

[Your Name]
[Your Address]
[City, State, ZIP Code]
[Email Address]
[Phone Number]
[Date]

[Patient's Name]
[Patient's Address]
[City, State, ZIP Code]

Dear [Patient's Name],

Subject: Knee Replacement Therapy Instructions

I hope this letter finds you well. Following your recent knee replacement surgery, it is crucial to adhere to the following therapy instructions to ensure a smooth recovery process:

1. **Physical Therapy Schedule**:

- Attend physical therapy sessions [specify frequency, e.g., two to three times a week].
- Your first session is scheduled for [date and time].

2. **Home Exercises**:

- Perform the following exercises daily:
- Ankle pumps: [number of repetitions].
- Quad sets: [number of repetitions].
- Heel slides: [number of repetitions].

3. **Pain Management**:

- Take prescribed medications as directed.
- Apply ice packs for [duration] to reduce swelling.

4. **Mobility Aids**:

- Use [specific mobility aid, e.g., walker, crutches] as instructed.
- Gradually increase weight-bearing as tolerated.

5. **Follow-up Appointments**:

- Schedule follow-up appointments on [provide dates].

6. **Signs to Watch For**:

- Report any excessive swelling, increased pain, or signs of infection immediately.

Please ensure you follow these instructions closely to facilitate your recovery. If you have any questions or concerns, feel free to reach out. Wishing you a smooth recovery.

Sincerely,

[Your Name]
[Your Title]
[Your Medical Facility Name]
[Contact Information]