



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



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

Gait Phases	Foot	Ankle	Knee	Hip	Pelvis	Trunk
Stance	<input type="checkbox"/> Forefoot Contact <input type="checkbox"/> Foot-flat Contact <input type="checkbox"/> Foot Slap <input type="checkbox"/> Early Heel Rise <input type="checkbox"/> Delayed Heel Rise	<input type="checkbox"/> Excessive Plantarflexion <input type="checkbox"/> Insufficient Plantarflexion <input type="checkbox"/> Excessive Dorsiflexion <input type="checkbox"/> Insufficient Dorsiflexion <input type="checkbox"/> Inversion → Moderate / Excessive <input type="checkbox"/> Eversion → Moderate / Excessive <input type="checkbox"/> Stiff Ankle <input type="checkbox"/> Unstable Ankle	<input type="checkbox"/> Excessive Flexion <input type="checkbox"/> Insufficient Flexion <input type="checkbox"/> Hyperextension <input type="checkbox"/> Varus → Moderate / Excessive <input type="checkbox"/> Valgus Moderate / Excessive <input type="checkbox"/> Stiff Knee <input type="checkbox"/> Unstable Knee	<input type="checkbox"/> Insufficient Flexion <input type="checkbox"/> Insufficient Extension <input type="checkbox"/> Internal Rotation Moderate / Excessive <input type="checkbox"/> Excessive External Rotation <input type="checkbox"/> Abduction Moderate / Excessive <input type="checkbox"/> Adduction Moderate / Excessive <input type="checkbox"/> Stiff Hip	<input type="checkbox"/> Excessive Forward Rotation <input type="checkbox"/> Insufficient Forward Rotation <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"/> Restricted Pelvic Movement	<input type="checkbox"/> Forward Lean <input type="checkbox"/> Backward Lean <input type="checkbox"/> Right Lean <input type="checkbox"/> Left Lean <input type="checkbox"/> Restricted Trunk Rotation
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