

Model letter: sample 1

22 October 2026

Dr Arun Juneja
General Practitioner
General Practice
42 Park Road

Dear Dr Juneja,

Re: Mrs Jocelyn Sethi, DOB 14/03/1971

I am writing to update you on Mrs Sethi's progress with physiotherapy for her right frozen shoulder and to ask you to consider further management.

Mrs Sethi attended eight weekly sessions between 3 September and 22 October 2026, which included education, gentle range-of-motion exercises and a home exercise program that she has followed twice daily. Her passive external rotation improved from 10° to 20° during the first four weeks, but it has not improved further in the last four weeks. Her passive range on the right is now flexion 100° (left 170°), abduction 80° (left 165°) and external rotation 20° (left 70°). Night pain remains 7/10, she wakes three to four times each night, and she has difficulty dressing and reaching overhead. Paracetamol gives limited relief, and ibuprofen was stopped in September because of indigestion.

I would be grateful if you would consider an intra-articular corticosteroid injection for pain relief, and she is willing. Because she has type 2 diabetes, she will monitor her blood glucose closely after any injection. Alternatively, or if there is no improvement, please consider referral to an orthopaedic shoulder clinic. Meanwhile, I will continue physiotherapy fortnightly, with her next appointment on 5 November 2026.

Yours sincerely,
Physiotherapist
Outpatient Physiotherapy Clinic

Why this letter works

Kept: The request to the GP comes first, followed by the measured lack of progress and the persisting pain that justify an injection or specialist referral, with the diabetes note placed where it affects the injection.

Left out: Her job and hobbies, her husband's remark, the thyroid condition, the appendicectomy, the complaint about the receptionist and the question about acupuncture do not change what the GP is asked to decide.

Sample 2: Referral letter

ACL reconstruction rehab - patient relocating

Assume that today's date is 21 October 2026. Ms Mellor has just had her final session with you and moves to Brisbane on 1 November 2026. You are a physiotherapist at an outpatient sports physiotherapy clinic in Melbourne. Using the information in the case notes, write a letter to Ms Morag Sinclair, a sports physiotherapist in Brisbane, referring Ms Mellor for continuation of her staged rehabilitation. Address the letter to Ms Morag Sinclair, Sports Physiotherapist, Sports and Exercise Physiotherapy, Level 1, 88 River Road, Toowong QLD 4066. 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: Ms Natalie Mellor
- DOB: 03/08/1992 (34 yrs)
- Address until 31/10/26: 12 Elm Street, Brunswick VIC
- New address from 01/11/26: Unit 5, 30 Park Road, Milton QLD
- First physio appt 22/07/26; 22 sessions attended

Social background

- Accountant; transferring to Brisbane office, starts 03/11/26
- Netball (goal defence), state league; in season trains 3×/wk + weekly match
- Goal: return to competitive netball for 2027 season (starts March 2027)
- Lives with partner; partner staying in Melbourne until Dec
- Mother (attends some sessions) says pt 'too impatient, will wreck knee again'
- Enjoys gardening and reading

Medical history

- Mild asthma — salbutamol PRN; well controlled
- L ankle sprain 2019 — fully recovered
- Allergies: nil known
- R knee injury 12/05/26: non-contact, pivoting on landing during netball match
- MRI: complete R ACL rupture; small lateral meniscus tear

Surgery

- 15/07/26 R ACL reconstruction — hamstring (semitendinosus-gracilis) autograft + partial lateral meniscectomy
- Orthopaedic surgeon reviews 6/52 & 12/52: no additional surgical restrictions; rehabilitation remains criterion-based, not unrestricted sport clearance
- Pt complained to reception about clinic car parking fees

Assessment 21/10/26 (14/52 post-op)

- No effusion (stroke test 0); pain 0–1/10 after exercise
- R knee ROM: full extension; flexion 135° (L 145°)
- Quadriceps strength (handheld dynamometry): R = 72% of L
- Hamstring strength (handheld dynamometry): R = 78% of L
- Single-leg squat: mild dynamic knee valgus R
- History: straight-line jogging since 12/52, 2 × 10 min, symptom-free; further running progression now paused pending readiness reassessment

Current programme

- Gym 3×/wk: progressive quads & hamstring strengthening (leg press, split squats, bridges)
- Balance/proprioception; previously double-leg jump/landing drills; further impact progression paused pending readiness reassessment
- Adherence good; home programme 2×/wk

Return-to-sport criteria (discussed with pt)

• Netball: not before 9/12 post-op (mid-April 2027) at earliest; may be later depending on individual clearance, time alone insufficient

• Individual sports-team clearance after standardised strength and hop assessment appropriate to high-demand netball and the testing method; no single symmetry percentage gives clearance

• Also require good landing/change-of-direction mechanics, symptom-free full team training and psychological readiness (ACL-RSI completed and reviewed with sports team)

• Pt understands she will miss the March season start; disappointed but accepting

Plan

• Refer to sports physio in Brisbane to continue staged rehab from early Nov

• First improve quads/hamstring strength and valgus control; reassess readiness before graded running or further jumping. Then staged single-leg plyometrics and agility/change of direction only when appropriate criteria met

• Sports-team hop testing when physically ready and clinician-reviewed ACL-RSI; ongoing injury prevention programme after return to netball

• Copies of op report and strength test results enclosed

Model letter: sample 2

21 October 2026

Ms Morag Sinclair
Sports Physiotherapist
Sports and Exercise Physiotherapy
Level 1, 88 River Road
Toowong QLD 4066

Dear Ms Sinclair,

Re: Ms Natalie Mellor, DOB 03/08/1992

I am writing to refer Ms Mellor, who moves to Brisbane on 1 November 2026, so that you can continue her staged rehabilitation after right ACL reconstruction.

She underwent reconstruction with a hamstring autograft and partial lateral meniscectomy on 15 July 2026. At 14 weeks after surgery, she has no effusion, pain of 0–1/10 after exercise, full extension and flexion of 135° (left 145°). Quadriceps strength is 72% of the left and hamstring strength is 78%, and she has mild dynamic knee valgus on single-leg squat. She has jogged in a straight line since 12 weeks, but further running and impact progression are paused pending readiness reassessment.

Please first improve quadriceps and hamstring strength and valgus control, then reassess her readiness before graded running or further jumping. Staged single-leg plyometrics and agility work should follow only when appropriate criteria are met. A return to netball is not planned before nine months after surgery (mid-April 2027), and it depends on individual sports-team clearance after hop testing and a clinician-reviewed ACL-RSI. She understands that she will miss the start of the March season. Her new address is Unit 5, 30 Park Road, Milton. The operation report and strength test results are enclosed.

Yours sincerely,
Sports Physiotherapist
Outpatient Sports Physiotherapy Clinic, Melbourne

Why this letter works

Kept: The referral and its reason open the letter, followed by current findings and the criteria-based plan so the next physiotherapist knows what to progress and what to hold back.

Left out: Her job, the mother's comment, her asthma, the old ankle sprain, her hobbies, the car parking complaint and the partner's plans do not affect the rehabilitation plan.