Gait Analysis Evaluation Sheet

Date

Patient Name

Age

ID / MRN

Referral Source

Examiner

History

Relevant medical, surgical, or therapy history

Observation

General appearance, assistive devices, shoes, etc.

Spatiotemporal Parameters

Parameter	Left	Right
Step Length		
Stride Length		
Cadence (steps/min)		
Velocity (m/s)		
Base of Support		

Gait Phases

Phase	Left	Right
Initial Contact		
Loading Response		
Mid Stance		
Terminal Stance		
Pre Swing		
Initial Swing		
Mid Swing		
Terminal Swing		

Qualitative Analysis

Notable deviations, compensations, symmetry, etc.

Interpretation/Impression

Summary of findings and clinical impression

Plan / Recommendations

Therapeutic strategies, orthotics, referrals, further assessment

This is a blank sample. Complete as appropriate for clinical use.