Physical Therapy Progress Update

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient ID: [Insert Patient ID]

Physical Therapist: [Insert Therapist Name]

Facility Name: [Insert Facility Name]

Progress Summary

[Insert a brief summary of the patient's progress since the last session, including improvements in strength, mobility, and any other relevant measures.]

Goals Achieved

- [List specific goals that have been achieved]
- [List additional goals if applicable]

Current Treatment Plan

[Describe the ongoing treatment plan, including any changes in exercises or modalities being used.]

Next Steps

[Outline the next steps in the patient's treatment, including any upcoming appointments or goals to work towards.]

Physical Therapist Signature: _____