

Date: [Date]

To: [Employer Name/Company Name]

Attn: [Supervisor or HR Department]

Fax/Email: [Contact Information]

RE: Physical Therapy Discharge and Fitness for Duty

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Date of Injury: [Date of Injury, if applicable]

To Whom It May Concern,

This letter serves to notify you that [Patient Name] has completed their course of physical therapy at [Clinic Name] as of [Discharge Date].

Based on the patient's functional progress, clinical objective measures, and completion of treatment goals, I have determined the following regarding their fitness for duty:

Status:

Full Duty: The patient is cleared to return to work at full capacity with no physical restrictions.

Modified Duty: The patient may return to work with the following permanent/temporary restrictions: [List restrictions here].

Maximum Medical Improvement (MMI): The patient has reached MMI regarding physical therapy intervention.

Functional Capabilities:

Lifting/Carrying: [e.g., Up to 50 lbs]

Pushing/Pulling: [e.g., Up to 100 lbs]

Postural Tolerances: [e.g., No limitations on sitting, standing, or walking]

The patient has been educated on a home exercise program to maintain their current functional status. No further physical therapy sessions are scheduled at this time.

Please contact our office at [Phone Number] if you require further documentation or clarification.

Sincerely,

[Provider Signature]

[Provider Name, Credentials]

[Clinic Name]

[License Number]