EQUI★STAR, INC.
Horseback Riding Center
PO Box 25, 2199 Fuller Road, Newfane, NY 14108 716-778-8249

PHYSICAL THERAPY FORM

To be completed by physical therapist if rider is being seen by a physical therapist.

Name	DOB	Age *
Parent/Guardian	Home Phone	
Email address:	Cell Phone	
Address / PO Box, City, Zip		
Emergency Contact	Emergency Phone	
Diagnosis	Medication(s)	
Seizures? •Yes •No Type(s) _____ _____	Allergies? If so, to what _____ _____	
Medical Precautions: _____ _____		

**** minimum age of 3 1/2*** **** maximum weight of 200 lbs***

JOINT ROM – Please check if functionally limited (indicate left, right or bilateral)

		FLEXION	***EXTENSION***	***ABD/ADD***	***INT ROT***	***EXT ROT***
UE:	Shoulder					
	Elbow					
	Wrist					
LE:	Hip					
	Knee					
	Ankle					

Other limitations or comments:

_____

_____

Spinal Alignment (scoliosis, kyhposis): _____

Joint Integrity (hypermobility, dislocations): _____

Muscle Tone: _____ Clonus: _____

Primitive Reflexes Present: • ATNR • STNR • TL • OTHER

Equilibrium & Protective Reactions Impaired? _____

→

Balance: _____ Sitting: _____ Standing: _____

General Muscle Strength: _____ VE: _____ ME: _____

Functional Grip: _____

Sensory Impairments:

_____

_____

Perceptual Impairments:

_____

_____

Sensory Integration: _____

Motor Planning Problems: _____

Tactile Defensive: _____

Gravitational Insecurity: _____

Communication (verbal, sign, etc): _____

Functional Ability	***Independent***	***Supervision***	***Minimal Assist***	***Maximum Assist***
Stair Climbing				
Ambulation				
W/C Mobility				
Transfers				
ADL Skills				

Gross Motor Skills	***Poor***	***Fair***	***Good***	***Normal***
Head Control				
Trunk Control				

Adaptive Equipment:

• AFO'S • Molded Shoes • Long Leg Braces • Thoracis Jacket •Prosthetics/Orthotics
• Seating Adaptions •Ambulation Devices

Behavior (attention span, mood swings, cooperation, aggression, etc):

_____

Program Suggestions (to better serve this client):

_____

_____

This form is intended to highlight areas of concern, not as an evaluation form.