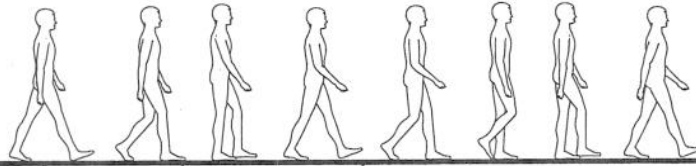


GAIT ANALYSIS: FULL BODY

RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER PHYSICAL THERAPY DEPARTMENT

Reference Limb:
L **R**



		WA		SLS		SLA				
		IC	LR	MSt	TSt	PSw	ISw	MSw	TSw	
Trunk	Lean: B/F									
	Lateral Lean: R/L									
	Rotates: B/F									
Pelvis	Hikes									
	Tilt: P/A									
	Lacks Forward Rotation									
	Lacks Backward Rotation									
	Excess Forward Rotation									
	Excess Backward Rotation									
Hip	Ipsilateral Drop									
	Contralateral Drop									
Knee	Flexion: Limited									
	Excess									
	Past Retract									
	Rotation: IR/ER									
Ankle	AD/ABduction: AD/AB									
	Flexion: Limited									
	Excess									
	Wobbles									
	Hyperextends									
Toes	Extension Thrust									
	Varus/Valgus: Vr/Vl									
	Excess Contralateral Flex									
	Forefoot Contact									
	Foot Flat Contact									
	Foot Slap									
	Excess Plantar Flexion									
	Excess Dorsiflexion									
Major Problems:	Inversion/Eversion: Iv/Ev									
	Heel Off									
	No Heel Off									
	Drag									
Excessive UE Weight Bearing	Contralateral Vaulting									
	Up									
Diagnosis	Inadequate Extension									
	Clawed/Hammered: Cl/Ha									

Major Problems:

(WA)
Weight
Acceptance

(SLS)
Single Limb
Support

(SLA)
Swing Limb
Advancement

Excessive UE Weight Bearing

Name _____

Patient # _____

Diagnosis _____