

[Physician Name]  
[Clinic/Facility Name]  
[Address]  
[City, State, Zip Code]

**RE: Physical Therapy Progress Report**

**Patient Name:** [Patient Name]  
**Date of Birth:** [DOB]  
**Diagnosis:** [Diagnosis/ICD-10 Code]  
**Date of Evaluation:** [Initial Eval Date]

Dear Dr. [Physician Last Name],

The above-referenced patient is currently receiving physical therapy services at our clinic. This report serves as a follow-up regarding their Range of Motion (ROM) progress and functional status.

**Current Range of Motion Status:**

Joint/Movement: [e.g., Right Knee Flexion]  
Initial ROM: [e.g., 90 degrees]  
Current ROM: [e.g., 115 degrees]  
Functional Goal: [e.g., 125 degrees]

**Clinical Assessment:**

The patient has shown [significant/moderate/minimal] improvement in active and passive range of motion since the start of therapy. This increase in mobility has resulted in improved performance of daily activities such as [list activities, e.g., stair climbing, reaching overhead]. Barriers to progress currently include [e.g., localized edema, surgical scar tissue, or pain at end-range].

**Plan of Care:**

We recommend continuing physical therapy at a frequency of [Number] sessions per week for [Number] additional weeks. Treatment will continue to focus on manual mobilization, stretching, and progressive strengthening to achieve full functional range.

Please contact our office if you have any questions or require further information.

Sincerely,

[Therapist Signature]  
[Therapist Name, Title]

[Facility Name]  
[Phone Number]