

Date: [Date]

Patient Name: [Patient Name]

Date of Birth: [DOB]

Referral Physician: [Physician Name]

Subject: Discharge Summary and Follow-Up Instructions

Dear [Patient Name],

This letter is to formally notify you of your discharge from Physical Therapy services effective [Discharge Date]. You have successfully met the goals established at the beginning of your treatment plan.

Current Status & Range of Motion (ROM)

At the time of discharge, your Range of Motion measurements are as follows:

- **Joint/Area:** [e.g., Right Knee]
- **Flexion:** [Measurement] degrees
- **Extension:** [Measurement] degrees
- **Functional Improvement:** [Brief note on progress]

Home Exercise Program (HEP)

To maintain your current Range of Motion and prevent future injury, it is vital that you continue your prescribed Home Exercise Program. Please focus on the following:

1. [Exercise Name] - [Frequency/Duration]
2. [Exercise Name] - [Frequency/Duration]
3. [Exercise Name] - [Frequency/Duration]

Follow-Up Recommendations

We recommend a follow-up assessment with your primary physician or orthopedic specialist in [Number] weeks to monitor your long-term mobility. Please contact our office immediately if you experience a significant decrease in your Range of Motion, increased pain, or new swelling.

It has been a pleasure assisting you in your recovery. We wish you continued health and activity.

Sincerely,

[Physical Therapist Name], PT, DPT
[Facility Name]
[Phone Number]