### Normal Gait

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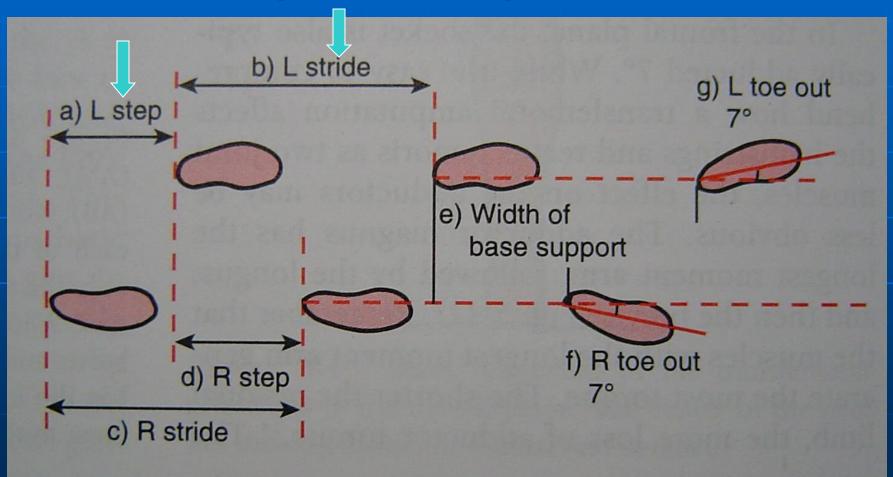
JFK-Johnson Rehab Institute

Edison, NJ

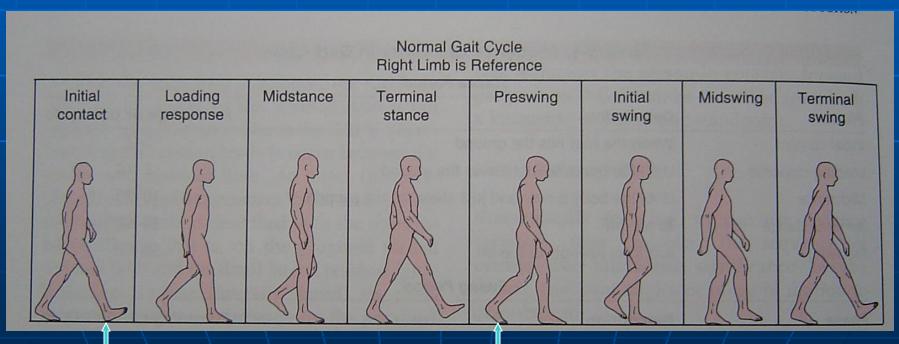
#### Critical Gait Parameters

- Average walking speed = 2-3 mph (60-80m/min)
- Average cadence = 80-110 steps/min
- Average step length = 30 cm
- Average stride length = 60 cm
- Stance/swing (1 leg) = 60/40
- Single/double limb support = 80/20
- Running has no double limb support 2

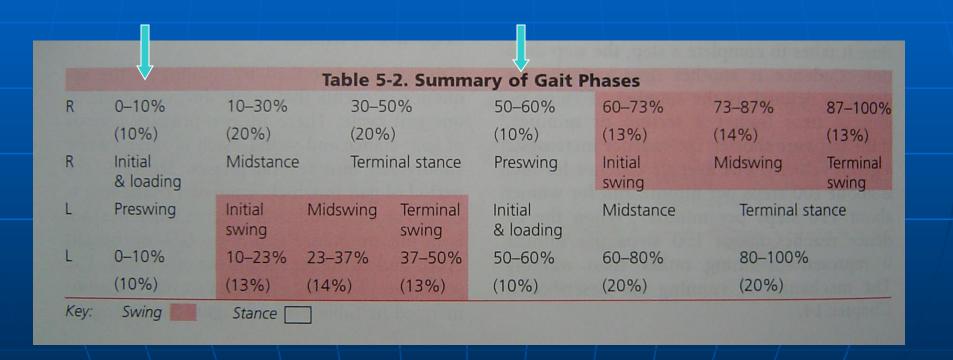
# Step or Stride? R step + L step = stride



