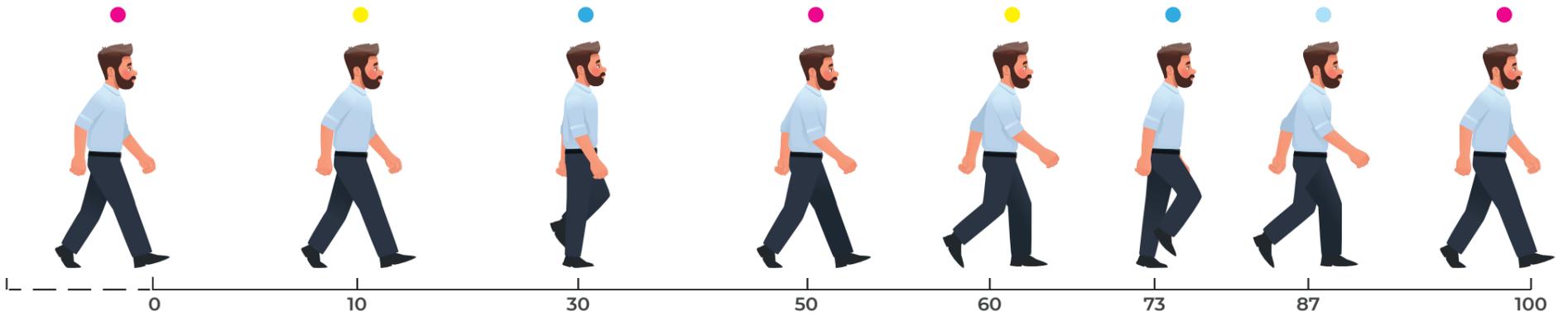


JAKC's Observational Gait Analysis

Patient Name: _____ Gender: _____ Date: _____

DOB: _____ Medical Dx: _____ Onset: _____ Examiner: _____

Orthotic/Prosthetic/AD: _____ Reference Limb: R L



Accomplish	Stance				Swing	
	Weight Acceptance		Single Limb Support		Swing Limb Advancement	
Phases	IC	LR	MSt	TSt	PSw / ISw	MSw / TSw
Ankle	<input type="checkbox"/> Fore Ft. <input type="checkbox"/> Flat Ft. <input type="checkbox"/> Abb HC	<input type="checkbox"/> Foot Slap	<input type="checkbox"/> Early Heel Off	<input type="checkbox"/> No Heel Off	/ <input type="checkbox"/> Toe Drag	<input type="checkbox"/> Toe Drag /
	<input type="checkbox"/> Inad. DF	<input type="checkbox"/> Inad. PF	<input type="checkbox"/> Inadequate DF <input type="checkbox"/> Excess DF		<input type="checkbox"/> Inadequate DF <input type="checkbox"/> Contralateral Vault (PF)	
Calc	<input type="checkbox"/> Excess Iv. <input type="checkbox"/> Excess Ev.	<input type="checkbox"/> Excess Iv. <input type="checkbox"/> Excess Ev.	<input type="checkbox"/> Excess Inversion <input type="checkbox"/> Excess Eversion		<input type="checkbox"/> Excess Inversion	
Toes			<input type="checkbox"/> Excess IP Flexion (Clawed)			
			<input type="checkbox"/> Inadequate MTP X			
Knee	<input type="checkbox"/> Inad. Ext.	<input type="checkbox"/> Inad. Flexion	<input type="checkbox"/> Inadequate Extension		<input type="checkbox"/> Inad. Flexion	<input type="checkbox"/> Excess Flexion
			<input type="checkbox"/> Hyperextension		<input type="checkbox"/> Inadequate Extension	
			<input type="checkbox"/> Extensor Thrust		<input type="checkbox"/> Extensor Thrust	
			<input type="checkbox"/> Wobble		<input type="checkbox"/> Excess Contralateral Flexion	
Thigh	<input type="checkbox"/> Inadequate Flexion		<input type="checkbox"/> Inad. Extension		<input type="checkbox"/> Inad. Flexion	<input type="checkbox"/> Excess Flexion
	<input type="checkbox"/> Excess Flexion		<input type="checkbox"/> Medial Rotation	<input type="checkbox"/> Lateral Rotation	<input type="checkbox"/> Medial Rotation	<input type="checkbox"/> Lateral Rotation
			<input type="checkbox"/> Abduction	<input type="checkbox"/> Adduction	<input type="checkbox"/> Adduction	
Pelvis			<input type="checkbox"/> Contralateral Drop >5°		<input type="checkbox"/> Ipsilateral Drop >5°	
			<input type="checkbox"/> Inad. Backward Rotation <input type="checkbox"/> Excess Backward Rotation		<input type="checkbox"/> Inad. Forward Rotation <input type="checkbox"/> Excess Forward Rotation	
			<input type="checkbox"/> Excess Anterior Tilt		<input type="checkbox"/> Hike (>neutral)	
					<input type="checkbox"/> Excess Posterior Tilt	
Trunk			<input type="checkbox"/> Forward Lean	<input type="checkbox"/> Backward Lean	<input type="checkbox"/> Forward Lean	<input type="checkbox"/> Backward Lean
			<input type="checkbox"/> Right Lean	<input type="checkbox"/> Left Lean	<input type="checkbox"/> Right Lean	<input type="checkbox"/> Left Lean

Summarize Deviation within Essential Accomplishments

Weight Acceptance:

Single Limb Support:

Swing Limb Advancement:

UE: Reciprocal Arm Swing

Yes

No

Calculate Stride Characteristics

Self-Selected Speed

Measure distance walked _____ (m)

Time to traverse distance _____ (sec)

of steps taken _____

Calculations:

- Velocity (m/min or m/sec) = Distance _____ (m) / time (s) = _____ m/sec _____ %N
(x 60 sec/min) = _____ m/min
- Cadence (steps/minute) = #steps _____ / time (s) x (60 sec/min) = _____ steps/min _____ %N
- Stride Length (meters) = velocity _____ (m/min) / 1/2 #steps/min _____ = meters/stride _____ %N

Note: 2 steps = 1 stride - therefore divided by 1/2 #steps per minute
