PHYSICAL THERAPY | SPORTS PERFORMANCE | WELLNESS
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PLAN OF CARE
PATIENT HANDOUT

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Knowing When You're Ready to Finish Physical Therapy

Your Pathway from First Visit to Discharge

Purpose

Physical therapy is not meant to last forever. It is a temporary process with a clear finish line, and you should know from the very first visit what that finish line looks like for you.

This handout explains the stages you will move through, the specific criteria we use to decide you are ready to be done, and how to keep your results after your last visit. Discharge is not something that simply happens when visits run out or when insurance stops. It happens when **you can do what you need to do, confidently and repeatably, and you know how to manage things on your own.**

The Four Things We Are Measuring

Progress in physical therapy is rarely a straight line, and pain alone is a poor measuring stick. Throughout your plan of care we track four things together:

What we track	What we're asking	What "ready" looks like
Symptoms	How much pain, how often, and how quickly it settles.	Low, predictable, and it calms down on its own.
Motion & mobility	Can the joint move through the range your tasks require?	Full or near-full, and equal enough side to side.
Strength & capacity	Can the area tolerate real-world load, not just clinic exercises?	Meets the demands of your job, sport, or daily life.
Function & confidence	Are you actually doing the things you stopped doing?	You do them without bracing, avoiding, or overthinking.

> **Important:** You do not need to be 100% pain-free to be discharged. Many people finish therapy with occasional, mild, predictable symptoms. What matters is that symptoms are controlled, no longer limiting, and that you know exactly what to do when they show up.

Reading Your Body's Response

Use these guidelines during your exercises and daily activity to judge whether your workload was appropriate:

GREEN LIGHT — KEEP GOING

0–3 / 10 discomfort

- Discomfort stays steady or improves as you move.
- Your movement quality stays normal.
- Symptoms settle back to baseline within a couple of hours.
- No increase in pain or stiffness the next morning.

Action: Continue as prescribed and progress when it feels easy.

YELLOW LIGHT — MODIFY

4–5 / 10 discomfort

- Discomfort climbs steadily during the activity.
- Your form or movement pattern starts to change.
- The area feels noticeably more irritated afterward.
- You are more sore or stiff the following morning.

Action: Reduce reps, load, range, or duration. Do not stop moving entirely — scale it back and reassess the next session.

RED LIGHT — STOP AND CHECK IN

6 / 10 or greater

- Sharp, catching, or sudden pain.
- Noticeable weakness, giving way, or loss of control.
- Pain that increases with every repetition.
- Symptoms that persist for more than 24 hours after activity.

Action: Stop the activity and contact your physical therapist. The load likely exceeded what the tissue can currently handle.

The Pathway: Four Stages of Care

You progress through these stages based on **how you respond, not on a fixed number of weeks.** Some people move through a stage in two visits; others need several. Both are normal.

STAGE 1 Calm It Down

Goal: Reduce irritation, protect the area, and get you moving safely again.

- Understand your diagnosis and what is driving your symptoms.
- Modify aggravating activities without shutting your life down.
- Begin gentle motion and pain-relieving techniques.
- Start a short, simple home program you will actually do.

You move on when: Symptoms are more predictable, sleep and daily tasks are improving, and flare-ups are becoming less frequent.

STAGE 2 Restore Motion & Strength

Goal: Rebuild the range of motion, strength, and control you lost.

- Progress mobility work toward full, symmetrical motion.
- Add resistance training targeting the specific weak links.
- Retrain movement quality and body awareness.
- Home program grows in load, not just repetitions.

You move on when: Motion is full or near-full, strength is measurably improving, and you can complete your home program without a next-day flare.

STAGE 3 Build Real-World Capacity

Goal: Make the area strong enough for the demands you actually face — work, lifting, stairs, yard work, travel, kids, sport, or the gym.

- Train at heavier loads, longer durations, and faster speeds.
- Rehearse the exact tasks that used to hurt.
- Test tolerance across a full week, not just one good day.
- Address the habits or workload patterns that contributed to the problem.

You move on when: You can perform your key tasks at full effort and recover normally by the next day.

STAGE 4 Independence & Discharge

Goal: Hand the plan over to you.

- Visits spread out to confirm progress holds without frequent hands-on care.
- You transition to a maintenance or performance program.
- You learn your personal warning signs and your flare-up plan.
- We agree together on the discharge date — it is a conversation, not a surprise.

> **Spacing out visits is progress, not abandonment.** Moving from twice a week to once every two or three weeks is a deliberate test: it proves your gains are holding because of what *you* are doing, not only because of what happens in the clinic.