# Phases of the Gait Cycle (1 leg) Stance Phase – 60% Swing Phase – 40%



## Comparison of R leg to L leg 80/20 rule



# Three Important Gait Factors

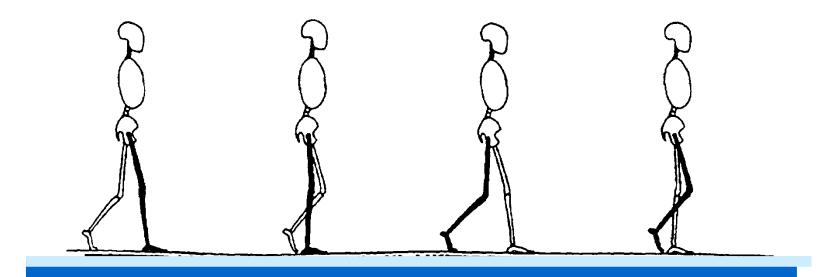
- Forward Progression
- Stance Stability
- Conservation of Energy

#### Methods of Analyzing Gait

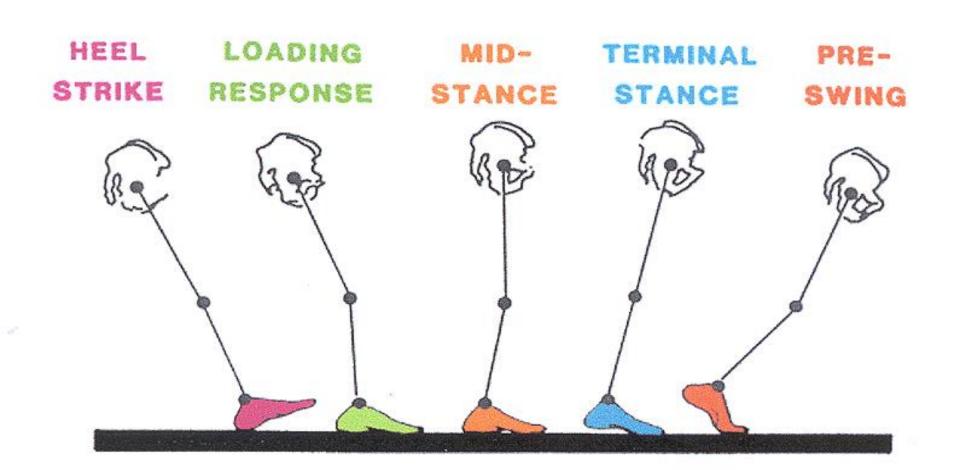
- Kinematics = observing or measuring the position of joints and segments through each phase of gait (visual gait analysis)
- Kinetics = measuring the Ground Reaction Force at each joint and then calculating the muscle activity or soft tissue resistance present to stabilize the joint

### Gait Analysis Basic Training

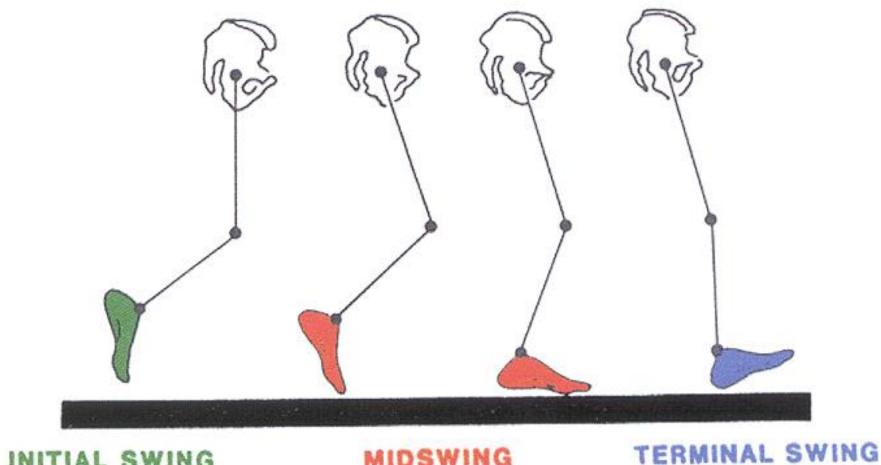
- Assess only one joint at a time
- Look at early stance, late stance, then swing
- Separate kinetics from kinematics
- KEEP IT SIMPLE!



