

# Letter of Determination

Date: [Insert Date]

To Whom It May Concern,

I am writing to express my determination and commitment to participate in the Physical Rehabilitation Program at [Facility Name]. After careful consideration of my current health status and rehabilitation needs, I believe that this program is essential for my recovery and overall well-being.

My medical team has recommended this program to help me regain my strength and mobility following [briefly describe injury/condition]. I am fully committed to adhering to the program's requirements and actively participating in all scheduled activities and therapies.

I understand the importance of consistency, dedication, and resilience in this journey, and I am prepared to make the necessary adjustments in my lifestyle to achieve my rehabilitation goals.

Thank you for considering my application. I look forward to the opportunity to contribute positively to the program and to work collaboratively with the staff and fellow participants.

Sincerely,

[Your Name]

[Your Address]

[Your Contact Information]

[Your Email Address]