

**Date:** [Insert Date]

**To:** [Patient Name or Referring Physician]

**Patient DOB:** [Insert Date of Birth]

**Date of Surgery:** [Insert Surgery Date]

**Procedure:** [Insert Name of Procedure]

**Subject: Six-Month Post-Surgical Progress Report**

Dear [Name],

This letter serves to document the six-month clinical follow-up for [Patient Name] following their [Procedure].

**Current Clinical Status:**

The patient is currently six months post-operative. At this stage, the healing process is [stable/progressing well/complete]. The patient reports [describe pain levels, e.g., minimal to no pain] and has noted significant improvement in [specific function or symptom].

**Physical Examination Findings:**

Upon examination, the surgical site is well-healed with no signs of infection or complications. Range of motion is measured at [insert measurement] and strength is rated at [insert grade/level]. Functional mobility has reached [insert percentage]% of pre-surgical expectations.

**Recovery Milestones:**

[Patient Name] has successfully completed [number] weeks of physical therapy. They have met the following milestones:

- Full weight-bearing status achieved.
- Return to light aerobic activity.
- Improvement in daily living activities.

**Plan and Recommendations:**

Based on the current assessment, the patient is cleared for [insert activities, e.g., full return to work/sports]. We will continue to monitor progress with a follow-up appointment in [number] months. The patient has been instructed to continue with [specific exercises or maintenance routine].

If you have any questions regarding this assessment, please contact my office.

Sincerely,

[Physician Name]

[Title/Credentials]

[Facility Name]