

Date: [Date]

RE: Physical Therapy Transition of Care

Patient Name: [Patient Name]

Date of Birth: [DOB]

Date of Injury: [Date of Injury]

Diagnosis: [ICD-10 Code/Diagnosis Description]

Dear [Receiving Provider Name],

This letter serves to transition the physical therapy care for the above-named patient following an acute orthopedic injury. The patient has been under my care since [Start Date] and has completed [Number] sessions to date.

Clinical Summary:

[Brief description of injury mechanism, surgical intervention if applicable, and current functional status.]

Current Objective Findings:

Range of Motion: [Insert details]

Strength: [Insert details]

Weight Bearing Status: [Insert status]

Treatment Provided:

[List modalities, manual therapy, and therapeutic exercises performed.]

Goals and Recommendations:

The patient is transitioning to your facility for continued rehabilitation. Current goals include [Goal 1], [Goal 2], and [Goal 3]. Recommended frequency is [Number] times per week for [Number] weeks.

Please find the attached initial evaluation and most recent progress note for your records. If you have any questions regarding the patient's plan of care, please contact me at [Phone Number] or [Email].

Sincerely,

[Your Name, PT/DPT]

[Clinic Name]

[Phone Number]