

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

Welcome to [Clinic/Facility Name]. We are committed to supporting you throughout your post-surgical recovery and helping you return to your sport safely and effectively.

The goal of your rehabilitation program is to restore strength, mobility, and function while protecting your surgical repair. Your recovery journey will consist of the following phases:

- **Phase 1: Protection and Mobility** - Focusing on reducing swelling and regaining basic range of motion.
- **Phase 2: Strengthening** - Gradually introducing resistance exercises to rebuild muscle support.
- **Phase 3: Sport-Specific Functional Training** - Implementing movements tailored to your specific athletic requirements.
- **Phase 4: Return to Play** - Testing and final clearance for full competitive activity.

Your First Appointment:

Date: [Date]

Time: [Time]

Provider: [Therapist/Doctor Name]

Please bring comfortable athletic clothing and any post-operative instructions provided by your surgeon. If you have any questions regarding your plan of care, do not hesitate to contact us at [Phone Number] or [Email Address].

We look forward to working with you on your comeback.

Sincerely,

[Your Name/Signature]

[Your Title]

[Clinic Name]