

Date: [Date]

To: [Receiving Practitioner/Doctor Name]

Facility: [Facility Name]

Address: [Facility Address]

RE: Post-Operative Rehabilitation Plan

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Date of Surgery: [Date]

Procedure: [Type of Surgery]

Dear [Practitioner Name],

The above-named patient has recently undergone the surgical procedure mentioned above. To ensure optimal recovery and functional restoration, I am referring the patient to you for consecutive rehabilitation and follow-up care.

Clinical Summary:

[Brief description of the intra-operative findings and the patient's current post-operative status].

Rehabilitation Protocol:

Please initiate treatment based on the following instructions:

- Weight Bearing Status: [e.g., Full, Partial, Non-weight bearing]
- Range of Motion Restrictions: [Detail specific degrees or limitations]
- Exercise Focus: [e.g., Strengthening, Gait training, Scar management]
- Frequency: [e.g., 2 times per week for 6 weeks]

Precautions:

[List any specific movements or activities to avoid].

Please provide a progress report following the initial assessment and at the conclusion of this treatment block. If the patient experiences any unexpected complications, such as signs of infection or sudden loss of function, please contact my office immediately.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Title/Credentials]

[Contact Information]