OET writing samples: podiatry, 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

Rheumatoid forefoot – continuity of care after relocation

Assume that today's date is 22 October 2026. Mrs Menzies is moving interstate on 14 November 2026. You are a podiatrist at a private podiatry practice. Mrs Menzies has been your patient since 2021. Using the information in the case notes, write a letter to Mr Kofi Wishart, Senior Podiatrist at the community health centre near her new home, referring Mrs Menzies for ongoing callus care, orthosis review and footwear advice. Address the letter to Mr Kofi Wishart, Senior Podiatrist, Podiatry Department, Community Health Centre, 40 Ocean 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 Carys Menzies
- DOB: 03/05/1965 (61 yrs)
- Current address: 12 Banksia Street
- Moving interstate 14/11/26 → new address: Unit 5, 28 Harbour Street
- Pt of this practice since 2021

Social background

- Widowed; moving to live near daughter
- Retired primary school teacher; walks approx. 30 min daily with dog
- Enjoys knitting and crosswords
- Pt says daughter's partner is 'difficult' — reason she won't live with them

Medical history

- Rheumatoid arthritis (seropositive) dx 2009; GP arranging new rheumatologist after move
- Meds: methotrexate weekly + folic acid; hydroxychloroquine daily
- Short courses of prednisolone for flares; last course 02/26
- Osteopenia — calcium + vitamin D
- Appendicectomy 1988
- Not diabetic; non-smoker
- Allergy: zinc oxide adhesive tape → contact dermatitis

Podiatry assessment (15/10/26)

- Bilat. forefoot: hallux valgus, subluxed 2nd–4th MTPJs, clawed lesser toes; plantar fat pad displaced distally
- Painful plantar callus under 2nd & 3rd MTP heads bilat., R > L; pain 6/10 on walking before debridement
- Hx superficial ulcer under R 2nd MTP head 03/24 → healed in 6/52 with offloading; nil recurrence
- DP & PT pulses palpable bilat.; protective sensation intact (monofilament)
- Small hard corn dorsum R 2nd toe (shoe pressure on clawed toe)
- Nails NAD
- Skin otherwise intact; no current breakdown

Treatment / progress

- Scalpel debridement of callus q6/52 → pain ↓ to 2/10; tolerated well; no bleeding or skin breakdown
- Custom full-length EVA orthoses with metatarsal domes + shock-absorbing forefoot cushioning; issued 04/25

• Orthoses: top covers worn, cushioning compressed; domes still correctly positioned → need re-cover or replacement
• Usual footwear: extra-depth, wide toe box lace-ups; recently wearing slip-on flats while packing → ↑ forefoot pain
• Applies urea-based emollient to callus areas daily
• Complained that reception overcharged her at last appt
• Asked about cost of new orthoses

Plan

• Last debridement 15/10/26; next due late 11/26
• Refer to podiatry at new community health centre: ongoing callus debridement q6/52, orthosis review/re-cover, footwear advice
• Pt advised: report any skin break, heat, swelling or discharge promptly (immunosuppressed); avoid medicated corn plasters
• Copy of orthosis prescription to be enclosed with letter

Model letter: sample 1

22 October 2026

Mr Kofi Wishart
Senior Podiatrist
Podiatry Department
Community Health Centre
40 Ocean Road

Dear Mr Wishart,

Re: Mrs Carys Menzies, DOB 03/05/1965

I am writing to refer Mrs Menzies, who has been my patient since 2021 and moves interstate on 14 November 2026 to Unit 5, 28 Harbour Street, for ongoing callus care, orthosis review and footwear advice.

Mrs Menzies has seropositive rheumatoid arthritis and takes methotrexate and hydroxychloroquine, so she is immunosuppressed. On 15 October 2026 she had bilateral hallux valgus, subluxed second to fourth metatarsophalangeal joints and clawed lesser toes, with painful plantar callus under the second and third metatarsal heads, right worse than left. A superficial ulcer under the right second metatarsal head healed with offloading and has not recurred. Her pulses, protective sensation and skin are intact, and she is allergic to zinc oxide adhesive tape.

Scalpel debridement every six weeks reduces her pain from 6/10 to 2/10, and the next is due in late November. Her custom orthoses, issued in April 2025, have compressed cushioning and worn top covers, although the domes remain correctly positioned, so they need re-covering or replacement. Slip-on flats recently increased her forefoot pain. I have advised her to report any skin break, heat, swelling or discharge promptly and to avoid medicated corn plasters. A copy of the orthosis prescription is enclosed.

