

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Date of Birth: [Insert DOB]

Discharge Date: [Insert Date]

Dear [Patient Name],

Congratulations on completing your physical therapy program for [Reason for Therapy/Diagnosis]. Based on your recent evaluation, you have met your functional goals and are ready for discharge to a Home Exercise Program (HEP).

To maintain the progress you have made and to prevent future re-injury, it is essential that you continue your prescribed exercises independently. Attached to this letter, you will find your customized Home Exercise Program, which includes:

- Specific exercise descriptions and diagrams
- Frequency (how many times per week)
- Intensity (sets and repetitions)
- Precautions or movements to avoid

Discharge Instructions:

- Perform your exercises consistently as outlined in the attachment.
- Listen to your body; if you experience sharp or increasing pain, stop the activity.
- Maintain proper posture and body mechanics during daily activities.

If you experience a significant setback, a return of your original symptoms, or have questions regarding your routine, please contact our office at [Phone Number] or consult with your primary care physician.

It has been a pleasure working with you. We wish you continued health and mobility.

Sincerely,

[Physical Therapist Name], PT, DPT

[Clinic Name]

[Contact Information]