

Date: [Date]

To: [Employer Name/Company Name]

Attention: [Manager or HR Representative Name]

Address: [Company Address]

RE: Physical Rehabilitation Progress and Fitness for Duty

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Date of Injury/Onset: [Date]

To Whom It May Concern,

This letter provides a clinical update regarding the physical rehabilitation progress for the above-named patient. [Patient Name] has been participating in a structured rehabilitation program at [Facility Name] since [Start Date].

Current Progress:

The patient is currently attending sessions [Number] times per week. They have shown consistent improvement in [Strength/Mobility/Range of Motion]. To date, the patient has completed [Number] out of [Total Number] projected sessions.

Current Functional Status:

The patient is currently capable of the following activities:

- Lifting: Up to [Weight] lbs.
- Standing/Walking: [Duration] per hour.
- Specific Tasks: [List specific work-related tasks].

Work Status Recommendation:

Based on the most recent evaluation on [Date], the patient's status is as follows:

Fit for Full Duty: No restrictions effective [Date].

Fit for Modified Duty: With the restrictions listed below from [Start Date] to [End Date].

Not Yet Fit for Duty: Patient remains off work until next evaluation on [Date].

Specific Restrictions (if applicable):

[Insert specific restrictions or accommodations needed].

Plan of Care:

Rehabilitation will continue for an additional [Number] weeks. We anticipate a full return to unrestricted duty by [Target Date], pending further objective testing.

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

Sincerely,

[Signature]

[Provider Name, Title]

[Clinic/Facility Name]