

Licking County Educational Service Center Physical Therapy Educational Assessment

Student: _____	District/School: _____
Date of Birth _____	Teacher: _____
Date of Assessment: _____	Grade: _____
Therapist: _____	Age: _____

Reason for Referral: _____

Range of Motion

Hips: ___ R ___ L
Knees: ___ R ___ L
Ankles: ___ R ___ L

Muscle Strength

Hips: ___ R ___ L
Knees: ___ R ___ L
Ankles: ___ R ___ L

Flexibility

Hip Flexors:

___ Within Functional Limits ___ Decreased Flexibility ___ Increased Flexibility

Hamstrings:

___ Within Functional Limits ___ Decreased Flexibility ___ Increased Flexibility

Calves:

___ Within Functional Limits ___ Decreased Flexibility ___ Increased Flexibility

Muscle Tone

___ Functional ___ Slightly Decreased ___ Decreased ___ Increased ___ Fluctuating

Areas of Abnormal Tone: _____

Postural Control/Reflexes

Supine Flexion: _____ seconds

Prone Extension: _____ seconds

ATNR: ___ Integrated ___ Not Fully Integrated

Transitions

Rolls Prone to Supine: ___ Yes ___ No ___ Did Not Demonstrate

Rolls Supine to Prone: ___ Yes ___ No ___ Did Not Demonstrate

Sits Up From Prone: ___ Yes ___ No ___ Did Not Demonstrate

Sits Up From Supine: ___ Yes ___ No ___ Did Not Demonstrate

Sit To Stand ___ Plantigrade ___ Half-Kneel ___ Pulls to Stand ___ Requires Assistance

Stand To Sit ___ Lowers Through Squat ___ Half-Kneel ___ Places Hands on Surface ___ Requires Assistance

Gait

Pattern:

___ Step To ___ Step Through

Step Length:

___ Equal ___ Decreased Right ___ Decreased Left

Stance Time:

___ Equal ___ Decreased Right ___ Decreased Left

Uses Assistive Device:

___ Wheeled Walker ___ Gait Trainer ___ Quad Canes ___ Lofstrand Crutches

Running Gait: ___ Functional ___ Decreased Flight Phase ___ Decreased Pace ___ Arms Held Out to Side

Comments: _____

Sitting Balance/Posture

Preferential Floor Sitting Position: ___ W sit ___ Tailor Sit ___ Long Sit ___ Straddle Sit ___ Side Sit ___ Ring Sit

Sits with Good Stability on Floor: ___ Yes ___ No

Sits with Good Stability in Standard Classroom Chair: ___ Yes ___ No

Sitting Posture: ___ Sits Upright in Chair ___ Feet on Floor ___ Slouched Posture ___ Feet Dangling

Standing Balance/Posture

Static Standing Balance: ___ Functional ___ Increased Sway ___ Compensatory Steps

Dynamic Standing Balance: ___ Functional ___ Arms In High Guard ___ Trips Frequently ___ Compensatory Steps

Standing Posture: ___ Functional ___ Increased Kyphosis ___ Increased Lordosis

Extremity Dominance

Leg Dominance: ___ Right ___ Left

Arm Dominance: ___ Right ___ Left

Functional Movements

Standing on One Foot: ___ Right (seconds) ___ Left (seconds)

Jumping Up or Forward on Floor: ___ Distance (inches) ___ Two-footed Takeoff and Landing ___ One Foot Leading

Jumping Down from Raised Surface: ___ Height (inches) ___ Two-Footed Takeoff and Landing ___ One Foot Leading

Ascending Stairs: ___ Marked Time ___ Alternating ___ 1 Hand Support ___ 2 Hand Support ___ No Hand Support

Descending Stairs: ___ Marked Time ___ Alternating ___ 1 Hand Support ___ 2 Hand Support ___ No Hand Support

Walking Across Balance Beam: ___ Does Not Step Off ___ Steps Off Beam ___ Shuffles Feet ___ Sidesteps

Hopping On One Foot: ___ Right (repetitions) ___ Left (repetitions) ___ Demonstrates Decreased Foot Clearance

Galloping: ___ Right ___ Left

___ Functional ___ Emerging Pattern ___ Unable to Coordinate Movement

Skipping: ___ Functional ___ Emerging Pattern ___ Unable to Coordinate Movement

Rides Tricycle: ___ As Ride On Toy ___ Needs Push to Initiate Pedaling ___ Pedals independently

Ball Skills

Kicking: ___ Lifts Foot to Contact Ball ___ Uses Opposing Arm and Leg Movements ___ Does Not Make Contact

Throwing Overhand: ___ Flings Ball ___ Moves Arm Up and Back to Initiate ___ Trunk Rotation ___ Reciprocal Step

Throwing Underhand: ___ Flings Ball ___ Moves Arm Down and Back ___ Trunk Rotation ___ Reciprocal Step

Catching: ___ Presents Arms In Front ___ Attempts to Secure Ball ___ Traps Ball to Chest ___ Catches with Hands

Strengthening/Coordination Activities

Sit-ups: ___ Performs Independently ___ Pulls or Pushes Self Up ___ Requires Assistance ___ Needs Feet Held

Push-ups: ___ Knee Push-ups ___ Full Push-ups

___ Performs Independently ___ Demonstrates Back Sag ___ Unable to Push Back Up to Start Position

Jumping Jacks: ___ Performs Independently ___ Unable to Coordinate Simultaneous Arm and Leg Movements

Cross Marching: ___ Performs Independently ___ Performs Same Side Touches ___ Unable to Coordinate

Playground Access

___ Able to Navigate Playground Safely ___ Difficulty Transitioning on Uneven/Variable Surfaces

___ Climbs on Playground Equipment Independently ___ Does Not Climb on Equipment

Behavioral/Social Skills

Little to No Redirection Needed During Assessment Period Frequent Redirection Needed
 Cooperative Throughout Assessment Period Followed Verbal Directions Difficulty Transitioning

Teacher/Classroom/Clinical Observations

Conclusion:

Areas of Concern Within Classroom/ Functional Performance

Sitting Ability Transitional Movements Frequent Tripping/Falling
 Ability to Perform Classroom Activities Performance During Gym Class Playground Access

Underlying Areas of Concern

Decreased Strength Postural Control Skills Decreased Balance Coordination Skills
 Spatial Awareness Motor Planning Skills Decreased Safety

Physical Therapy Services Recommended: Yes No