



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



Patient ID:   NL   Age:   34   Diagnosis:   Amputation   Observed Side: **RIGHT** / **LEFT** Assessment Date:   01   Walking Aid:   Cane  

| 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 type="checkbox"/> Foot Slap | <input type="checkbox"/> Excessive Plantarflexion<br><input checked="" type="checkbox"/> <b>Insufficient Plantarflexion</b><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 checked="" type="checkbox"/> <b>Excessive Abduction</b><br><input type="checkbox"/> Excessive Adduction                     | <input type="checkbox"/> Excessive Forward Rotation<br><input checked="" type="checkbox"/> <b>Insufficient Forward Rotation</b><br><input type="checkbox"/> Excessive Abduction<br><input type="checkbox"/> Excessive Adduction      | <input type="checkbox"/> Forward Lean<br><input type="checkbox"/> Backward Lean<br><input type="checkbox"/> Right Lean<br><input checked="" type="checkbox"/> <b>Left Lean</b> |
| Single limb Support (SS)      | <input type="checkbox"/> Early Heel Rise<br><input type="checkbox"/> Delayed Heel Rise                                        | <input type="checkbox"/> Excessive Plantarflexion<br><input type="checkbox"/> Excessive Dorsiflexion<br><input checked="" type="checkbox"/> <b>Insufficient Dorsiflexion</b><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 checked="" type="checkbox"/> <b>Insufficient Extension</b><br><input type="checkbox"/> Excessive Internal Rotation<br><input type="checkbox"/> Excessive External Rotation<br><input checked="" type="checkbox"/> <b>Excessive Abduction</b><br><input type="checkbox"/> Excessive Adduction | <input type="checkbox"/> Insufficient Backward Rotation<br><input type="checkbox"/> Excessive Backward Rotation<br><input checked="" type="checkbox"/> <b>Excessive Anterior Tilt</b><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 checked="" type="checkbox"/> <b>Left Lean</b> |
| Terminal Double Support (TDS) |                                                                                                                               | <input checked="" type="checkbox"/> <b>Insufficient Plantarflexion</b>                                                                                                                                                                                                        | <input checked="" type="checkbox"/> <b>Insufficient Flexion</b>                                                                                                                                                                                   | <input checked="" type="checkbox"/> <b>Insufficient Flexion</b>                                                                                                                                                                                                                                     | <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 type="checkbox"/> Excessive Plantarflexion (Foot Drop)<br><input type="checkbox"/> Contralateral Vaulting                                                                                                                                                              | <input checked="" type="checkbox"/> <b>Insufficient Flexion</b><br><input type="checkbox"/> Excessive Flexion (Steppage Gait)<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 checked="" type="checkbox"/> <b>Insufficient Forward Rotation</b><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 Conservation**

☒ **Progression**

☒ **Shock Absorption**