

**Date:** [Date]

**Patient Name:** [Patient Full Name]

**Date of Birth:** [DOB]

**Injury/Condition:** [Diagnosis]

To Whom It May Concern,

This letter serves to formally certify that **[Patient Name]** has successfully completed their prescribed sports rehabilitation and chiropractic treatment program at **[Clinic Name]**.

The patient began treatment on **[Start Date]** following a **[Type of Injury]**. Throughout the course of care, the patient underwent a comprehensive protocol including spinal adjustments, soft tissue therapy, and functional corrective exercises designed for athletic recovery.

As of **[End Date]**, the patient has achieved the following milestones:

- Full restoration of joint range of motion.
- Substantial improvement in functional strength and stability.
- Successful completion of sport-specific movement testing.
- Resolution of acute pain symptoms during physical activity.

Based on their clinical progress and current physical status, the patient is cleared to return to **[Sport/Activity Name]** with:

No restrictions.

A gradual return-to-play progression as follows: [Notes].

We recommend continued adherence to the maintenance exercise program provided to prevent re-injury.

Sincerely,

[Signature]

**[Doctor's Name, DC]**

[Clinic Name]

[Phone Number]