

Orthopedic Surgery Rehabilitation Progress Report

Date: **[Date]**

Patient Name: **[Patient Name]**

Patient ID: **[Patient ID]**

Referring Physician: **[Referring Physician]**

Rehabilitation Facility: **[Facility Name]**

Overview

This report outlines the rehabilitation progress of the patient following orthopedic surgery.

Diagnosis

[Brief description of the orthopedic condition and surgery performed]

Rehabilitation Goals

- [Goal 1]
- [Goal 2]
- [Goal 3]

Progress Summary

Date of First Session: **[Date]**

Number of Sessions Completed: **[Number]**

Patient's Pain Level: **[1-10 Scale]**

Functional Assessments

- Range of Motion: **[Details]**
- Strength Level: **[Details]**
- Mobility: **[Details]**

Recommendations

[Details of recommendations for continued rehabilitation and any further assessments needed]

Next Steps

Next Appointment: **[Date]**

Signatures

Rehabilitation Specialist: **[Name]**

Contact Information: **[Contact Number or Email]**