

Date: [Date]

RE: [Patient Name]

DOB: [Patient Date of Birth]

Date of Injury/Surgery: [Date]

Dates of Service: [Start Date] to [End Date]

Dear [Referring Physician Name],

This letter serves as a discharge summary for the above-referenced patient who has completed an outpatient physical therapy program for [Diagnosis/Reason for Referral].

1. Treatment Summary

The patient completed [Number] sessions. Treatment included [List interventions: e.g., manual therapy, therapeutic exercise, gait training, and neuromuscular re-education].

2. Progress Toward Goals

[Describe improvement in range of motion, strength, and functional mobility. Mention if goals were fully or partially met.]

3. Discharge Status

- **Pain Level at Discharge:** [Score]/10
- **Functional Status:** [e.g., Independent with ADLs, returned to sport, or improved mobility]
- **Reason for Discharge:** [e.g., Goals met, plateau in progress, or insurance expiration]

4. Recommendations

The patient has been instructed in a Comprehensive Home Exercise Program (HEP) to maintain current gains. We recommend [e.g., return to normal activity, follow-up with MD, or transition to gym program].

Thank you for the opportunity to participate in this patient's care. Please contact our office if you have any questions.

Sincerely,

[Physical Therapist Signature]

[Physical Therapist Name, Credentials]

[Clinic Name]

[Phone Number]