

Targeted Exercise Program

Date: [Insert Date]

To: [Patient's Name]

From: [Physical Therapist's Name]

CC: [Referring Physician's Name]

Dear [Patient's Name],

As discussed in our recent therapy session, I have developed a targeted exercise program tailored to your specific needs and goals. The focus of this program is to enhance your strength, flexibility, and overall functionality while ensuring safety throughout the rehabilitation process.

Exercise Schedule:

- **Frequency:** [e.g., 3 times a week]
- **Duration:** [e.g., 30-45 minutes per session]

Exercises:

1. [Exercise 1: Brief description]
2. [Exercise 2: Brief description]
3. [Exercise 3: Brief description]
4. [Additional exercises as needed]

Goals:

The primary goals of this program are to:

- Enhance mobility and range of motion.
- Improve muscle strength and endurance.
- Reduce pain and discomfort associated with your condition.

Follow-Up:

Please schedule a follow-up appointment in [insert time frame] to assess your progress and make any necessary adjustments to your program. Your dedication and consistency with these exercises will be crucial in achieving optimal results.

If you have any questions or concerns regarding the exercise program, feel free to reach out to me directly.

Best regards,

[Physical Therapist's Name]

[Contact Information]