[Employee Name]
[Employee ID]
[Date]

To: [Manager Name / Human Resources Department]
From: [Healthcare Provider Name/Clinic]
Subject: Return to Work with Ergonomic Posture Accommodations

Dear [Manager Name],

This letter serves to confirm that [Employee Name] is cleared to return to their duties as a Radiology Technologist effective [Date]. To ensure patient safety and prevent further physical strain, the following ergonomic posture accommodations are required:

- **Lead Apron Support:** Use of a two-piece (vest/skirt) lead apron or a mobile lead shield to reduce axial loading on the spine during fluoroscopy procedures.
- **Workstation Ergonomics:** Access to a height-adjustable sit-stand desk and an ergonomic chair with lumbar support for PACS image review and documentation.
- **Positioning Aids:** Use of mechanical patient transfer devices or slide boards to avoid awkward twisting or bending during patient positioning on X-ray/CT tables.
- **Monitor Placement:** Adjustment of control booth monitors to eye level to prevent repetitive neck flexion or "tech neck" strain.
- **Micro-breaks:** Brief periods (1-2 minutes) every hour to perform postural stretching and relief from static standing positions.

These accommodations are intended to assist the employee in maintaining neutral spinal alignment while performing clinical tasks. We will re-evaluate the necessity of these measures on [Review Date].

Sincerely,

[Physician Signature]
[Physician Name and Title]
[Medical Facility Name]
[Phone Number]