



Enability's GAIT COMPARISON CHART

Patient ID: _____ Age: _____ Diagnosis: _____ Observed Side: **RIGHT / LEFT**

PREVIOUS ASSESSMENT - Date: _____ Walking Aid Used: _____ **CURRENT ASSESSMENT** - Date: _____ Walking Aid Used: _____

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