

**Date:** [Date]

**RE:** [Patient Name]

**DOB:** [Patient Date of Birth]

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

**Surgery Date(s):** [Dates of Surgical Interventions]

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

**1. Diagnosis and Injury Summary:**

[List all fractures, dislocations, and soft tissue injuries. Example: Commuted femoral shaft fracture, tibial plateau fracture, and grade II syndesmotic sprain.]

**2. Surgical Interventions:**

[List procedures, e.g., ORIF, External Fixation, I&D.]

**3. Current Weight Bearing Status:**

- Right Lower Extremity: [e.g., NWB, TDWB, PWB %, WBAT]
- Left Lower Extremity: [e.g., NWB, TDWB, PWB %, WBAT]
- Upper Extremities: [Specify restrictions for AD use]

**4. Range of Motion & Strength Limitations:**

[Identify specific joint restrictions or ROM goals.]

**5. Current Functional Status:**

[Describe current mobility: e.g., Transfers with min assist, ambulating 50ft with rolling walker, stairs status.]

**6. Assessment & Progress:**

[Briefly summarize patient's compliance and healing progress to date.]

**7. Recommendations for Continued Care:**

[Frequency and duration of future PT, specific focus areas like edema management or gait training.]

**8. Precautions:**

[List any hardware concerns, skin/wound issues, or DVT precautions.]

Sincerely,

[Your Name, PT, DPT]

[Facility Name]

[Contact Phone/Email]