

Occupational Health Department, Physiotherapy Recommendations

Employee Name :	
Clock Number	

Attendance date:	16/9/19	Review Date:	n/a
Start date:	23/9/19	Expiry Date:	n/a
Seen by:	CONSULTANT PHYSIOTHERAPIST		

Reason for appointment: Sickness absence process Referral from OH colleague

Relevant medical issues:

underwent a Right total hip replacement in May 2019. He is currently on sick leave.

The recovery time for this is usually three months. His recovery has been slow due to ongoing right knee pain and left hip pain. He has also had a previous spinal fusion, which complicates the recovery from hip surgery due to the increased risk of dislocation.

He was reviewed by his Orthopaedic Consultant on 9/9/19 and has been advised he requires a right total knee replacement and left total hip replacement due to Advanced stage osteo-arthritic change. He is now on the waiting list but this will take some time.

I have examined him today and feel he is fit to return to work on a phased return, but with the permanent restrictions I have listed below. Due to these restrictions he may require redeployment.

He can return to work on 23/9/19 if the business can accommodate him as follows;

Weeks 1 +2 four hours

Weeks 3 +4 six hours

Week 5, full hours.

Outcome of assessment

Fit for work with restrictions or adjustments – please see section below Phased hours recommended

If restricted duties or adjusted hours have been recommended how long are these likely to be required for? PERMANENT

If the employee is unsuitable for work in any capacity, including office based, please can you comment on the barriers to resuming, and any plan in place to support the employee towards a return with an estimated timescale? N/A

Are there any additional care points to consider? He will require regular change of position, ie sitting/ standing/walking.



Is a further OH review recommended, and timescale? NO

RECOMMENDED ADJUSTMENTS

Specific Work Activities

Confined space full body entry Confined space upper body entry PERMANENT

General Activities

Manual Handling Moderate manual handling (5 - 10kg) Kneeling Crawling Crouching Prolonged standing Repetitive climbing of stairs

Repetitive climbing of ladders
Repetitive bending/twisting of torso

PERMANENT

Please read the following consent information, and indicate your wishes by ticking the relevant box(es) underneath.

If you consent to the release of this report, it will be sent to your business management & Human Resources / Blue Arrow Consultant (as applicable), and if required to the Safety Department.

This report will be used by the company to support management processes such as role allocation/adjustments and sickness absence. This report therefore may be discussed at business meetings comprising of representatives from management, HR personnel, Occupational Health (clinical and non-clinical staff) and, if necessary, safety personnel.

If you do not consent to the release of this report, or fail to make a timely consent decision, OH will notify your line manager and HR / Blue Arrow Consultant and a copy of this report will be held within your medical records, but will not be released to the business.

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\boxtimes	I consent to the release of this information.	
	I do not consent to the release of this information.	ï