

Case Management Report – Medical Confidential

7th January 2026

Dear Manager ,

Re: XXXX
XXXXXX
XXXXXX

Thank you for referring the above employee for an Occupational Health Consultation. The purpose and process of the Consultation were explained, and consent was provided for this report to be produced, which is provided for advisory purposes only, and is not legally binding on any party - This includes any suggestions made (such as recommendations/adjustments), the implementation of which will ultimately be a management decision based on operational feasibility.

Please note that all necessary data protection checks were carried out prior to commencing the assessment and confidential medical information is not included in the report unless specific consent to disclose this has been provided.

Background

Mr XXXX has worked as a Production Operative at XXXX since 26th September 2022. I understand that this role entails physically demanding production duties, including moving and replacing large rolls of material, lifting and tipping wheelbarrows of sand, pulling rolls from the production line, working at height using ladders and platforms, prolonged standing, pushing and pulling tasks, and operating a forklift truck requiring full cervical rotation during reversing manoeuvres. The referral today was for a Case Management assessment with a Doctor, conducted face to face, to review his ongoing work-related neck and shoulder injury, his current functional capability, and his fitness to return to a manual role following recurrent periods of absence. Mr XXXX has been seen by myself on 26th November 2025. From that assessment, the conclusion was that he should be reviewed again following completion of his physiotherapy sessions, in order to reassess his functional progress and fitness for work.

Current Position

Mr XXXX told me that he is not currently taking any pain relief and is no longer using any prescribed medication. He told me that he has attended a golf simulator recently, although he said he has not been undertaking regular walking exercise. He told me his current GP fit note is due to expire on 2nd February.

He told me that he has a follow-up appointment scheduled with his psychiatrist and that he is also due to be reviewed again by a doctor. He told me that his shoulder and neck movement have now fully improved and that he does not experience the same limitations as previously. He said that he is now able to undertake FLT driving and feels confident with neck rotation required for reversing manoeuvres.

He told me that he has been absent from work for approximately two years.

He told me that he does not have any difficulty with walking and that he is able to drive himself to work. He told me that he is able to cook and clean independently without assistance. He also told me that he has one further physiotherapy session planned prior to returning to work, and that following this his fit note will come to an end.

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A physical assessment was undertaken as part of today's consultation. On examination, he demonstrated full range of movement in both shoulders and full range of movement in the cervical spine, without observed functional restriction. A visual field assessment was also completed, which did not reveal any abnormalities or concerns.

Response to Management Questions

Are there recommendations as to adjustments (temporary or permanent), additional input to facilitate an early return to work, or consideration for redeployment?

Yes. In order to facilitate a safe and sustainable return to work, the following temporary adjustments are recommended:

- Commence a phased return to work from 2nd February, coinciding with the expiry of his current fit note and allowing time for completion of one further physiotherapy session
- Start at 50% of his contractual hours, with a gradual increase to 75% and then 100%, on a weekly basis, subject to tolerance and symptom stability
- Avoid heavy lifting, manual handling of heavy items, and picking up materials initially
- Avoid working at height, including climbing ladders and accessing platforms
- Avoid working in the area where the original slip occurred, if operationally feasible
- Focus duties primarily on FLT operation, which he has demonstrated he can safely perform
- A task-specific workplace risk assessment should be completed prior to his return to ensure the agreed adjustments are implemented safely and consistently

These adjustments should be reviewed as his rehabilitation progresses. Once he has completed all physiotherapy and demonstrated sustained functional capacity, his suitability to return to his full substantive role can be reassessed. At this stage, it would be premature to make a final decision regarding a return to full manual duties.

How will any residual functional impairment / incapacity affect work ability and for how long is this likely?

At present, Mr XXXX does not demonstrate significant functional restriction on clinical assessment. However, given his prolonged recovery period and recent rehabilitation, there remains a risk of symptom recurrence if he returns too quickly to heavy manual tasks or work at height.

Any residual impairment is therefore best managed through a graded return to work with temporary restrictions. The duration of these restrictions will depend on his response to the phased return and completion of physiotherapy. Further Occupational Health review may be required if symptoms recur or if a return to full manual duties is being considered.

Is the employee fit and well enough to return to work?

Yes. In my opinion, Mr XXXX is fit to return to work from 2nd February, subject to the temporary adjustments and phased return outlined above. This timing aligns with the expiry of his current fit note and allows for completion of his final physiotherapy session.

He is not yet fit for unrestricted manual duties, but he is fit to return to work in a controlled and supported manner. A further Occupational Health assessment would be appropriate once rehabilitation is complete if the business is considering his return to full production duties.

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Conclusion

Mr XXXX is fit to return to work from 2nd February, subject to a phased return and temporary adjustments, including avoidance of heavy lifting, working at height, and ladder use. He is fit to undertake FLT duties during this period. A further Occupational Health review may be required once physiotherapy is completed if a return to full manual duties is being considered.

Follow Up

I suggest that if the business is content for Mr XXXX to continue working in an FLT-focused role with the adjustments outlined above, a further Occupational Health follow-up is not required at this stage. However, if the business wishes Mr XXXX to return to his substantive Production Operative role involving full manual duties, a further Occupational Health assessment would be required prior to this transition to ensure he is fit to do so safely.

Report Copies

The employee has requested to see a copy of the report at the same time it is sent to management.

Yours sincerely,



Dr Saad Qazi

Occupational Health Physician

Doctor of Medicine (MD Degree) , DOccMed

GMC: 7798466

Data Protection Note:

You are advised to store this document in a private and secure location whilst the employee remains in employment with you and for six years after the employee leaves your employment, and/or in accordance with your policy. Thereafter you are advised to destroy the document.