

Date: [Date]

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Case Reference: [Case Number]

To [Doctor Name / To Whom It May Concern],

This letter is to formally confirm the completion of the Postural Correction Treatment program for the above-named patient. The patient was initially referred for treatment addressing [Specific Condition, e.g., Kyphosis, Forward Head Posture, Scoliosis management].

Treatment Summary:

The patient underwent [Number] sessions between [Start Date] and [End Date]. The treatment plan included manual therapy, ergonomic education, and a structured corrective exercise regimen focused on muscle balance and spinal alignment.

Clinical Progress:

Upon discharge, the patient has demonstrated significant improvement in the following areas:

- Static and dynamic postural alignment
- Core and postural muscle strength
- Range of motion in the [Cervical/Thoracic/Lumbar] spine
- Reduction in reported pain levels from [Initial Score] to [Current Score]

Discharge Status:

The patient has met all functional goals established at the onset of care. They have been provided with a comprehensive Home Exercise Program (HEP) to maintain these results and prevent regression.

Follow-Up Recommendations:

[Insert recommendations, e.g., Continue daily stretching, ergonomic workstation adjustments, or follow-up in 6 months].

Please contact our office if you require further clinical notes or have questions regarding this discharge.

Sincerely,

[Provider Signature]

[Provider Name, Title]

[Clinic Name]

[Phone Number]