Yours sincerely,
Podiatrist
Private Podiatry Practice

Why this letter works

Kept: The three requested services open the letter, followed by the foot findings, treatment response and orthosis condition that the receiving podiatrist needs to continue care safely.

Left out: Her widowhood, daughter's partner, retirement, hobbies, appendicectomy, osteopenia, the billing complaint and the cost question do not change the podiatry care.

Sample 2: Findings and request letter

Falls-risk foot assessment – older woman

Assume that today's date is 22 October 2026. You saw Mrs Seo for her initial assessment this morning. You are a podiatrist at the Community Podiatry Clinic. Using the information in the case notes, write a letter to Mrs Seo's GP, Dr William Maalouf, updating him on your findings and treatment and requesting a review of possible postural hypotension and her medication. Address the letter to Dr William Maalouf, General Practitioner, High Street Medical Centre, 28 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 Haruka Seo
- DOB: 14/03/1948 (78 yrs)
- Address: 6 Elm Grove
- Referred by GP (Dr Maalouf) after 2 falls in last 3/12; initial podiatry assessment 22/10/26

Social background

- Widowed; lives alone in two-storey house, bedroom upstairs
- Daughter lives overseas, phones weekly
- Neighbour helps with shopping
- Enjoys crosswords and sings in church choir
- Pt says daughter-in-law 'never visits and only wants the house'

Medical history

- Type 2 diabetes (12 yrs) – metformin
- Hypertension – perindopril daily
- Furosemide commenced by GP 6/52 ago for ankle oedema
- Bilateral cataract surgery 2019 – vision now good with glasses
- Appendicectomy 1972
- Allergies: nil known

Falls history

- Fall 1 (8/52 ago): getting up from armchair; fall 2 (3/52 ago): getting out of bed at night to go to toilet
- Both falls: felt 'light-headed' on standing just before falling; no LOC
- Reports dizziness on standing ↑ since furosemide started
- Minor bruising L hip after fall 2; no fracture (X-ray per GP)

Assessment 22/10/26

- Monofilament: protective sensation ↓ both feet (forefoot and toes)
- Dorsalis pedis and posterior tibial pulses palpable bilat; skin intact, no ulceration
- Clawing 2nd and 3rd toes bilat; painful corns dorsal PIPJ 2nd & 3rd toes both feet
- Pain walking 6/10 (corns)
- Footwear: loose, worn backless slippers, smooth soles; wears indoors all day
- Gait slow, shuffling; holds furniture when walking indoors
- Pt complains previous podiatry clinic 'kept her waiting for an hour and was rude'

Treatment

- Corns debrided (scalpel) → pain 1/10 after treatment
- Silicone toe protectors fitted 2nd & 3rd toes bilat
- Footwear advice: replace slippers with enclosed, well-fitting shoes with fastening, firm heel counter, non-slip sole; information sheet given
- Advised daily foot check (↓ sensation); daughter to help order new shoes online

Plan

- Letter to GP: request review for ?postural hypotension and medication review (esp. recent furosemide)
- Referred to community falls prevention physiotherapy program

- Podiatry review 6/52 – corns, toe protectors, check new footwear
- Advised to rise slowly from bed/chair; sit on edge of bed before standing

Model letter: sample 2

22 October 2026

Dr William Maalouf
General Practitioner
High Street Medical Centre
28 High Street

Dear Dr Maalouf,

Re: Mrs Haruka Seo, DOB 14/03/1948

Thank you for referring Mrs Seo, whom I assessed this morning after her two falls in the last three months. I am writing to update you on my findings and treatment and to request a review of possible postural hypotension and her medication.

Both falls occurred on standing, once from an armchair and once from bed at night, and she felt light-headed just before each fall. She reports that her dizziness on standing has increased since furosemide was started six weeks ago. She also takes perindopril for hypertension.

Protective sensation is reduced in both feet, but her pulses are palpable and her skin is intact. She has clawed second and third toes with painful corns, causing pain of 6/10 on walking. She wears worn backless slippers indoors all day, and her gait is slow and shuffling. I debrided the corns, which reduced her pain to 1/10, fitted silicone toe protectors and advised enclosed, well-fitting shoes and daily foot checks. I also advised her to rise slowly and referred her to the community falls prevention physiotherapy program, and I will review her in six weeks.

Please review her for postural hypotension and her medication, particularly the recent furosemide.

Yours sincerely,
Podiatrist
Community Podiatry Clinic

Why this letter works

Kept: The request for a blood pressure and medication review is stated in the first paragraph, and the falls pattern linked to furosemide follows before the foot findings.

Left out: Her family tensions, choir, crosswords, cataract surgery, appendicectomy and the complaint about a previous clinic do not affect the GP's review.