Discharge Readiness Checklist

You and your therapist should be able to check most or all of these boxes before your final visit:

- [ ] My pain is low, predictable, and no longer limits the activities that matter to me.
- [ ] I have full or near-full motion, and it is comparable to the other side.
- [ ] My strength meets the demands of my job, home life, or sport.
- [ ] I can complete the specific goals I set at my first visit.
- [ ] I recover to baseline within 24 hours after a hard day or workout.
- [ ] I can handle a full week of normal activity without a setback.
- [ ] I know my home program and can perform every exercise with correct form.
- [ ] I know how to progress my program on my own as I get stronger.
- [ ] I know what a flare-up looks like and exactly what to do if one happens.
- [ ] I feel confident, not fearful, when I move.

> If several boxes are still unchecked, that is useful information — not failure. Bring it up. We either adjust the plan, extend a stage, or refer you to the right provider.

What Discharge Does and Does Not Mean

Discharge does NOT mean	Discharge DOES mean
You will never feel this again.	You can manage it yourself when you do.
You should stop exercising.	Your exercise shifts from rehab to maintenance and performance.
You ran out of visits or benefits.	You met the goals you set at the start.
The door is closed.	You can check back in any time something changes.

Avoiding the Boom-Bust Cycle

The most common reason people end up back in therapy is doing too much, too soon, the moment they feel good. A pain-free week is a green light to progress *gradually* — not to return to everything at once.

- Feel better → increase gradually → monitor your 24-hour response → keep progressing.
- Change one variable at a time: load, volume, or intensity — not all three.
- Roughly a 10–20% weekly increase is a reasonable pace for most people.
- Count your **total** weekly workload, not just your workouts.

Everything that counts toward your weekly load

- Work tasks and standing hours
- Housework and yard work
- Carrying children, pets, or groceries
- Stairs, hills, and walking volume
- Strength training and cardio
- Recreational sport and league play
- Travel, long drives, and flights
- Sleep quality and overall stress

After Discharge: Keeping Your Results

The gains you made came from consistent loading. If the loading stops entirely, strength and tolerance fade over a matter of weeks. Your maintenance plan does not have to be long — it has to be consistent.

- **Keep 3–5 key exercises** from your program, performed 2–3 times per week.
- **Keep progressing the load** over time; the same weight forever eventually stops working.
- **Keep general activity up** — walking, strength training, and sleep do more for recurrence than any single stretch.
- **Re-check yourself monthly** against your discharge criteria.

When to Come Back

Reach out sooner rather than later if any of the following occur:

- Symptoms return and do not settle within one to two weeks of self-management.
- Pain increases even though you have reduced your activity.
- New weakness, numbness, tingling, or the joint giving way.
- Meaningful loss of motion you had regained.
- Significant night pain or pain that wakes you consistently.
- You are avoiding an activity you care about because you are unsure it is safe.
- You have a new goal — a race, a trip, a new job, a return to a sport — and want a plan for it.

A single check-in visit is often enough to correct course. Waiting several months usually is not.

The Goal

The goal of physical therapy is not to keep you coming in. It is to build enough capacity, skill, and confidence that you no longer need to.

Your progress should be judged by symptoms, motion, strength, function, and how you respond over the following 24 hours — not by the number of visits on a calendar.

You are done when you can do what matters to you, and you know how to keep doing it.

Quick Reference

Stage	Main focus	You're ready to advance when
1 — Calm it down	Reduce irritation, restore gentle motion	Symptoms are predictable and settling
2 — Restore	Full motion, rebuild strength and control	Motion is full; strength is climbing
3 — Build capacity	Real-world load, speed, and duration	Full-effort tasks with normal recovery
4 — Independence	Spaced visits, self-management	Gains hold between visits — discharge

GREEN	**0–3 / 10**	Keep going — the workload is appropriate.
YELLOW	**4–5 / 10**	Modify — reduce load, reps, range, or duration.
RED	**6 / 10 +**	Stop — contact your physical therapist.

My Goals for Physical Therapy

Write down the specific things you want to get back to. These are what we will measure your discharge against.

1. _____

2. _____

3. _____

Notes & Home Program Reminders

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_____

_____

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This handout is general patient education and does not replace individualized medical advice. Your plan of care, timeline, and discharge criteria are determined by your physical therapist based on your specific diagnosis, goals, and response to treatment. Contact your physical therapist or physician with any questions about your condition.