

# Orthopedic Treatment Instructions

Date: **[Insert Date]**

Patient Name: **[Insert Patient Name]**

Patient ID: **[Insert Patient ID]**

Physician: **[Insert Physician Name]**

## Rehabilitation Instructions

Dear **[Patient Name]**,

Following your recent orthopedic treatment, please adhere to the following rehabilitation instructions to ensure a successful recovery:

### 1. Rest and Activity Modification

- Avoid weight-bearing activities on the affected area for at least **[Insert Duration]**.
- Use crutches or a walker as directed by your physician.

### 2. Physical Therapy

- Attend physical therapy sessions **[Insert Frequency]** as recommended.
- Perform the prescribed exercises at home **[Insert Frequency]**.

### 3. Pain Management

- Take prescribed pain medications as directed.
- Apply ice to the affected area for **[Insert Duration]** as needed.

### 4. Follow-up Appointments

Please schedule a follow-up appointment in **[Insert Duration]** to monitor your progress.

If you experience any unusual symptoms such as increased pain, swelling, or fever, please contact our office immediately.

Thank you for your attention to these instructions. Wishing you a smooth recovery!

Sincerely,

**[Insert Physician Name]**  
**[Insert Clinic Name]**  
**[Insert Contact Information]**