



**Your Company Name**  
 Your Company Address  
 City, State/Province, Postal Code  
 Phone: 555-555-5555  
 Fax: 555-555-5555

## Patient Summary

Dear Dr. \_\_\_\_\_

On **DD/MM/YYYY** we sent you a letter in regards to one of your patients, **Mr./Mrs./Ms.\*\*\*\*\***. We have now completed our Active Release Treatment for **Mr./Mrs./Ms.\*\*\*\*\*** and feel that we have resolved this soft-tissue condition.

Since our initial assessment, and after our Active Release Treatments, **Mr./Mrs./Ms.\*\*\*\*\*** is now able to perform the following tasks which they previously unable, or uncomfortable, with performing due to their injury.

1. *List the functional tasks that they can now carry out.*
2. \*\*\*\*\*
3. \*\*\*\*\*
4. \*\*\*\*\*

We have informed **Mr./Mrs./Ms.\*\*\*\*\*** that it is essential that they continue with our exercise recommendations to prevent a future occurrence of this condition.

If you have any questions about this particular patient, or general questions about Active Release Techniques, please feel free to call our office at **555-555-5555** or email us at **youremailaddress@yourserver.com**.

Yours Sincerely

**YOUR\_NAME**

Active Release Techniques®, an innovative and effective treatment method for soft tissue injuries, is a proven and effective means for treating and resolving these and other soft-tissue conditions.

- Achilles Tendonitis
- Ankle Injuries
- Back Pain/Injury
- Carpal Tunnel Syndrome
- Foot Pain and Injury
- Frozen Shoulder
- Gait Imbalances
- Golfer's Elbow
- Golf Injuries
- Hand Injuries
- Headaches
- Hip Pain
- Iliotibial Band Syndrome
- Knee and Leg Pain
- Muscle Pulls and Strains
- Neck Pain
- Plantar Fasciitis
- Repetitive Strain Injuries
- Rotator Cuff Syndrome
- Running Injuries
- Scar Tissue Formation
- Sciatica
- Shin Splints
- Shoulder Pain
- Sports Injuries
- Swimmer's Shoulder
- Tennis Elbow
- TMJ
- Weight Lifting Injuries
- Wrist Injuries