# Normal Human Locomotion: Sagittal Plane Gait Kinematics



STANCE PHASE

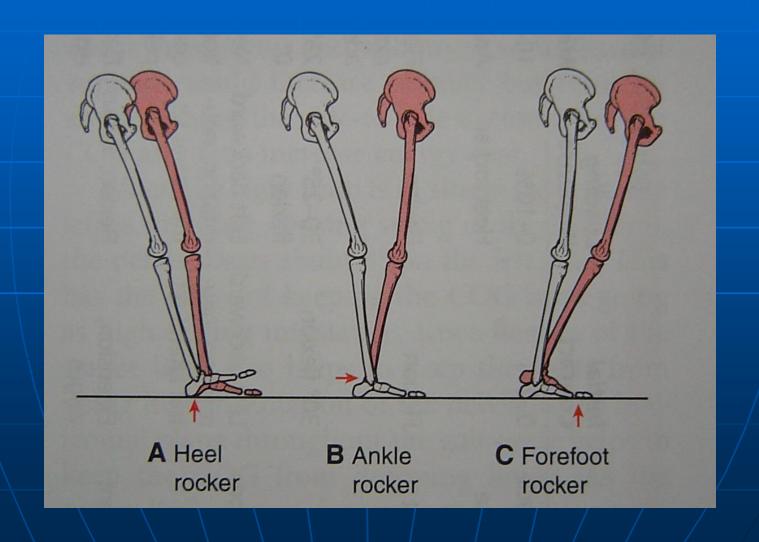


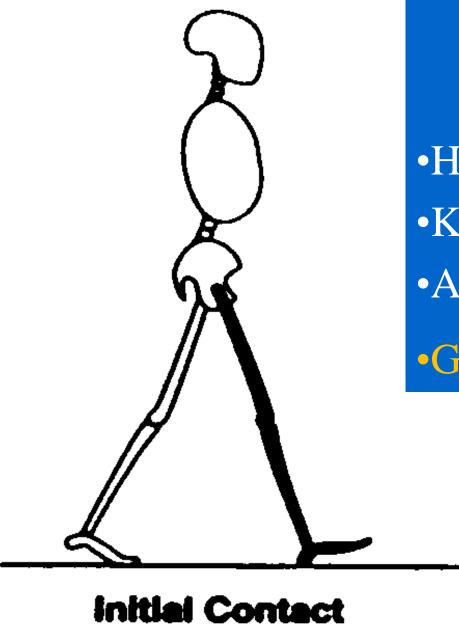
INITIAL SWING

MIDSWING

#### SWING PHASE

## Rockers or Pivot Points in Stance





#### **Initial Contact:**

Double Support

- •Hip = Flexed 30\*
- •Knee = Extended
- •Ankle = Neutral
- •Goal = Begin Stance

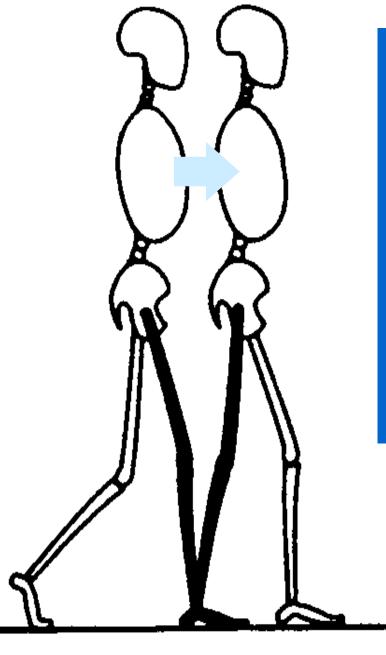


### Loading Response:

Double Support

- •Hip = Flexed
- •Knee = Flexing 5-10\*
- •Ankle = Plantarflexing to 20\*
- •Goals = Weight Acceptance, Shock Absorption, Advance body over Heel Rocker

Loading Response



#### Mid Stance:

- •Hip = Extending
- •Knee = Flexed 5-10\*
- •Ankle = Dorsiflexing
- •Goal = Advance body over stationary foot, ankle rocker

