

Orthopedic Treatment Guidance

Date: [Insert Date]

Dear [Patient's Name],

After our recent assessment, I am writing to provide you with guidance regarding your orthopedic treatment for your back issues.

Diagnosis:

Your condition has been diagnosed as [Insert Diagnosis]. This can contribute to [briefly explain symptoms].

Treatment Plan:

- Physical Therapy:** Engage in a physical therapy program focusing on strengthening and stabilizing your back muscles. Sessions should be held [frequency] per week.
- Medications:** Consider over-the-counter anti-inflammatory medications as needed. [Insert any prescribed medication details.]
- Activity Modification:** Avoid activities that exacerbate your back pain, including [list activities].
- Follow-Up:** Schedule a follow-up appointment in [insert timeframe] to monitor progress.

Home Care Instructions:

- Apply ice/heat as needed for pain relief.
- Practice gentle stretching exercises daily.
- Maintain good posture when sitting or standing.

If you experience any severe pain or new symptoms, please contact my office immediately.

Best regards,

[Your Name]

[Your Title]

[Your Contact Information]