



# Enability's GAIT ASSESSMENT AND INTERVENTION TOOLBOX (G.A.I.T.) FORM



Patient ID: NL Age: 57 Diagnosis: Amputation Observed Side: RIGHT / LEFT Assessment Date: 02 Walking Aid: None

Gait Intervals	Foot	Ankle	Knee	Hip	Pelvis	Trunk
<b>Initial Double Support (IDS)</b>	<input type="checkbox"/> Forefoot Contact <input type="checkbox"/> Foot flat Contact <input type="checkbox"/> Foot Slap	<input type="checkbox"/> Excessive Plantarflexion <input type="checkbox"/> Insufficient Plantarflexion <input type="checkbox"/> Excessive Dorsiflexion <input type="checkbox"/> Excessive Inversion <input type="checkbox"/> Excessive Eversion	<input type="checkbox"/> Excessive Flexion <input type="checkbox"/> Insufficient Flexion <input type="checkbox"/> Hyperextension <input type="checkbox"/> Excessive Varus <input type="checkbox"/> Excessive Valgus	<input type="checkbox"/> Insufficient Flexion <input type="checkbox"/> Excessive Internal Rotation <input type="checkbox"/> Excessive External Rotation <input checked="" type="checkbox"/> Excessive Abduction <input type="checkbox"/> Excessive Adduction	<input type="checkbox"/> Excessive Forward Rotation <input type="checkbox"/> Insufficient Forward Rotation	<input type="checkbox"/> Forward Lean <input type="checkbox"/> Backward Lean <input type="checkbox"/> Right Lean <input checked="" type="checkbox"/> Left Lean
<b>Single limb Support (SS)</b>	<input type="checkbox"/> Early Heel Rise <input type="checkbox"/> Delayed Heel Rise	<input type="checkbox"/> Excessive Plantarflexion <input type="checkbox"/> Excessive Dorsiflexion <input checked="" type="checkbox"/> Insufficient Dorsiflexion <input type="checkbox"/> Excessive Inversion <input type="checkbox"/> Excessive Eversion	<input type="checkbox"/> Excessive Flexion <input type="checkbox"/> Hyperextension <input type="checkbox"/> Excessive Varus <input type="checkbox"/> Excessive Valgus <input type="checkbox"/> Unstable Knee	<input type="checkbox"/> Insufficient Extension <input type="checkbox"/> Excessive Internal Rotation <input type="checkbox"/> Excessive External Rotation <input checked="" type="checkbox"/> Excessive Abduction <input type="checkbox"/> Excessive Adduction	<input type="checkbox"/> Insufficient Backward Rotation <input type="checkbox"/> Excessive Backward Rotation <input type="checkbox"/> Excessive Anterior Tilt <input type="checkbox"/> Contralateral Drop	<input type="checkbox"/> Forward Lean <input type="checkbox"/> Backward Lean <input type="checkbox"/> Right Lean <input checked="" type="checkbox"/> Left Lean
<b>Terminal Double Support (TDS)</b>		<input checked="" type="checkbox"/> Insufficient Plantarflexion	<input type="checkbox"/> Insufficient Flexion	<input checked="" type="checkbox"/> Insufficient Flexion	<input type="checkbox"/> Excessive Backward Rotation <input type="checkbox"/> Insufficient Backward Rotation	<input type="checkbox"/> Forward Lean <input type="checkbox"/> Backward Lean <input type="checkbox"/> Right Lean <input type="checkbox"/> Left Lean
<b>Swing</b>	<input type="checkbox"/> Foot Drag / Toe Drag	<input type="checkbox"/> Excessive Plantarflexion <input type="checkbox"/> Contralateral Vaulting	<input type="checkbox"/> Insufficient Flexion <input type="checkbox"/> Excessive Flexion (Steppage Gait) <input type="checkbox"/> Insufficient Extension <input type="checkbox"/> Forceful Extension	<input type="checkbox"/> Insufficient Flexion <input type="checkbox"/> Circumduction <input type="checkbox"/> Thigh Retraction	<input type="checkbox"/> Pelvic Hiking <input type="checkbox"/> Insufficient Forward Rotation <input type="checkbox"/> Excessive Forward Rotation	<input type="checkbox"/> Forward Lean <input type="checkbox"/> Backward Lean <input type="checkbox"/> Right Lean <input type="checkbox"/> Left Lean

Step Length:  Right > Left;  Left > Right      Step Width:  WIDE;  NARROW      Stance Time:  Right > Left;  Left > Right      Toe Angle:  TOE IN;  TOE OUT

**INTERVENTION FOCUS**

Balance / Stability       Equality / Symmetry       Energy Consumption       Progression       Shock Absorption