



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



Patient ID: **\_JB\_** Age: **\_54\_** Diagnosis: **\_COVID Neuropathy\_** Observed Side: **RIGHT** / **LEFT** Assessment Date: **\_00\_** Walking Aid: **\_None**

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