

# Rehabilitation Therapy Plan

**Patient Name:** [Patient Name]

**Date:** [Date]

**Diagnosis:** [Diagnosis]

## Goals:

- Improve muscle strength in the affected area.
- Enhance range of motion.
- Reduce pain and discomfort.

## Assessment:

[Brief assessment of patient's current condition]

## Therapy Plan:

- **Frequency:** [e.g., 2-3 times per week]
- **Duration:** [e.g., 6-8 weeks]
- **Exercises:**
  - [Exercise 1 Description]
  - [Exercise 2 Description]
  - [Exercise 3 Description]

## Progress Evaluation:

[Indicate how progress will be monitored and evaluated]

## Signature:

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[Therapist Name]

[Therapist Credentials]