

# Functional Gait Assessment

|           |                     |            |
|-----------|---------------------|------------|
| Name:     | Age:                | Gender:    |
| Sex:      | Date:               | Signature: |
| Assessor: | Assessor Signature: |            |

## 1. Gait Level Surface

**Grading:** Check the lowest category that applies.

**Instructions:** Walk at your normal speed from here to the next mark (20 ft./6m).

|                          | Score | Level of Function   | Description                                                                                                                                                                      |
|--------------------------|-------|---------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | 0     | Severe Impairment   | <ul style="list-style-type: none"><li>Cannot walk 20 ft./6m without assistance.</li><li>Has severe gait deviations or imbalance.</li><li>Reaches and touches the wall.</li></ul> |
| <input type="checkbox"/> | 1     | Moderate Impairment | <ul style="list-style-type: none"><li>Walks 20 ft./6m at slow speed.</li><li>Has an abnormal gait pattern.</li><li>There's evidence for imbalance.</li></ul>                     |
| <input type="checkbox"/> | 2     | Mild Impairment     | <ul style="list-style-type: none"><li>Walks 20 ft./6m with assistive devices at a slower speed.</li><li>Has mild gait deviations.</li></ul>                                      |
| <input type="checkbox"/> | 3     | Normal              | <ul style="list-style-type: none"><li>Walks 20 ft./6m without aids at a good speed and with a normal gait pattern.</li><li>No evidence for imbalance.</li></ul>                  |

## 2. Change in Gait Speed

**Grading:** Check the lowest category that applies.

**Instructions:** Begin walking at your normal pace for 5 ft or 1.5m.

When I tell you "GO," walk as fast as you can for 5 ft or 1.5m.

When I tell you "SLOW," walk as slowly as you can for 5 ft or 1.5m

|                          | Score | Level of Function   | Description                                                                                                                                                                                                                                                                                                                                  |
|--------------------------|-------|---------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | 0     | Severe Impairment   | <ul style="list-style-type: none"><li>Cannot change speeds or loses balance.</li><li>Needs to be caught or reach a wall.</li></ul>                                                                                                                                                                                                           |
| <input type="checkbox"/> | 1     | Moderate Impairment | <ul style="list-style-type: none"><li>Makes only minor adjustments to walking speed OR</li><li>Accomplishes a change in speed/changes speed with significant gait deviations OR</li><li>Changes speed but has significant gait deviations OR</li><li>Change in speed but loses balance but is able to recover and continue walking</li></ul> |
| <input type="checkbox"/> | 2     | Mild Impairment     | <ul style="list-style-type: none"><li>Able to change speed but demonstrates mild gait deviations OR</li><li>No gait deviations but unable to achieve a significant change in velocity OR</li><li>Uses an assistive device</li></ul>                                                                                                          |
| <input type="checkbox"/> | 3     | Normal              | <ul style="list-style-type: none"><li>Able to smoothly change walking speed without loss of balance or gait deviation.</li><li>Shows a significant difference in walking speeds between normal, fast, and slow.</li></ul>                                                                                                                    |

## 3. Gait with Horizontal Head Turns

**Grading:** Check the lowest category that applies.

**Instructions:** Begin walking at your normal pace and walk from here to the next mark (20 ft./6m).

Keep walking straight. After 3 steps, turn your head to the right and keep walking straight while looking to the right.

After 3 more steps, turn your head to the left and keep walking straight while looking left.

Continue alternating looking right and left after every 3 steps until you complete 2 repetitions in each direction.

|                          | Score | Level of Function   | Description                                                                                                                                                                                  |
|--------------------------|-------|---------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | 0     | Severe Impairment   | <ul style="list-style-type: none"><li>Performs task with severe disruptions of gait (i.e., staggers outside 15-inch/38-centimeter path, loses balance, stops, or reaches for wall)</li></ul> |
| <input type="checkbox"/> | 1     | Moderate Impairment | <ul style="list-style-type: none"><li>Performs head turns with moderate change in gait velocity or speed.</li><li>Staggers but recovers and can continue to walk.</li></ul>                  |
| <input type="checkbox"/> | 2     | Mild Impairment     | <ul style="list-style-type: none"><li>Performs head turns smoothly with slight changes in gait velocity (i.e., minor disruption to smooth gait path or uses walking aid).</li></ul>          |
| <input type="checkbox"/> | 3     | Normal              | <ul style="list-style-type: none"><li>Performs head turn smoothly with no change in gait.</li></ul>                                                                                          |

#### 4. Gait with Vertical Head Turns

**Grading:** Check the lowest category that applies.

**Instructions:** Begin walking at your normal pace and walk from here to the next mark (20 ft./6m).

Keep walking straight. After 3 steps, tip your head up and keep walking straight while looking up.

