



TALBOT SPECIAL RIDERS, INC.

Therapeutic Horseback Riding
P.O. Box 391 • Easton, MD 21601

PHYSICAL THERAPY EVALUATION

Name _____ Date of birth _____

Diagnosis _____

Description _____

Surgeries Performed _____ Date _____

_____ Date _____

Other pertinent medical/physical therapy history _____

Muscle Strength Gross _____

Specific Weakness _____

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 _____

Recommendations (as pertains to therapeutic horseback riding) _____

Other Comments _____

Signature _____ Date _____

Name (Please print) _____

Address _____

Phone _____