

# Stroke Rehabilitation Plan Adjustment

Date: [Insert Date]

To: [Patient's Name]

Address: [Patient's Address]

Dear [Patient's Name],

We hope this letter finds you in good spirits. After our recent assessments and discussions regarding your progress in your stroke rehabilitation plan, we would like to suggest some adjustments to better suit your current needs and goals.

## Rehabilitation Goals:

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

## Proposed Adjustments:

1. [Adjustment 1] - [Details]
2. [Adjustment 2] - [Details]
3. [Adjustment 3] - [Details]

We believe that these adjustments will enhance your recovery journey and help you achieve your rehabilitation goals more effectively.

Please feel free to reach out to us if you have any questions or need further clarification regarding these changes.

Thank you for your continued commitment to your rehabilitation.

Sincerely,

[Your Name]

[Your Title]

[Your Contact Information]