After 3 more steps, tip your head down and keep walking straight while looking down.

Continue alternating looking up and down after every 3 steps until you complete 2 repetitions in each direction.

|                          | Score | Level of Function   | Description                                                                                                                                                                                 |
|--------------------------|-------|---------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | 0     | Severe Impairment   | <ul style="list-style-type: none"><li>Performs task with severe disruptions of gait (i.e. staggers outside 15-inch/38-centimeter path, loses balance, stops, or reaches for wall)</li></ul> |
| <input type="checkbox"/> | 1     | Moderate Impairment | <ul style="list-style-type: none"><li>Performs task with moderate change in gait velocity or speed.</li><li>Staggers but recovers and can continue to walk.</li></ul>                       |
| <input type="checkbox"/> | 2     | Mild Impairment     | <ul style="list-style-type: none"><li>Performs tasks smoothly with slight changes in gait velocity (i.e., minor disruption to smooth gait path or uses walking aid).</li></ul>              |
| <input type="checkbox"/> | 3     | Normal              | <ul style="list-style-type: none"><li>Performs task smoothly with no change in gait.</li></ul>                                                                                              |

#### 5. Gait and Pivot Turn

**Grading:** Check the lowest category that applies.

**Instructions:** Begin walking at your normal pace.

When I tell you to "TURN AND STOP," turn as quickly as you can to face the opposite direction and stop.

|                          | Score | Level of Function   | Description                                                                                                                                                                                                                                                 |
|--------------------------|-------|---------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | 0     | Severe Impairment   | <ul style="list-style-type: none"><li>Cannot turn safely.</li><li>Requires assistance to turn and stop.</li></ul>                                                                                                                                           |
| <input type="checkbox"/> | 1     | Moderate Impairment | <ul style="list-style-type: none"><li>Turns slowly, requiring verbal cueing.</li><li>Requires several small steps to catch balance following turn.</li></ul>                                                                                                |
| <input type="checkbox"/> | 2     | Mild Impairment     | <ul style="list-style-type: none"><li>Pivot turns safely in greater than 3 seconds and stops with no loss of balance OR</li><li>Pivot turns safely within 3 seconds and stops with mild imbalance.</li><li>Requires small steps to catch balance.</li></ul> |
| <input type="checkbox"/> | 3     | Normal              | <ul style="list-style-type: none"><li>Pivots and turns safely within 3 seconds.</li><li>Stops quickly with no loss of balance.</li></ul>                                                                                                                    |

#### 6. Step over Obstacle

**Grading:** Check the lowest category that applies.

**Instructions:** Begin walking at your normal speed.

When you come to the shoebox, step over it - not around it - and keep walking.

|                          | Score | Level of Function   | Description                                                                                                                                                                                      |
|--------------------------|-------|---------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | 0     | Severe Impairment   | <ul style="list-style-type: none"><li>Cannot perform without assistance.</li></ul>                                                                                                               |
| <input type="checkbox"/> | 1     | Moderate Impairment | <ul style="list-style-type: none"><li>Able to step over one (1) shoe box but must slow down.</li><li>Needs to adjust steps to clear the box safely.</li><li>May require verbal cueing.</li></ul> |
| <input type="checkbox"/> | 2     | Mild Impairment     | <ul style="list-style-type: none"><li>Able to step over one (1) shoe box without changing gait speed.</li><li>No evidence of imbalance.</li></ul>                                                |
| <input type="checkbox"/> | 3     | Normal              | <ul style="list-style-type: none"><li>Able to step over two (2) stacked shoe boxes taped together without changing gait speed.</li><li>No evidence of imbalance.</li></ul>                       |

#### 7. Gait with Narrow Base of Support

**Grading:** Check the lowest category that applies.

**Instructions:** Walk along the floor with arms folded across the chest for a distance of 12 ft./3.6m. Remember to keep the feet aligned heel to toe in tandem.

