Writing sub-test
Speech Therapy
Sample Test

Please print in BLOCK LETTERS

Candidate number

Family name

Other name(s)

City

Date of test

Candidate's signature

YOU MUST NOT REMOVE OET MATERIAL FROM THE TEST ROOM
You are a speech pathologist in private practice. This patient was referred to you by an ENT surgeon, Ms Anne Werrall, for assessment and treatment, and you have now completed three months of regular treatment sessions with the patient.

Name: Jana Pelovic (Ms)
DOB: 24/11/1975
Diagnosis: Intermittent dysphonia caused by vocal fold nodules

Medical Hx
- Frequent URTIs (upper respiratory tract infections), especially in winter
- Allergic to nuts
- Asthmatic (since childhood, 5 yrs old)
- Active & fit (plays competitive netball)

Voice has been slowly deteriorating (i.e., becoming increasingly hoarse) over past 2-3 years

Social Hx
- Beginning teacher (qualified last year) – full time position; finds work stressful (heavy workload, difficulties with classroom management)
- Difficult separation from husband (18 mths ago); now lives with two children
- Fit, smoker, good diet, normal weight (BMI 23)
- Outgoing personality, sociable, speaks loudly, dominant in conversation (describes self as ‘loud’)

SP Initial Ax Results (2/12/09)
- Voice profile indicates moderate roughness & breathiness with mild strain, phonation breaks, mildly low mean pitch, mildly loud volume
- Pt reports sensory changes characterised by dryness, fatigue & use of effort required to talk
- Pt reports reduced pitch range especially in upper register; pitch & phonation breaks in singing
- Videostroboscopic analysis shows thickened epithelium & bilateral thickened superficial lamina propria at the midpoint, which impedes normal voicing; nodules appear soft & benign
- Stroboscopic view of moving vocal folds shows motion inhibited by the masses
Other influencing factors

Smoking & regular URTIs may exacerbate occupational vocal abuse

Anxiety, stress & conflict relating to marriage breakdown perhaps contribute to development of vocal nodules (through bodily physical tension)

Progress

Voice therapy Tx focus

1. facilitate normal voice production, e.g., reduce volume and effort required, use of optimal pitch, use of diaphragmatic breathing, optimal posture and resonance

2. manage vocal abuse, teach ‘yell well’ technique, reduce/eliminate throat clearing, facilitate cessation of smoking

3. implement vocal hygiene, e.g., increase water intake, steaming, use of vocal rest and reduction of vocal load

Tx duration: regular sessions over estimated 3-6/12

Reassessment recommended at 3/12

After 3 months (6/3/10)

Good compliance by pt; voice normal, no sensory symptoms reported; cessation of smoking; regular use of voice techniques

Review in 3/12

Writing task:

Write a letter to the referring ENT surgeon, Ms Anne Werrall, Ear, Nose and Throat Surgeon, City Hospital, Main Street, Newtown, outlining assessment recommendations, treatment results and recommended follow-up treatment.

In your answer:

• expand the relevant case notes into complete sentences

• do not use note form

• use letter format

The body of the letter should be approximately 180-200 words.
Dear Ms Werrall,

Ms Jana Pelovic  DOB 24/11/75

Thank you for referring Ms Jana Pelovic to me for assessment and treatment of intermittent dysphonia due to bilateral vocal nodules.

Initial assessment results on 2/12/09 showed perceptual changes (moderate roughness and breathiness, phonation breaks, mildly low pitch and mildly loud volume) and reported sensory changes. Ms Pelovic is a recently qualified teacher and professional voice use may have contributed to the dysphonia. Another contributing factor might be recent stressful events (a marriage breakdown 18 months ago) and poor management of the associated stress. A history of smoking and frequent URTIs may well also exacerbate the problem.

Speech pathology aimed to facilitate normal voice production, eliminate or reduce vocal abuse, and provide voice education. This included increased fluid intake, reduction of vocal load, cessation of smoking, use of optimal pitch in speech, and stress management techniques.

Ms Pelovic was committed to her three-month program of therapy and has stopped smoking. Her voice is now normal and no sensory abnormalities are reported. A review in three months is recommended to ensure maintenance of Ms Pelovic’s vocal health.

Yours sincerely

Speech Pathologist