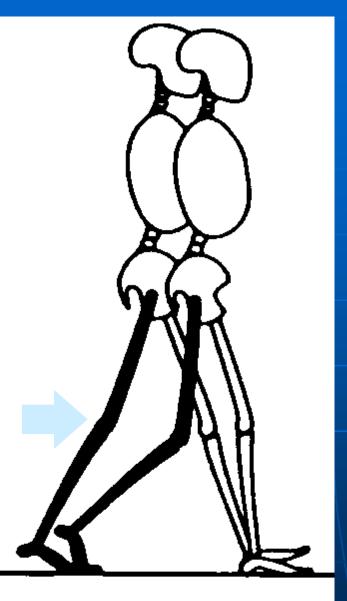


#### Terminal Stance:

•Single Support

- •Hip = Extending 15-30\*
- Knee = Extend, then Flex
- •Ankle =15\* DF to Neutral
- •Goal = Advance body over forefoot rocker

Terminal Stance

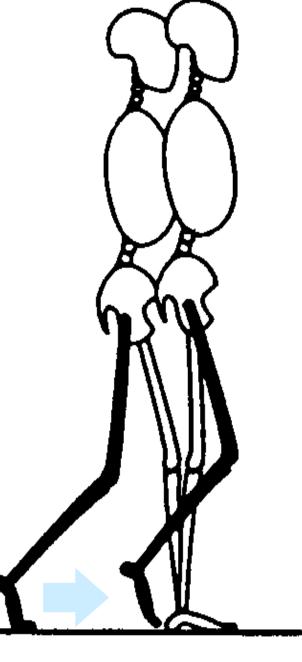


Pre-Swing

#### Pre Swing:

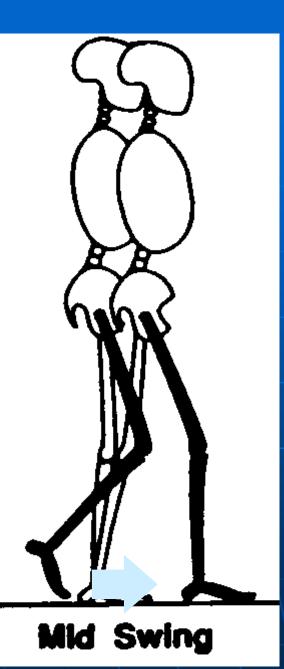
Double Support

- •Hip = Flexing
- •Knee = Flexing 30-40\*
- •Ankle = Plantarflexing 20-30\*
- •Goal = Prepare for Swing, transfer load to other limb



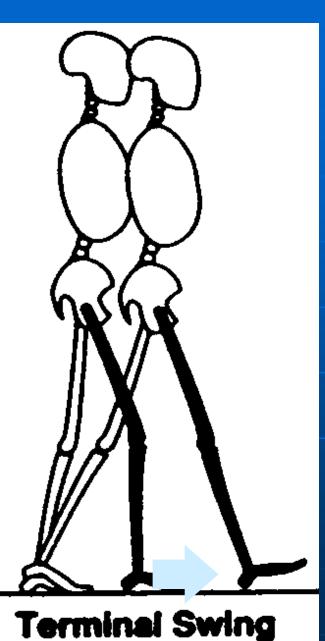
#### Initial Swing:

- •Hip = Flexing
- •Knee = Flexing up to 65\*
- •Ankle =Dorsiflexing to 0\*
- •Goal = Clear foot and advance limb



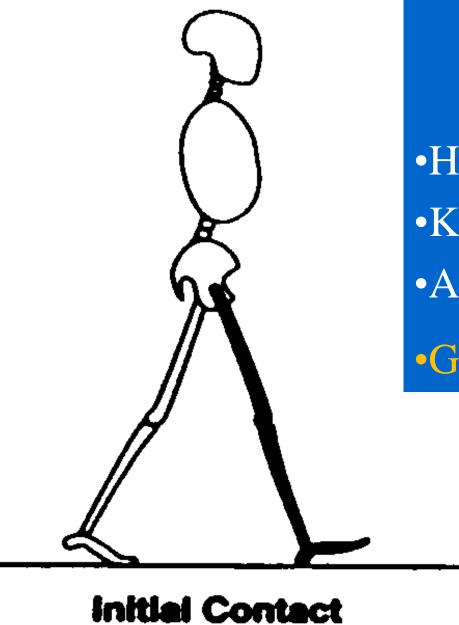
#### Mid Swing:

- •Hip = Flexing to 30\*
- •Knee = Extending
- •Ankle =Dorsiflexing to 0\*
- •Goal = Advance limb and clear foot



