



**2012 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	
Address / PO Box, City, Zip			
Emergency Contact		Emergency Phone	
Diagnosis	Medication(s)		
Seizures? <input type="checkbox"/> Yes <input type="checkbox"/> No	Allergies? If so, to what:		
Medical Precautions:			

\* *minimum age of 3 ½ to ride*  
 \* *weight limit of 200 lbs*

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

		<i><b>FLEXION</b></i>	<i><b>EXTENSION</b></i>	<i><b>ABD/ADD</b></i>	<i><b>INT ROT</b></i>	<i><b>EXT ROT</b></i>
UE:	Shoulder					
	Elbow					
	Wrist					
LE:	Hip					
	Knee					
	Ankle					

Other limitations or comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

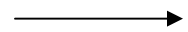
Spinal Alignment (scoliosis, kyhposis): \_\_\_\_\_

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:

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Perceptual Impairments:

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Sensory Integration: \_\_\_\_\_

Motor Planning Problems: \_\_\_\_\_

Tactile Defensive: \_\_\_\_\_

Gravitational Insecurity: \_\_\_\_\_

Communication (verbal, sign, etc): \_\_\_\_\_

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

<i>Gross Motor Skills</i>	<i>Poor</i>	<i>Fair</i>	<i>Good</i>	<i>Normal</i>
Head Control				
Trunk Control				

**Adaptive Equipment:**

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

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

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**Program Suggestions** (to better serve this client):

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