

Date: [Date]

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Referring Physician: [Physician Name]

Diagnosis: [Diagnosis/Injury Type]

Dear [Physician Name/Patient Name],

This letter is to formally confirm that [Patient Name] has successfully completed their hand therapy rehabilitation program at [Clinic Name]. The patient was seen from [Start Date] to [End Date] for a total of [Number] sessions.

Clinical Progress:

- **Range of Motion:** [Describe improvements or "Within functional limits"]
- **Grip/Pinch Strength:** [Describe improvements or "Increased to X lbs"]
- **Pain Levels:** [Describe reduction in pain]
- **Functional Status:** [Describe ability to perform daily tasks]

Discharge Status:

The patient has met all established goals and has been provided with a comprehensive Home Exercise Program (HEP) to maintain their current progress. No further formal therapy sessions are scheduled at this time.

Recommendations:

[List any precautions or follow-up instructions here]

It has been a pleasure working with [Patient Name]. If you have any questions regarding this discharge summary, please contact me at [Phone Number].

Sincerely,

[Therapist Signature]

[Therapist Name, Credentials]

[Clinic Name]