



JRFS GAIT ASSESSMENT FORM

NAME: _____

GAIT ASSESSMENT FOR KNEE & HIP REPLACEMENT CLIENTS

Procedure:

1. No shoes is best if client is comfortable
2. Use a straight path long enough to take 10-12 steps
3. Client walks down and back as many times as you need to see everything
4. Client walks directly away from/back towards you, then watch from 90° angle

Scoring Legend:

X = Positive finding

L or R = Head rotation or tilt to Left or Right

	DATE:		DATE:		DATE:	
Feet	Left	Right	Left	Right	Left	Right
Neutral						
Externally Rotated						
Internally Rotated						
Pronated (feet fall in)						
Supinated (feet fall out)						
Knees	Left	Right	Left	Right	Left	Right
Neutral						
Knee fall out (varus)						
Knees fall in (valgus)						
Hips	Left	Right	Left	Right	Left	Right
Neutral						
Externally Rotated						
Internally Rotated						
Leg swing symmetry (mark reduced swing)						
Arms	Left	Right	Left	Right	Left	Right
Neutral						
Externally Rotated						
Internally Rotated						
Arm swing symmetry (mark reduced swing)						
Shoulders	Left	Right	Left	Right	Left	Right
Shoulder lean to one side?						
Head						
Rotated to one side (L or R?)						
Tilted to one side (L or R?)						
Excessive movement/"bobblehead"?						
Torso/Pelvis Alignment						
Torso not centered over pelvis (L or R?)						