

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

[Date]

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

Dear [Patient Name],

This letter is a follow-up regarding the Range of Motion (ROM) assessment conducted on [Date of Assessment] for your [Specific Joint/Body Part, e.g., Right Knee].

The results of your assessment are as follows:

- **Active Range of Motion:** [Measured Degrees]
- **Passive Range of Motion:** [Measured Degrees]
- **Comparison to Normal Limits:** [Within Normal Limits / Moderately Restricted / Significantly Restricted]

Clinical Observations:

[Brief notes on pain levels, stiffness, or mechanical blocks observed during the exam].

Recommended Plan of Action:

- [Recommendation 1: e.g., Physical therapy 2x weekly]
- [Recommendation 2: e.g., Daily home stretching program]
- [Recommendation 3: e.g., Follow-up imaging or specialist referral]

We will re-evaluate your progress on [Date of Next Appointment]. Please continue with your prescribed exercises as discussed during your visit. If you experience a sudden increase in pain or a decrease in mobility, please contact our office immediately.

Sincerely,

[Physician/Therapist Name]
[Title]
[Clinic Name]