

Date: [Date]

To: [Employer Name / Case Manager Name]

Company: [Company Name]

Re: Return to Work Discharge Summary

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Injury/Diagnosis: [Diagnosis Name]

Date of Injury: [Date]

Dear [Recipient Name],

This letter is to notify you that [Patient Name] has been formally discharged from Physical Therapy services effective [Discharge Date].

Treatment Summary:

The patient has completed [Number] sessions of physical therapy. Treatment focused on restoring range of motion, increasing strength, and improving functional capacity related to their job requirements as a [Job Title].

Outcome and Status:

The patient has achieved the following goals:

- [Goal 1: e.g., Full range of motion in right shoulder]
- [Goal 2: e.g., Ability to lift 50 lbs from floor to waist]

Work Status Recommendation:

Based on the final clinical evaluation, the patient is cleared for:

- Return to Full Duty without restrictions.
- Return to Modified Duty with the following restrictions: [List restrictions].
- Permanent restrictions: [List permanent limitations].

Final Comments:

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

Sincerely,

[Therapist Signature]

[Therapist Printed Name], PT, DPT

[Facility Name]

[Phone Number]