



# Free S.P.I.R.I.T. Riders, Inc.

Special People in Riding Therapy

## PHYSICAL THERAPY EVALUATION

Evaluation Date \_\_\_\_\_

Name _____	Birthdate _____
Address _____	
City, State, Zip _____	

Primary Diagnosis _____	Secondary Diagnosis _____
Muscle Strength: Gross: _____	
Specific Weaknesses: _____	
_____	
Joint ROM: Gross: _____	
Specific Limitations: _____	
Muscle Tone: _____	
Balance: Sitting _____ Standing _____	
Coordination: Gross Motor _____ Fine Motor _____	
Reflex Activity: Developmental _____	
Tendon Reflexes _____	
Pain: Character _____ Location _____	
Caused By _____ Relieved By _____	
Sensory Impairments: _____	
Perceptual Problems: _____	
Communication Difficulties: _____	
Skin Condition: _____	
Functional Abilities: _____	
Mobility _____	
Transfers _____	
ADL Skills _____	

Date \_\_\_\_\_

Signature of Registered Physical Therapist \_\_\_\_\_

Phone \_\_\_\_\_



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## PHYSICAL THERAPIST'S INFORMATION FOR RIDING INSTRUCTORS

Evaluation Date \_\_\_\_\_

Name _____	Birthdate _____
Address _____	Height _____
City, State, Zip _____	Weight _____

Primary Diagnosis \_\_\_\_\_ Secondary Diagnosis \_\_\_\_\_

Special Equipment Needed  Devonshire Boots  Fleece Pad  None  
 Waist Belt  Bareback Pad  Other \_\_\_\_\_

Number of Helpers Needed \_\_\_\_\_

Mounting:  Instructor's Discretion  
 Special Instructions: \_\_\_\_\_

Lesson:  Usual Lesson and Exercises  
 Additional: \_\_\_\_\_  
 Avoid: \_\_\_\_\_

Dismounting:  Instructor's Discretion  
 Special Instructions: \_\_\_\_\_

Special Problems: \_\_\_\_\_

Are you a school PT?  Yes  No

Is an OT involved?  Yes  No If so, name: \_\_\_\_\_

Is a speech therapist involved?  Yes  No If so, name: \_\_\_\_\_

Comments or Suggestions: \_\_\_\_\_

Date \_\_\_\_\_

Signature of Registered Physical Therapist \_\_\_\_\_

Phone \_\_\_\_\_