# Rehabilitation Progress Report

**Purpose:** This report is designed to document and evaluate the progress of a patient undergoing physical or occupational therapy. It includes patient demographics, initial assessment, therapy goals, progress tracking, and clinician observations over the course of treatment.

## Patient Information

**Name:** {name}

**Date of Birth:** {dateOfBirth}

**Patient ID:** {patientId}

**Therapist:** {therapistName}

**Date of Report:** {reportDate}

## Initial Assessment Summary

**Date of Initial Evaluation:** {initialEvaluationDate}

**Primary Diagnosis:** {diagnosis}

**Secondary Conditions (if any):** {secondaryConditions}

**Description of Limitations or Impairments:***{limitations}*

## Therapy Goals

{#goals}

* {goalDescription} — **Target Date:** {targetDate}

{/goals}

## Therapy Sessions Summary

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Session Type** | **Activities Performed** | **Patient Response** | **Clinician Notes** |
| {#sessions}{sessionDate} | {sessionType} | {activities} | {patientResponse} | {clinicianNotes}{/sessions} |

## Functional Improvements

**Mobility:** {mobilityProgress}

**Range of Motion:** {rangeOfMotionProgress}

**Strength:** {strengthProgress}

**Activities of Daily Living (ADLs):** {adlProgress}

## Assistive Devices

{#assistiveDevices}

* **{deviceName}:** {deviceUsageComments}

{/assistiveDevices}

{^assistiveDevices}No assistive devices used at this time.{/assistiveDevices}

## Compliance and Participation

**Attendance Rate:** {attendanceRate}

**Patient Motivation:** {motivationLevel}

**Home Exercise Compliance:** {homeExerciseCompliance}

## Recommendations

{#recommendations}

* {recommendationText}

{/recommendations}

## Discharge Plan

{#isDischarged}**Discharge Date:** {dischargeDate}

**Discharge Summary:** {dischargeSummary}

{/isDischarged}

{^isDischarged}Patient is continuing therapy. Discharge plan not yet determined.{/isDischarged}

## Clinician Sign-Off

**Clinician Name:** {clinicianName}

**Credentials:** {clinicianCredentials}

**Signature Date:** {signatureDate}