[Date]

[Recipient Name]
[Title]
[Department Name]
[Facility/Organization Name]

RE: Reasonable Accommodation and Return to Work - [Employee Name]

Dear [Recipient Name],

I am writing on behalf of my patient, [Employee Name], who serves as an Ultrasound Technician at your facility. [Employee Name] is cleared to return to work on [Date] following a medical leave related to musculoskeletal strain/injury.

To ensure a safe return to work and to prevent further injury or exacerbation of their condition, the following ergonomic equipment and workplace modifications are medically necessary:

- **Ergonomic Scanning Chair:** A height-adjustable chair with lumbar support and a foot ring to maintain neutral spinal alignment during exams.
- **Height-Adjustable Ultrasound Console:** Access to equipment that allows for sit-to-stand positioning to reduce shoulder abduction.
- **Support Bolsters/Cushions:** Ergonomic scanning wedges or arm supports to reduce static muscle loading during prolonged scans.
- **Anti-Fatigue Matting:** For use during procedures requiring standing.
- **External Monitor:** An adjustable high-resolution monitor to prevent neck strain and repetitive twisting.

In addition to these equipment requirements, I recommend the following workflow adjustments:

- Frequent short "micro-breaks" (1-2 minutes) between patients to perform stretching.
- Limiting the number of high-force exams (e.g., portable bedside scans or morbidly obese patients) per shift during the initial [Number] weeks of return.

These accommodations are essential for the patient to perform the essential functions of their role as an Ultrasound Technician safely. Please contact my office at [Phone Number] if you require further clarification regarding these medical requirements.

Sincerely,

[Physician Name, MD/DO]
[Medical License Number]
[Practice Name]