Gait Analysis and Clinical Function Report

Client: Satnam Dhillon
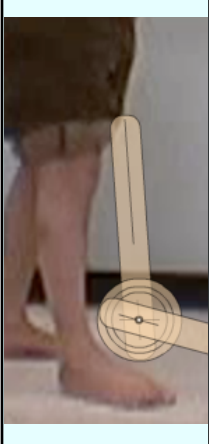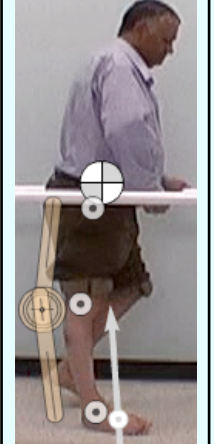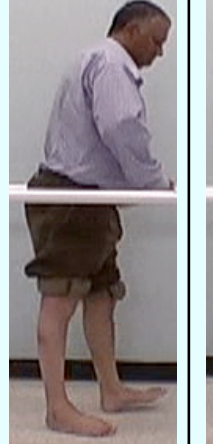**Visit Date: March 2006**

Practitioner: Jason Goodnough, CPO(c)

Clinic: BCIT GOAL

Patient History:

Mr. Satnam Dhillon is a 62 y/o male who is 4.5 years post-CVA and presents with moderately spastic right hemiplegia. He has generalized complaints of being "unsteady", slow walking speed, mild right sided evening knee pain and "toe dragging".

Physical Assessment	Right		Left	
	R.O.M	Strength(1-5)	R.O.M	Strength(1-5)
Subtalar (5°ev/10°inv)	0/15°	5/1	N°	5
Ankle Plantarflexion (50°)	50°	4	N°	5
Ankle Dorsiflexion (20°)	0°	2	N°	5
Knee: popliteal angle (-20°)	-35°	3	N°	5
Hip (120°f/30°e)	120/15°	3+	N°	5

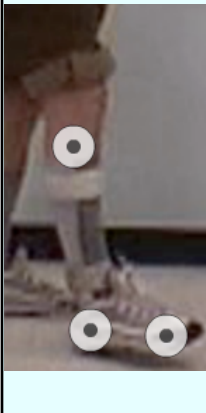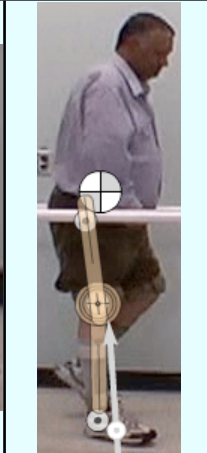| Pre-Treatment Observational Snapshots					
Sagittal Plane				Frontal Plane	
Initial Contact	Mid Stance	Terminal Stance	Mid Swing	Initial Contact	Mid Stance
10° PF @ IC	PF ankle,13° knee H/E, anterior GRF	PF ankle, Hip flexed excessively, short step	15° PF ankle	Excessively wide base	Circumduction, lateral trunk lean

Gait Observation
Analysis Laboratory

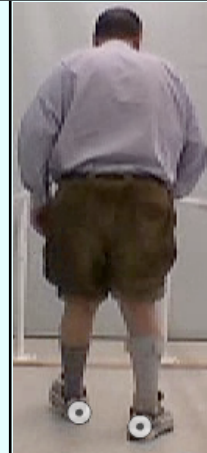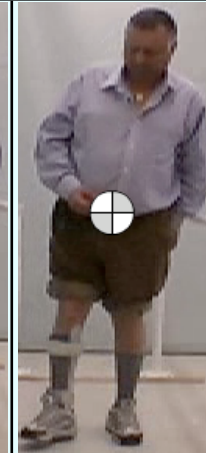BCIT tekinitiative

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Post-Treatment Observational Snapshots					
Sagittal Plane				**Frontal Plane**	
Initial Contact	**Mid Stance**	**Terminal Stance**	**Mid Swing**	**Initial Contact**	**Mid Stance**
3° PF @ IC	Plantigrade ankle, knee flexion good GRF good	<tibial advance,<hip ext, <step length	<dorsi (90°)	>base gait	>circumduction

Clinical Summary
Knee and ankle kinematics much closer to normal parameters.
Less circumduction, base of support narrowed.
Step length improved, velocity greatly improved.
Patient is satisfied with the fit and function of the AFO. Gait safety, stability and velocity have been significantly improved.

Presented By: Jason Goodnough, CPO(c)	Date: June 29, 2006