

Rehabilitation Program Follow-Up Instructions

Date: **[Insert Date]**

Patient Name: **[Insert Patient Name]**

Program Start Date: **[Insert Start Date]**

Program Duration: **[Insert Duration]**

Dear [Patient Name],

We hope you are progressing well with your rehabilitation program following your recent sports injury. This letter outlines the follow-up instructions to ensure your continued recovery and return to full activity.

1. Follow-Up Appointments

Please remember to schedule your next appointment for **[Insert Date]** at **[Insert Time]**. This will allow us to assess your progress and make any necessary adjustments to your program.

2. At-Home Exercises

Continue performing the following exercises at home:

- [Exercise 1: Description]
- [Exercise 2: Description]
- [Exercise 3: Description]

3. Pain Management

Take any prescribed medications as directed. If you experience increased pain or discomfort, please contact us.

4. Activity Restrictions

Avoid the following activities until you receive clearance:

- [Activity 1]
- [Activity 2]
- [Activity 3]

5. Contact Information

If you have any questions or concerns, please do not hesitate to reach out:

Phone: [Insert Phone Number]

Email: [Insert Email Address]

Thank you for your dedication to your rehabilitation program. We look forward to seeing you at your next appointment.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]