

Date: [Insert Date]

To: [Employer Name / Human Resources Department]

From: [Physician Name, MD/DO]

Re: Letter of Medical Necessity for Workplace Accommodation

Patient Name: [Patient Full Name]

Date of Birth: [Patient DOB]

To Whom It May Concern,

I am writing on behalf of my patient, [Patient Name], who is currently employed as an Ultrasound Sonographer. Due to a diagnosed musculoskeletal condition affecting the [Right/Left/Both] upper extremity, specifically the shoulder and scanning arm, it is medically necessary for [him/her/them] to utilize a specialized ergonomic arm support system while performing clinical duties.

The repetitive motion, prolonged static posturing, and forceful exertion required during ultrasound examinations place significant strain on the patient's musculoskeletal system. Without proper support, these tasks exacerbate the patient's condition and increase the risk of long-term injury or disability.

Recommended Accommodation:

I recommend the provision of a dynamic or articulating arm support device designed for sonography. This device will allow the patient to:

- Maintain a neutral shoulder and elbow position during scans.
- Reduce the muscle load on the rotator cuff and trapezius.
- Minimize the weight-bearing strain of the scanning arm.

This accommodation is essential for the patient to perform the essential functions of their job safely and effectively while preventing further physical deterioration. We request that this equipment be integrated into the patient's workstation as soon as possible.

Should you require any further information or clarification regarding this medical necessity, please contact my office at [Phone Number].

Sincerely,

[Physician Signature]

[Physician Printed Name]

[Medical License Number]

[Practice Name/Clinic]