### Terminal Swing:

- •Hip = Flexed 30\*
- •Knee = Extending
- $\bullet$ Ankle = Neutral
- •Goal = Advance limb

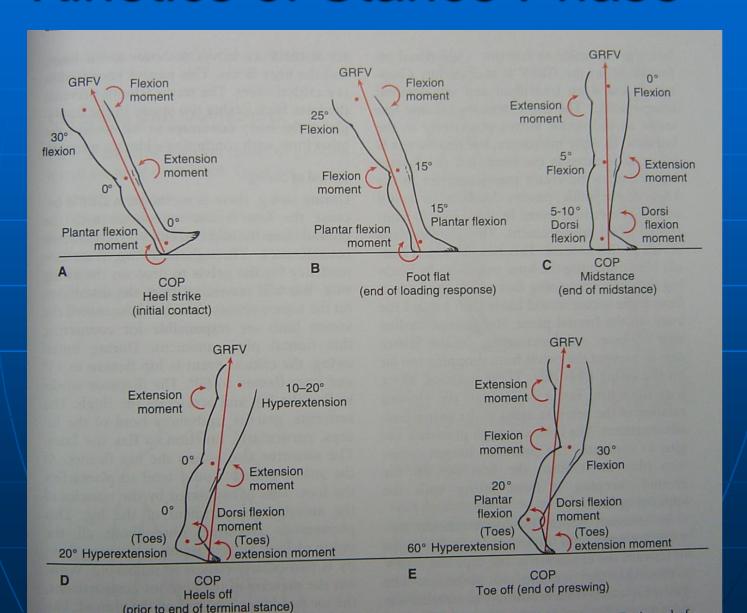


#### **Initial Contact:**

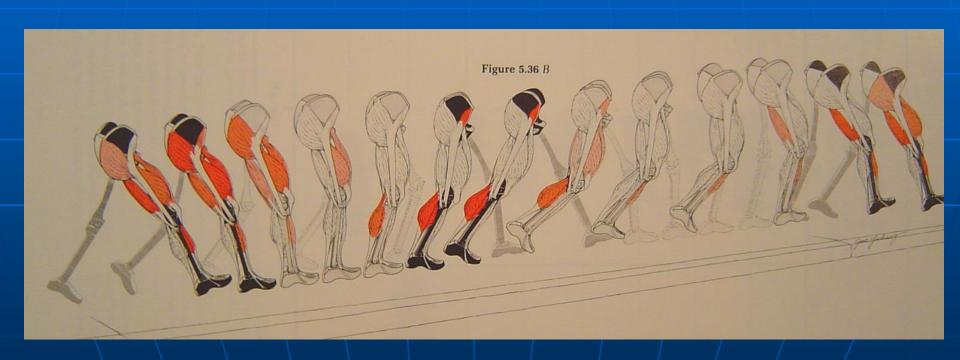
Double Support

- •Hip = Flexed 30\*
- •Knee = Extended
- •Ankle = Neutral
- •Goal = Begin Stance

