

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Date of Birth: [Insert DOB]

Date of Injury/Surgery: [Insert Date]

To: [Referring Physician Name]

From: [Physical Therapist Name]

Subject: Joint Mobility Progress and Follow-Up Report

Dear Dr. [Physician Last Name],

This letter provides an update on the progress of [Patient Name], who is currently receiving physical therapy for [Insert Condition/Joint, e.g., Left Knee Post-ACL Reconstruction].

Current Status and Joint Mobility:

The patient has completed [Number] sessions. Current Range of Motion (ROM) measurements are as follows:

- Active ROM: [Current Measurement] (Baseline: [Previous Measurement])
- Passive ROM: [Current Measurement] (Baseline: [Previous Measurement])
- Strength Grade: [e.g., 4/5]

Clinical Progress:

The patient is demonstrating [Significant/Moderate/Minimal] improvement in joint mobilization and functional movement. Pain levels have decreased from [Initial Pain Level] to [Current Pain Level] on a 10-point scale. We are currently focusing on [Specific Exercise or Technique].

Assessment:

The patient is meeting the following goals: [List Goals]. However, barriers to progress include [List Barriers, or write "None"].

Plan of Care:

I recommend continuing physical therapy at a frequency of [Number] visits per week for an additional [Number] weeks. Our primary focus will remain on increasing terminal range of motion and weight-bearing stability.

Please contact our office at [Phone Number] if you have any questions regarding this treatment plan.

Sincerely,

[Physical Therapist Signature]

[License Number]

[Facility Name]