

GAIT AND BIOMECHANICAL ASSESSMENT FORM

PATIENT INFORMATION

First Name _____
Last Name _____

Age _____ Weight _____ lb kg Shoe Size _____ M W
Footwear _____

CLINICIAN

Name _____
Signature _____

Certification _____ Date of Assessment _____
Location _____

SYMPTOMS

Primary Complaint _____

Secondary Complaint _____

Notes/Additional Treatments _____

POSTURAL OBSERVATIONS

Shoulder Elevated Left Right
Hip Elevated Left Right
Knee Frontal L R Valgus L R Varus
Sagittal L R Recurvatum
Tibial Curvature Left Right
Foot Posture L R Planus L R Rectus L R Cavus
LLD (short by) L R _____mm
Notes

MEASUREMENTS

	<i>Left</i>			<i>Right</i>		
RF	_____°	+	-	_____°	+	-
FF on RF	_____°	+	-	_____°	+	-
RCSP	_____°	+	-	_____°	+	-

SPECIAL TESTS

PALPATION PAIN

Left

Right

SKIN



Notes

NON-WEIGHT-BEARING

Dorsiflexion

Arch Height	L R High	L R Medium	L R Low
Ankle Dorsiflexion	L R Mobile	L R Adequate	L R Limited
STJ Inversion	L R Mobile	L R Adequate	L R Limited
Eversion	L R Mobile	L R Adequate	L R Limited
MTJ Inversion	L R Mobile	L R Adequate	L R Limited
Eversion	L R Mobile	L R Adequate	L R Limited
1st Ray Dorsiflexion	L R Mobile	L R Adequate	L R Limited
Plantarflexion	L R Mobile	L R Adequate	L R Limited
Position	L R Dorsiflexed	L R Plantarflexed	
Hallux Dorsiflexion	L R Mobile	L R Adequate	L R Limited
Transverse	L R ABducted	L R ADducted	

Notes

GAIT

Left

Right

Heel Strike	_____	_____
Midstance	_____	_____
Toe-Off	_____	_____
Heel Lift	_____	_____
Swing	_____	_____

Gait Angle Straight In-toe Out-toe Severe Out-toe

Notes

NOTES