

[Clinic Name]
[Clinic Address]
[City, State, Zip Code]
[Phone Number]

[Date]

[Patient Name]
[Patient Address]
[City, State, Zip Code]

Re: Post-Operative Range of Motion (ROM) Follow-Up
Date of Surgery: [Date of Surgery]
Procedure: [Type of Surgery]

Dear [Patient Name],

This letter summarizes your follow-up appointment on [Appointment Date] to assess your range of motion and recovery progress.

Clinical Assessment:

During today's evaluation, we measured the movement of your [Surgical Site, e.g., Right Knee]. Your current measurements are as follows:

- Active Range of Motion: [Degree]
- Passive Range of Motion: [Degree]
- Strength Grade: [Score/5]

Progress Note:

[Insert Note: e.g., Your range of motion is progressing as expected / You are currently experiencing some stiffness that requires additional attention].

Updated Plan of Care:

- Physical Therapy: [Continue current routine / Increase frequency to X times per week].
- Home Exercises: [List specific exercises or refer to attached sheet].
- Medication: [List any changes to pain or anti-inflammatory meds].
- Activity Restrictions: [e.g., No heavy lifting, continue using brace].

Next Appointment:

Your next follow-up is scheduled for [Date] at [Time].

Please contact our office at [Phone Number] if you experience increased pain, redness, swelling, or a sudden loss of mobility.

Sincerely,

[Provider Name/Signature]
[Title/Credentials]