

Date: [Date]

To: [Surgeon Name]

Facility: [Surgical Center/Hospital Name]

Fax/Email: [Contact Information]

RE: Occupational Therapy Clearance and Progress Report

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Date of Surgery: [Date]

Surgical Procedure: [Name of Procedure]

Dear Dr. [Surgeon Last Name],

This letter is to provide a formal update regarding the above-mentioned patient's progress in Occupational Therapy and to request/confirm clinical clearance for the next phase of their recovery.

Current Status:

The patient has completed [Number] sessions of post-operative occupational therapy. Currently, the patient demonstrates:

- **Range of Motion:** [Describe current ROM vs. goals]
- **Strength:** [Describe current MMT or functional strength]
- **Incision/Scar Status:** [Describe healing status]
- **Pain Levels:** [Current pain rating and management]

Functional Progress:

The patient is currently independent/assisted in Activities of Daily Living (ADLs) including [list specific tasks, e.g., dressing, grooming, light meal prep].

Clearance/Recommendations:

Based on the patient's objective clinical findings and adherence to post-surgical protocols, I recommend the following:

- Clearance to progress to full weight-bearing / resistive strengthening.
- Clearance to return to modified work duties effective [Date].
- Clearance to return to full work duties/sports without restrictions effective [Date].
- Discharge from skilled Occupational Therapy services as goals have been met.

Please review these findings and provide your countersignature below if you concur with this plan of care and clearance status.

Sincerely,

[Therapist Signature]
[Therapist Printed Name], OTR/L
[Facility Name]
[Phone Number]

Physician Affirmation:

I concur with the Occupational Therapy clinical findings and grant clearance as requested above.

Physician Signature: _____ Date: _____