

Functional Gait Assessment

Name:: _____ Age:: _____
 Gender:: _____ Sex:: _____
 Date:: _____ dd / mm / yyyy Assessor:: _____

Signature: _____

Assessor Signature: _____

1. Gait Level Surface

0 - Severe Impairment 1 - Moderate Impairment 2 - Mild Impairment 3 - Normal

2. Change in Gait Speed

0 - Severe Impairment 1 - Moderate Impairment 2 - Mild Impairment 3 - Normal

3. Gait with Horizontal Head Turns

0 - Severe Impairment 1 - Moderate Impairment 2 - Mild Impairment 3 - Normal

4. Gait with Vertical Head Turns

0 - Severe Impairment 1 - Moderate Impairment 2 - Mild Impairment 3 - Normal

5. Gait and Pivot Turn

0 - Severe Impairment 1 - Moderate Impairment 2 - Mild Impairment 3 - Normal

6. Step over Obstacle

0 - Severe Impairment 1 - Moderate Impairment 2 - Mild Impairment 3 - Normal

7. Gait with Narrow Base of Support

0 - Severe Impairment 1 - Moderate Impairment 2 - Mild Impairment 3 - Normal

8. Gait with Eyes Closed

0 - Severe Impairment 1 - Moderate Impairment 2 - Mild Impairment 3 - Normal

9. Ambulating Backwards

0 - Severe Impairment 1 - Moderate Impairment 2 - Mild Impairment 3 - Normal

10. Steps

0 - Severe Impairment 1 - Moderate Impairment 2 - Mild Impairment 3 - Normal

TOTAL SCORE:: _____