

Letter Template for Physical Activity Modifications

Date: _____

To Whom It May Concern,

I am writing to provide information regarding , who has been diagnosed with and requires specific modifications for their physical activity regimen.

Due to , it is important to consider the following modifications to ensure they can safely engage in physical activity:

- Limit intensity to a level, avoiding strenuous activities.
- Incorporate frequent breaks to prevent fatigue.
- Focus on low-impact exercises such as to reduce stress on the body.
- Encourage hydration and awareness of body signals to avoid overexertion.

It is essential that consult with their healthcare provider regularly to adjust their activity plan based on their current condition.

Thank you for your understanding and support.

Sincerely,