

[Date]

[Referring Physician Name]

[Clinic Name]

[Address]

[City, State, Zip Code]

RE: Clinical Progress Report

Patient Name: [Patient Name]

Date of Birth: [DOB]

Diagnosis: [Diagnosis/ICD-10 Code]

Dear Dr. [Physician Last Name],

This letter serves to provide an update on the clinical progress of [Patient Name] regarding their shoulder rehabilitation. The patient has completed [Number] sessions to date.

Current Shoulder Range of Motion (ROM) Measurements:

- **Flexion:** [Degrees] (Previous: [Degrees])
- **Abduction:** [Degrees] (Previous: [Degrees])
- **External Rotation:** [Degrees] (Previous: [Degrees])
- **Internal Rotation:** [Degrees] (Previous: [Degrees])

Clinical Assessment:

The patient is currently demonstrating [improvement/stagnation/regression] in overall mobility. Pain levels are reported at [0-10] during active movement. Functional improvements include [List functional gains, e.g., reaching overhead, dressing].

Plan of Care:

We will continue with [Therapeutic Modalities/Exercises] focusing on [Specific Goal]. Frequency remains at [Number] visits per week for [Number] weeks.

Thank you for the continued referral.

Sincerely,

[Provider Signature]

[Provider Name, Title]

[Facility Name]