

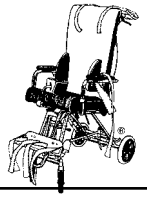


Jamestown New Horizons Riding For The Disabled

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"Gone Riding"

Physical / Occupational Therapy Evaluation

Name of Applicant _____ Date _____

Disability _____ School _____ Age _____

ATTENTION / RAPPORT / SOCIAL INTERACTION

Comes to testing situation	not willing	reluctant	willing
Initiates interaction	no one	peers	adults
Eye contact made	rarely	some	frequently
Verbal reaction to conversation / questions	none	slow	spontaneous
Follows instructions	rarely	at times	consistently
Attends with noise in environment	rarely	at times	consistently
Attends with visual stimuli in environment	rarely	at times	consistently
Play preference	solitary	parallel	interactive

STRUCTURAL DEFORMITIES

Upper Extremities _____

Lower Extremities _____

Trunk _____

POSTURE

Sitting _____

Standing _____

APPLIANCES

Glasses _____

Braces _____

Wheelchair _____

Other _____

COORDINATION / RECIPROCALITY / ROTATION

Diadokokinesis	Trunk rotation in gross motor activities
_____ within normal limits	_____ spontaneous
_____ difficult / sluggish	_____ sluggish
_____ very difficult	_____ absent

RANGE OF MOTION

Within normal limits _____

Limited in _____

Hypermobility in _____

STRENGTH

Within normal limits _____

Depressed in _____

BALANCE / EQUILIBRIUM / REFLEX INTEGRATION

Moro	integrated	not integrated
ATNR	integrated	not integrated
STNR	integrated	not integrated

MUSCLE TONE

Normal _____

Hypotonic _____

Hypertonic _____

(continued over)

If your son/daughter has a physical therapist and/or an occupational therapist, please ask them to complete this form. The PT/OT does not have to have knowledge of horses or riding techniques.

Physical / Occupational Therapy Evaluation (continued)

BALANCE / EQUILIBRIUM / REFLEX INTEGRATION (continued)

Balance / equilibrium reaction	FORWARDS			SIDEWAYS			BACKWARDS		
	Sitting	Kneeling	Standing	Sitting	Kneeling	Standing	Sitting	Kneeling	Standing
Present and complete	_____	_____	_____	_____	_____	_____	_____	_____	_____
Delayed or incomplete	_____	_____	_____	_____	_____	_____	_____	_____	_____
Absent	_____	_____	_____	_____	_____	_____	_____	_____	_____

SENSATION / SENSORY INTEGRATION

Sensation

_____ within normal limits _____

_____ impaired at _____

_____ hypersensitive at _____

Reaction to TACTILE stimulation

_____ seeks

_____ resists

_____ tolerates

Reaction to MOVEMENT stimulation

_____ seeks

_____ resists

_____ tolerates

GROSS MOTOR

Preambulation

_____ supine to sit _____ kneel

_____ sit to four point _____ half kneel to stand

_____ creep or crawl

Ambulation

_____ free standing _____ run _____ hop

_____ one foot stand _____ jump _____ skip

_____ walk

FINE MOTOR

Dominance	Knows right/left on	_____ self	_____ others
_____ right	Identifies body parts on	_____ self	_____ others
_____ left	Recognizes relationship of body parts to one another	_____ yes	_____ no
_____ right	Knows directional / positional concepts	_____ yes	_____ no

EVALUATION SUMMARY

Major Problems _____

Therapeutic Goals _____

Perceptions / Contraindications _____

Signed _____

Print _____

Evaluating Therapist