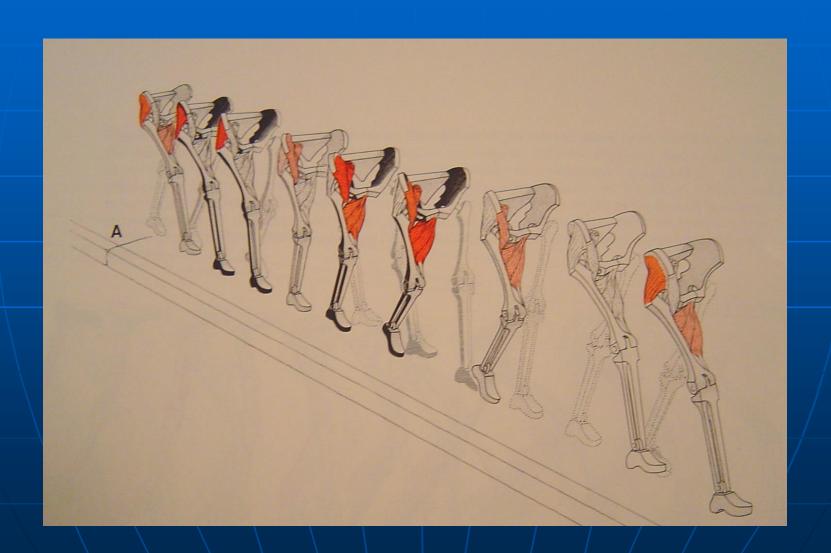
#### Kinetics of Stance Phase



### Activity of All Major Muscles



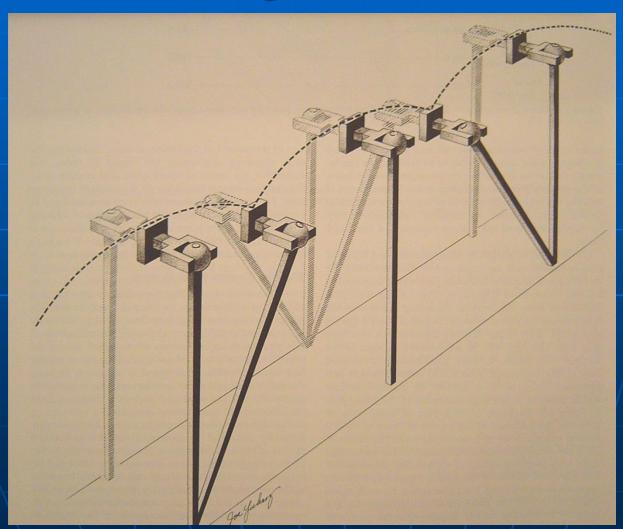
### Activity of All Major Muscles



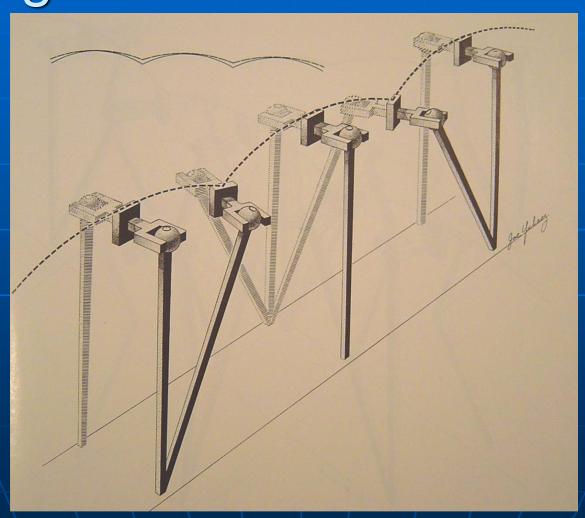
### Hip Abductor Activity



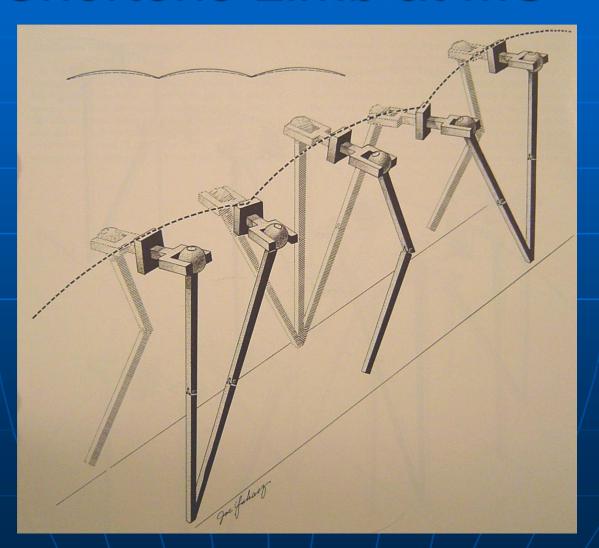
# Determinants of Gait Stick Figure Model



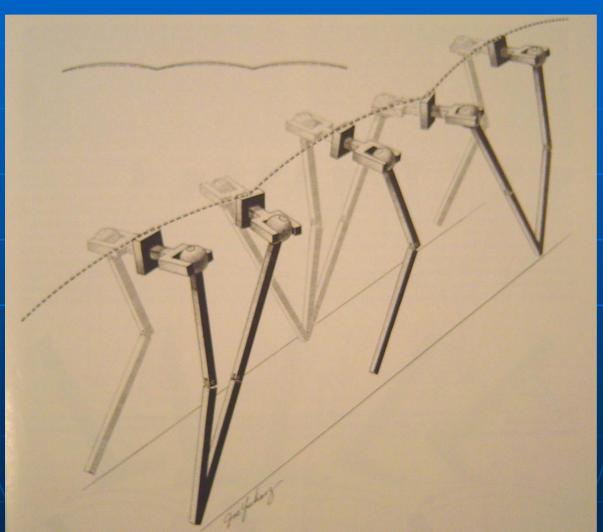
# 1.Pelvic Rotation Lengthens Limb at IC and PS



