

Rehabilitation Schedule for Mobility Improvement

Date: [Insert Date]

To: [Recipient's Name]

[Recipient's Address]

Dear [Recipient's Name],

We are pleased to provide you with your rehabilitation schedule aimed at improving your mobility. This program has been tailored specifically for your needs and consists of various exercises and activities to enhance your physical capabilities.

Rehabilitation Schedule

Day	Activity	Duration
Monday	Stretching Exercises	30 minutes
Wednesday	Strength Training	45 minutes
Friday	Balance and Coordination Drills	30 minutes

Please make sure to follow the schedule diligently and keep track of your progress. Should you have any questions or require assistance, feel free to reach out.

Best regards,

[Your Name]

[Your Position]

[Your Contact Information]