

Date: [Date]

To: [Surgeon Name]

Facility: [Clinic/Hospital Name]

Fax/Email: [Contact Information]

RE: Discharge Summary

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Surgery Date: [Date of Surgery]

Procedure: [Type of Surgery]

Date of Initial Evaluation: [Start Date]

Date of Discharge: [End Date]

Reason for Discharge:

[e.g., Goals met, Plateaus in progress, Transfer of care, or Non-compliance]

Summary of Clinical Progress:

- **Range of Motion:** [Comparison of initial vs. final measurements]
- **Muscle Strength:** [Comparison of initial vs. final MMT scores]
- **Functional Status:** [Status of gait, transfers, and ADLs]
- **Pain Levels:** [Average pain score at discharge]

Outcome Measures:

[Insert specific test scores, e.g., DASH, LEFS, or TUG Test results]

Goal Achievement:

[List which surgical protocol goals were met or partially met]

Discharge Recommendations:

[e.g., Continue independent home exercise program, Return to sport, or Follow-up with surgeon]

Sincerely,

[Physical Therapist Name, Credentials]

[License Number]

[Facility Name]