

**Date:** [Date]

**Re:** [Patient Full Name]

**DOB:** [Date of Birth]

**Diagnosis:** [Chronic Condition Name, e.g., Osteoarthritis of the Hip]

Dear [Receiving Therapist Name],

This letter is to formally handover the care of [Patient Name], who has been receiving treatment for a chronic orthopedic condition since [Start Date].

**Clinical History:**

[Brief summary of injury/condition onset, relevant surgical history, and co-morbidities].

**Current Functional Status:**

[Describe current range of motion, strength levels, gait, and any assistive devices used].

**Interventions Provided:**

[List specific modalities, manual therapy techniques, and exercise protocols utilized].

**Progress and Goals:**

The patient has achieved [List milestones]. Current goals focus on [List ongoing goals, e.g., pain management, improving endurance, or specific functional tasks].

**Precautions/Contraindications:**

[List any specific movements or loads to avoid].

**Recommended Plan:**

I suggest continuing with [Specific frequency/focus] to maintain progress and address [Remaining deficits].

Please contact me at [Phone Number] or [Email Address] if you require further information.

Sincerely,

[Your Name, PT/DPT]

[Your Clinic Name]