

Date: [Date]

To: [Referring Physician/Coach Name]

From: [Therapist/Clinician Name]

Facility: [Clinic Name]

RE: Discharge Summary and Return to Sport Clearance

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Injury/Diagnosis: [Diagnosis]

Date of Surgery (if applicable): [Date]

Dear [Recipient Name],

This letter is to inform you that [Patient Name] has successfully completed their rehabilitation program for [Injury]. They are being discharged from our care effective [Discharge Date].

Rehabilitation Outcome:

The patient has met all clinical milestones, including full range of motion, symmetrical strength (at least [Percentage]% compared to the uninvolved limb), and successful completion of sport-specific functional testing.

Discharge Status:

Full clearance for competitive sports without restrictions.

Cleared for practice/training; contact play restricted until [Date].

Conditional clearance with the following modifications: [List modifications].

Home Exercise Program:

The patient has been provided with a maintenance program to reduce the risk of reinjury. We recommend continued focus on [specific muscle group or skill].

Please feel free to contact our office at [Phone Number] if you have any questions regarding this discharge.

Sincerely,

[Signature]

[Printed Name and Credentials]