



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



Patient ID: _____ Age: _____ Diagnosis: _____ Observed Side: **RIGHT / LEFT** Assessment Date: _____ Walking Aid: _____

Gait Intervals	Foot	Ankle	Knee	Hip	Pelvis	Trunk
Initial Double Support (IDS)	<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 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 type="checkbox"/> Left Lean
Single limb Support (SS)	<input type="checkbox"/> Early Heel Rise <input type="checkbox"/> Delayed Heel Rise	<input type="checkbox"/> Excessive Plantarflexion <input type="checkbox"/> Excessive Dorsiflexion <input 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 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 type="checkbox"/> Left Lean
Terminal Double Support (TDS)		<input type="checkbox"/> Insufficient Plantarflexion	<input type="checkbox"/> Insufficient Flexion	<input 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
Swing	<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