

Date: [Date]

RE: [Patient Name]

DOB: [Date of Birth]

Surgery Date: [Date of Surgery]

Procedure: [Type of Joint Replacement, e.g., Right Total Knee Arthroplasty]

To: [Receiving Therapist/Facility Name]

From: [Sending Therapist Name/Clinic Name]

Dear Physical Therapist,

This letter is to formally transfer the care of [Patient Name] following their recent orthopedic joint replacement. The patient has completed [Number] sessions of [Inpatient/Home Health] physical therapy and is now being referred to your facility for continued outpatient rehabilitation.

Current Status:

- **Incision:** [Healing/Staples Removed/Dry and Intact]
- **Weight Bearing Status:** [e.g., WBAT / PWB 50%]
- **Range of Motion:** [Current Degrees of Flexion/Extension]
- **Functional Mobility:** [Ambulation distance and assistive device used]

Clinical Goals:

- Normalize gait pattern and wean from assistive device.
- Increase active range of motion to [Goal Degrees].
- Progress strengthening of [Muscle Groups].
- Return to independent activities of daily living.

Precautions:

[List specific surgical precautions or "None"]

Attached you will find the initial evaluation, most recent progress note, and the surgeon's specific postoperative protocol. Please contact our office at [Phone Number] if you require further information.

Sincerely,

[Your Signature]

[Your Printed Name and Title]

[Facility Name]