**Case description**

This patient was treated in an NHS outpatient setting primarily treating musculoskeletal patients. The OTs in this department provide a vocational rehabilitation service.

Further details and fit notes can be found on RCOT website within the Work Specialist section.

**History**

The patient is a 48 year old male with Cauda Equina diagnosed in July 2022. He had a L3/4 spinal decompression and discectomy. Immediately after his surgery, when he was unable to travel into the hospital, he was seen by the community therapy team. He was referred to outpatient OT in December 2022.

**OT assessment**

At initial assessment, he was independent in all PADLs and only avoided heavier DADLs involving lifting and push/pulling. He was mobilising independently but only for 20 minutes at a time due to pain. He had ongoing issues with weakness, balance and gait. He had limited tolerance to sitting. He was able to drive for a maximum of 60 minutes at a time.

Prior to seeing OT, his GP had provided a Fit Note that would sign him off work until the end of January 2023. The patient wanted to commence a phased return to work when his Fit Note expired. The OT completed a task analysis to understand the specific requirements of the patient's job.

His job involved travelling throughout the UK to assess damage caused to properties by incidents such as fire and flooding. This required him to drive up to 3 hours to reach a job and to stand/walk throughout the day. He would also be required to remove some items from the properties. These can be heavy e.g. washing machines, and would need to be loaded into large skips. This would require him to lift above shoulder height. He would frequently use stairs and step ladders.

The patient worked full time. We discussed if reduced hours would be an option for him. The patient discussed this with his manager who agreed to reduced hours, but the patient would only be paid for the hours that he was at work.

**Rehab**

Rehab commenced immediately after the initial assessment and took place in a rehab gym/workshop setting. The patient was invited to attend our OT/PT spinal rehab group.

The initial focus was on improvement of his gait and balance. As this improved, we worked on his standing and walking tolerance. We worked on strength and fitness in readiness for work related tasks. Simulation of specific work-related tasks was added when sufficient progress was made. This included steps, step ladders and lifting.

The Primus RS (BTE) was used to establish baseline ability to lift. This was reviewed at intervals throughout rehab. At initial assessment he was able to lift 12kgs from knuckle to shoulder height.

**Return to Work**

The OT was able to provide a return-to-work Fit Note at the end of January 2023. This recommended that he return to work for 5 hours per shift, 3 non-consecutive shifts per week. It recommended that he did not drive for more than 60 minutes at a time and that lifting above shoulder height be avoided. Lifting between knuckle and shoulder height could be performed, if the weight was 12kgs or below. Although stairs could be used, step ladders should be avoided at this time.

With ongoing rehab and progress in work-related ability, his hours were gradually increased over a couple of months as his tolerance to weight bearing improved and his recovery time after a shift reduced. A rest day was retained in the middle of the week as this appeared to facilitate successful management of his residual pain.

Although his lift capacity increased to 22kgs this was only up to shoulder height. It was unlikely, given his history and function, that he would tolerate lifting heavy items above shoulder height and the patient was keen for this to be a long-term adjustment within his work duties.

The patient's tolerance to driving did increase with rehab, but he was aware that his pain was exacerbated after 90 minutes. This prevented him from being able to drive to a site and work on arrival. Fit Notes requested work no more than 90 minutes from base as a long term adjustment.

The patient's ability to use step ladders improved and this was permitted within the workplace setting.

**Discharge**

The patient was discharged when it was apparent that some long-term limitations would need to be accommodated and ongoing rehabilitation would not be able to safely address the remaining tasks at work. When his employer had agreed to the requests made in the Fit Notes provided, we were able to discharge. The patient had a follow up telephone call 8 weeks after discharge from regular rehabilitation . This confirmed that he continued to manage well at work and no unexpected issues had arisen.