

# Physical Rehabilitation Status Letter

Date: [Insert Date]

To Whom It May Concern,

This letter is to confirm the physical rehabilitation status of [Patient's Full Name], who has been under my care since [Start Date of Rehabilitation].

As of the date of this letter, the patient has made significant progress in their rehabilitation program. [He/She/They] has participated in various treatments aimed at improving [his/her/their] physical health, including but not limited to:

- Physical therapy sessions
- Occupational therapy
- Strength training exercises
- Range of motion exercises

Currently, [Patient's First Name] is able to [describe progress, e.g., walk unassisted, perform daily activities, etc.]. This progress is attributed to [his/her/their] dedication and compliance with the prescribed rehabilitation regimen.

It is important to note that further rehabilitation sessions are recommended to ensure continued improvement and to prevent any setbacks. [He/She/They] is scheduled to attend [number] additional sessions over the next [duration].

If you have any further questions regarding [Patient's First Name]'s rehabilitation status, please feel free to contact me at [Your Phone Number] or [Your Email Address].

Sincerely,

[Your Name]

[Your Professional Title]

[Your Address]

[Your Contact Information]