



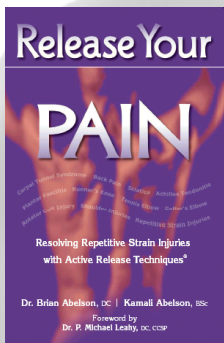
Your Company Name
 Your Company Address
 City, State/Province, Postal Code
 Phone: 555-555-5555
 Fax: 555-555-5555

Examination Summary

Dear Dr. _____

One of your patients, **Mr./Mrs./Ms. *******, recently presented to our clinic to receive treatment for a musculo-skeletal condition. We have chosen to treat this condition with Active Release Techniques (ART).

As a courtesy to you, we are sending you a summation of our soft tissue examination findings, working diagnosis, and current treatment recommendations.



We are also including a complementary copy of the recently published book **"Release Your Pain – Resolving Repetitive Strain Injuries with Active Release Techniques"**. We believe that this book is helpful in explaining our treatment logic, treatment methodology, and provides examples of the types of rehabilitative exercises that we prescribe in conjunction with our treatments.

This book, in addition to describing the principles behind Active Release Techniques (ART), also provides excellent explanations of common work-related injuries such as Carpal Tunnel Syndrome. It includes clinical research studies that document the statistically high failure rate of many traditional treatments, and the 90% success rate achieved by Active Release Techniques for the same injuries. Each section of this book also provides detailed descriptions of the types of stretching and strengthening exercises that we employ to complete the healing process.

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
- 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



Summary of Prescribed Treatment

Patient Name:	<i>Put patient name here</i>
Initial Examination:	DD/MM/YYYY Enter the Date of Initial Examination here
Chief Complaint:	<i>Briefly describe the patients chief complaint.</i> Mr./Mrs./Ms/ presented to our office complaining about _____
Soft Tissue Restrictions and Peripheral Nerve Entrapments:	<i>List the soft-tissue restrictions and nerve entrapments that you discovered:</i> During our examination, we have discovered the following peripheral nerve entrapments and soft-tissue restrictions: <ol style="list-style-type: none">1.2.3.4.5.
Working Diagnosis:	<i>Briefly detail your diagnosis.</i>
Treatment Recommendations:	<i>List the frequency and duration of the required Active Release Treatment –e.g. - Three times per week for two weeks</i>
Prescribed Rehabilitative Exercises:	Please refer to chapter ??? in our complimentary book - Release Your Pain - for examples of the types of exercises we have prescribed.
Review Date:	On the ??6th?? visit we will perform a functional evaluation to determine progress and identify the level of resolution achieved with Active Release Techniques.