

**Date:** [Date]

**RE:** [Patient Name]

**DOB:** [Date of Birth]

**Date of Injury:** [Date of Injury]

**Diagnosis:** [Specific Spinal Diagnosis/ICD-10 Code]

**To:** [Receiving Provider/Facility Name]

**From:** [Sending Therapist Name], [Facility Name]

Dear [Provider Name],

This letter serves as a formal transfer of care for the above-named patient, who has been receiving physical therapy for an orthopedic spinal injury at our facility since [Start Date].

**Clinical Summary:**

The patient presented with [Brief description of injury, e.g., L4-L5 herniation, cervical fracture, post-operative spinal fusion]. Initial functional deficits included [List deficits, e.g., limited ROM, radiculopathy, decreased core stability].

**Current Status and Progress:**

As of [Last Evaluation Date], the patient has completed [Number] sessions.

- **Range of Motion:** [Current measurements]
- **Strength:** [Current MMT scores]
- **Pain Level:** [Current VAS score] at [Location]
- **Functional Status:** [Current abilities, e.g., ambulation distance, lifting tolerance]

**Interventions Provided:**

Treatment to date has included [List interventions, e.g., therapeutic exercise, manual therapy, spinal decompression, neural glides, patient education].

**Goals and Recommendations:**

Remaining goals for the patient include [List pending goals]. We recommend the following plan of care moving forward: [Frequency and duration, e.g., 2x weekly for 4 weeks] focusing on [Specific focus area].

**Reason for Transfer:**

[Reason, e.g., Patient relocation, transition to specialized neuro-rehab, insurance requirements].

Please find the most recent evaluation and daily notes attached. Should you require further information, please contact me at [Phone Number] or [Email].

Sincerely,

[Signature]

[Printed Name and Credentials]

[Facility Name]