



Enability's GAIT COMPARISON CHART



Patient ID: JB Age: 54 Diagnosis: COVID Neuropathy Observed Side: **RIGHT** / ~~LEFT~~

PREVIOUS ASSESSMENT - Date: 00/01 Walking Aid Used: None **CURRENT ASSESSMENT** - Date: 00/02 Walking Aid Used: AFO

Rate the change in following parameters since the previous assessment	Significant Decline	Moderate Decline	No Change	Moderate Improvement	Significant Improvement
Balance / Stability (Improvement = Greater stability)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Equality / Symmetry (Improvement = Similar limb movements observed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Energy Consumption (Improvement = Lower energy used for walking)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Progression (Improvement = Faster walking speed)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shock Absorption (Improvement = "Normative" joint movement observed during weight transfer)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gait Deviations (Improvement = Fewer deviations observed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Step Length (Improvement = Greater symmetry in step length)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Stance Time (Improvement = Greater symmetry in stance time)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step Width (Improvement = "Normative" step width observed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Toe Angle (Improvement = "Normative" toe out angle observed)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall, the patient's / client's gait since the previous assessment shows:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

RECOMMENDATION: Continue with the AFO and physical therapy