

MANE & TAILL Therapeutic Horsemanship Academy
Physical Therapy Evaluation

Name _____ DOB _____ Evaluation Date _____

Diagnosis _____ Description _____

Surgeries Performed (with dates) _____

Other pertinent medical history _____

Muscle Strength: Gross _____ Specific Weakness _____

Joint ROM: Gross _____ Specific Weakness _____

Muscle Tone _____

Balance: Sitting _____ Standing _____

Coordination: Gross Motor _____ Fine Motor _____

Reflex activity: Developmental _____ Tendon Reflexes _____

Pain: Character _____ Location _____

Cause _____ Relieved by _____

Sensory Impairments: _____

Perceptual Impairments: _____

Communication Difficulties: _____

Skin Condition: _____

Functional Abilities: Mobility _____ Transfers _____

ADL Skills _____

Problem List **Plans and Goals**

1. _____

2. _____

R.P.T.