

[Date]

[Referring Physician Name]

[Clinic Name]

[Clinic Address]

RE: Range of Motion Progress Update

Patient Name: [Patient Name]

Date of Birth: [DOB]

Diagnosis: [Diagnosis/ICD-10 Code]

Dear Dr. [Physician Last Name],

This letter is to provide an update regarding the patient's progress in physical therapy, specifically focusing on improvements in Range of Motion (ROM) for the [Specific Body Part].

Clinical Measurements:

Movement	Initial ROM (Date: [Date])	Current ROM (Date: [Date])	Functional Goal
[e.g., Flexion]	[Degrees]	[Degrees]	[Degrees]
[e.g., Extension]	[Degrees]	[Degrees]	[Degrees]

Clinical Assessment:

The patient has shown [significant/moderate/minimal] improvement. Current limitations are attributed to [e.g., muscle guarding, scar tissue, or pain]. Functional mobility has improved during [Specific Activity, e.g., reaching or walking].

Plan of Care:

We will continue with [Number] sessions per week for [Number] weeks. Treatment will focus on [e.g., manual therapy, stretching, and strengthening] to achieve full functional range.

Please contact our clinic if you have any questions or require further documentation.

Sincerely,

[Therapist Signature]

[Therapist Name, Title]

[Clinic Name]

[Phone Number]