

Gait Analysis and Biomechanical Assessment Form

Date: _____ Name: _____ D.O.B: _____

Policy #: _____ Height: _____ Weight: _____ Occupation: _____

Medical Condition(s): _____

Primary Complaint(s): _____

Clinic Name: _____ Clinician: _____

Standing Assessment

(Tick mark denotes presence of structural abnormality)

	L > R	R > L
LEG LENGTH DIFFERENCE (CM)		

	LEFT	RIGHT
PRONATION: (HINDFOOT VALGUS DEFORMITY WITH COLLAPSED MEDIAL ARCH)		
SUPINATION: (HINDFOOT VARUS DEFORMITY WITH HIGH MEDIAL ARCH)		
HALLUX VALGUS (BUNION)		
TOE DEFORMITIES		
FAT PAD HERNIATION		
COLLAPSED TRANSVERSE ARCH		

Standing Assessment Additional Notes

Forefoot to Rearfoot Relation:

(STJ neutral, prone)

	LEFT	RIGHT
FOREFOOT INVERSION		
NEUTRAL FOREFOOT		
FOREFOOT EVERSION		

Dynamic Gait Analysis

Contact (HS to FF)	Midstance (FF)	Propulsion (TO)

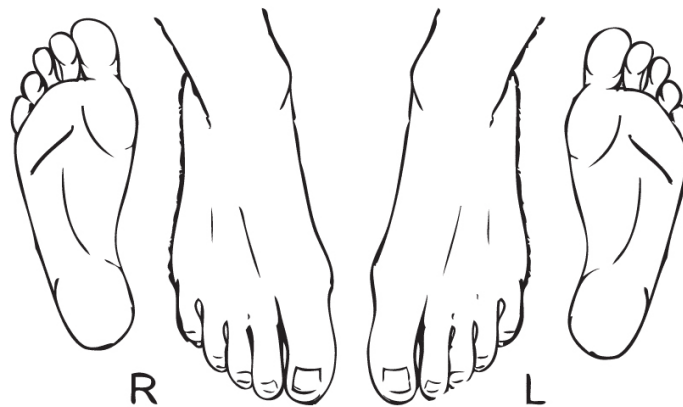
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Muscle Strength & Joint Range of Motion

(Blank field denotes normal)

		Left		Right	
		Strength (MRC)	ROM (degrees)	Strength (MRC)	ROM (degrees)
1 st Metatarso-phalangeal	Plantar Flexion				
	Dorsi Flexion				
Subtalar	Inversion				
	Eversion				
Talocrural	Plantar Flexion (Knee Extended)				
	Plantar Flexion (Knee Flexed)				
	Dorsi Flexion (Knee Extended)				
	Dorsi Flexion (Knee Flexed)				

Visual Assessment



Notes: _____

