

Physical Therapy Exercise Recommendations

Date: [Insert Date]

To: [Patient's Name]

Address: [Patient's Address]

Dear [Patient's Name],

In accordance with our recent consultations regarding your chronic pain management, I am providing you with a tailored set of physical therapy exercises aimed at alleviating your discomfort and improving your mobility.

Exercise Plan:

1. **Stretching Exercises:**
 - Neck Stretch: Hold for 15-30 seconds, repeat 3 times.
 - Shoulder Rolls: 10 rolls forward and 10 rolls backward.
2. **Strengthening Exercises:**
 - Wall Push-Ups: 3 sets of 10 reps.
 - Seated Leg Lifts: 3 sets of 10 reps for each leg.
3. **Low-Impact Aerobic Exercises:**
 - Walking: Start with 10-15 minutes daily, gradually increase duration.
 - Swimming or Water Aerobics: As tolerated, aim for 20-30 minutes.

Additional Recommendations:

Incorporate these exercises into your daily routine, aiming for at least 3-4 times a week. Always listen to your body and modify any exercise that causes pain. Should you experience any unusual discomfort, please contact my office immediately.

Follow-Up:

We will review your progress in our next scheduled appointment on [Insert Date].

Sincerely,

[Your Name]

[Your Title/Position]

[Your Contact Information]