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JNH-S/5

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 _____

APPLIANCES

Glasses _____
 Braces _____
 Wheelchair _____
 Other _____

RANGE OF MOTION

Within normal limits _____
 Limited in _____
 Hypermobility in _____

BALANCE / EQUILIBRIUM / REFLEX INTEGRATION

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

POSTURE

Sitting _____
 Standing _____

COORDINATION / RECIPROCALITY / ROTATION

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

STRENGTH

Within normal limits _____
 Depressed in _____

MUSCLE TONE

Normal _____
 Hypotonic _____
 Hypertonic _____

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		Ambulation		
_____ supine to sit	_____ kneel	_____ free standing	_____ run	_____ hop
_____ sit to four point	_____ half kneel to stand	_____ one foot stand	_____ jump	_____ skip
_____ creep or crawl		_____ 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
_____ not established	Knows directional / positional concepts	_____ yes	_____ no

EVALUATION SUMMARY

Major Problems: _____

Therapeutic Goals: _____

Perceptions / Contraindications: _____

Signed _____

Print _____

Evaluating Therapist

