



**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 \_\_\_\_\_