

Date: [Date]

To: [Referring Physician Name]

Fax: [Physician Fax Number]

Re: [Patient Name]

DOB: [Patient Date of Birth]

Dear Dr. [Physician Last Name],

This letter serves to provide a progress update regarding the physical therapy program for [Patient Name], specifically focusing on lower extremity range of motion (ROM) following [Diagnosis/Surgery Date].

**Clinical Progress:**

The patient has completed [Number] sessions of therapy. Current measurements compared to initial evaluation are as follows:

- **Hip Flexion/Extension:** [Current ROM] (Initial: [Initial ROM])
- **Knee Flexion/Extension:** [Current ROM] (Initial: [Initial ROM])
- **Ankle Dorsiflexion/Plantarflexion:** [Current ROM] (Initial: [Initial ROM])

**Functional Status:**

[Patient Name] is demonstrating improved [Gait/Weight Bearing/Balance]. Pain levels are currently reported at [Score]/10 during therapeutic exercise. Compliance with the home exercise program is [Excellent/Good/Fair].

**Plan of Care:**

We will continue with the current frequency of [Number] visits per week for [Number] additional weeks. Goals for the next period include achieving [Specific ROM Goal] and progressing to [Specific Functional Activity].

If you have any questions or would like to adjust the current protocol, please contact our office.

Sincerely,

[Therapist Signature]

[Therapist Name, Title]

[Facility Name]