The number of steps taken in a straight line should be equivalent to a maximum of 10 steps.

|                          | Score | Level of Function   | Description                                                                                                                         |
|--------------------------|-------|---------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | 0     | Severe Impairment   | <ul style="list-style-type: none"><li>Ambulates less than 4 steps heel to toe.</li><li>Cannot perform without assistance.</li></ul> |
| <input type="checkbox"/> | 1     | Moderate Impairment | <ul style="list-style-type: none"><li>Ambulates 4-7 steps.</li></ul>                                                                |
| <input type="checkbox"/> | 2     | Mild Impairment     | <ul style="list-style-type: none"><li>Ambulates 7-9 steps.</li></ul>                                                                |
| <input type="checkbox"/> | 3     | Normal              | <ul style="list-style-type: none"><li>Able to ambulate for 10 steps heel to toe.</li><li>No staggering.</li></ul>                   |

## 8. Gait with Eyes Closed

**Grading:** Check the lowest category that applies.

**Instructions:** Walk at your normal speed from here to the next mark - a distance of 20 ft./6m with your eyes closed.

|                          | Score | Level of Function   | Description                                                                                                                                                               |
|--------------------------|-------|---------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | 0     | Severe Impairment   | <ul style="list-style-type: none"><li>• Cannot walk without assistance.</li><li>• Severe gait deviations or imbalance OR</li><li>• Will not attempt task.</li></ul>       |
| <input type="checkbox"/> | 1     | Moderate Impairment | <ul style="list-style-type: none"><li>• Walks at a slow speed.</li><li>• Abnormal gait pattern.</li><li>• Evidence for imbalance.</li></ul>                               |
| <input type="checkbox"/> | 2     | Mild Impairment     | <ul style="list-style-type: none"><li>• Walks with assistive devices at a slow speed.</li><li>• Has mild gait deviations.</li></ul>                                       |
| <input type="checkbox"/> | 3     | Normal              | <ul style="list-style-type: none"><li>• Walks with no assistive devices at a good speed.</li><li>• No evidence of imbalance.</li><li>• Has normal gait pattern.</li></ul> |

## 9. Ambulating Backwards

**Grading:** Check the lowest category that applies.

**Instructions:** Walk backward until I tell you to stop.

|                          | Score | Level of Function   | Description                                                                                                                                                                  |
|--------------------------|-------|---------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | 0     | Severe Impairment   | <ul style="list-style-type: none"><li>• Cannot walk without assistance.</li><li>• Has severe gait deviations or imbalance.</li></ul>                                         |
| <input type="checkbox"/> | 1     | Moderate Impairment | <ul style="list-style-type: none"><li>• Walks at a slower speed.</li><li>• Has an abnormal gait pattern.</li><li>• There's evidence for imbalance.</li></ul>                 |
| <input type="checkbox"/> | 2     | Mild Impairment     | <ul style="list-style-type: none"><li>• Walks with assistive devices at a slower speed.</li><li>• Has mild gait deviations.</li></ul>                                        |
| <input type="checkbox"/> | 3     | Normal              | <ul style="list-style-type: none"><li>• Walks with no assistive devices at a good speed.</li><li>• No evidence for imbalance.</li><li>• Has a normal gait pattern.</li></ul> |

## 10. Steps

**Grading:** Check the lowest category that applies.

**Instructions:** Walk up these stairs as you would at home.  
At the top, turn around and walk down.

|                          | Score | Level of Function   | Description                                                                                     |
|--------------------------|-------|---------------------|-------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | 0     | Severe Impairment   | <ul style="list-style-type: none"><li>• Cannot perform safely.</li></ul>                        |
| <input type="checkbox"/> | 1     | Moderate Impairment | <ul style="list-style-type: none"><li>• Two feet to a stair.</li><li>• Must use rail.</li></ul> |
| <input type="checkbox"/> | 2     | Mild Impairment     | <ul style="list-style-type: none"><li>• Alternating feet.</li><li>• Must use rail.</li></ul>    |
| <input type="checkbox"/> | 3     | Normal              | <ul style="list-style-type: none"><li>• Alternating feet.</li><li>• No rail needed.</li></ul>   |

**TOTAL SCORE:**