Physical Therapy Assessment

NAME: ______________________________ DIAGNOSIS: ____________________

AGE: ______________________________ SCHOOL/CLINIC: ____________________

EVALUATION SUMMARY:

Describe the riding candidate's current functional level. Indicate…

☐ Degree of trunk/head control:

☐ Any lower extremity or adductor tightness:

☐ Presence of any contractures (indicate location/s):

☐ Degree and /or type of assist for transfers or mobility:

○ Weight-bearing ○ Partial-weight-bearing ○ Full Transfer

☐ Any weakness or issues with muscle tone:

☐ Other:

PRECAUTIONS AND/OR RESTRICTIONS:

SUGGESTED EXERCISES AND/OR STRETCHES:

SIGNATURE: ______________________________________ **DATE:** ____________________

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