

[Date]
[Recipient Name]
[Recipient Address]
[City, State, Zip Code]

RE: Routine Range of Motion (ROM) Therapy Progress Evaluation

Patient Name: [Patient Full Name]
Date of Birth: [DOB]
Date of Evaluation: [Evaluation Date]

Dear [Recipient Name],

This letter provides a summary of the progress evaluation for [Patient Name] regarding their ongoing Range of Motion (ROM) therapy program. The patient has completed [Number] sessions since the previous evaluation on [Last Evaluation Date].

Current Measurements:

- Affected Area: [e.g., Left Shoulder]
- Active ROM: [Current Degrees] (Previous: [Previous Degrees])
- Passive ROM: [Current Degrees] (Previous: [Previous Degrees])

Clinical Observations:

[Briefly describe improvements in flexibility, pain levels during movement, or functional abilities observed during sessions.]

Assessment:

The patient is demonstrating [consistent / moderate / slow] progress toward their established goals. Compliance with the home exercise program is [excellent / good / needs improvement].

Plan of Care:

Based on these findings, we will continue the current therapy frequency of [Number] times per week. The next formal evaluation is scheduled for [Date].

Sincerely,

[Signature]
[Provider Name]
[Title/Credentials]
[Facility Name]