## 2.Pelvic Tilt Shortens Limb at MS



### 3.Knee Flexion in Stance Shortens Limb at MS



# 4&5.Foot and Ankle Motion Lengthens and Shortens Limb

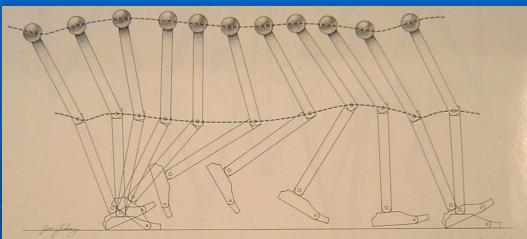


Figure 1.7. Pathway of knee in walking at moderate speed. Note that there is a slight elevation immediately after heel strike, but for the remainder of stance phase the pathway is relatively straight and shows only a slight declination from the horizontal. (Reproduced, with permission, from Saunders et al. J. Bone Joint Surg. 35-A:543, 1953.)

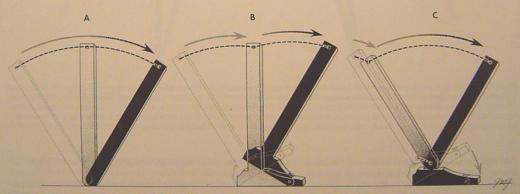
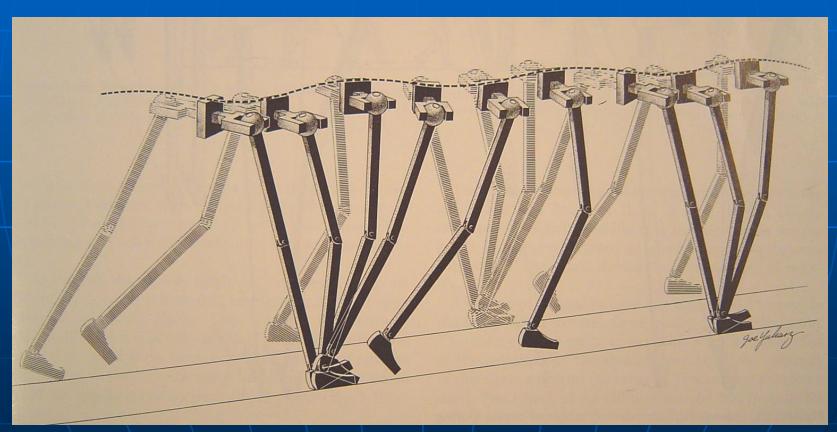
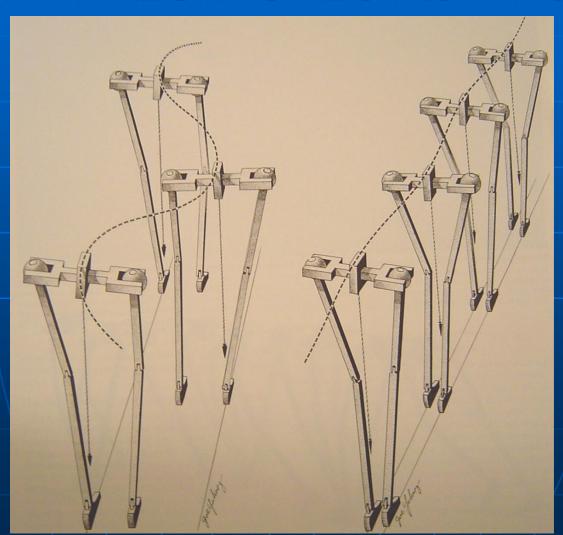


Figure 1.8. Effect of foot on pathway of knee. A, Arc described when there is no foot. B, Effect of foot without ankle. Note that the pathway now comprises two intersecting arcs. However, it does not fall abruptly at the end of stance and begins to resemble the normal pathway. C, Effect of foot with flail ankle. (Reproduced, with permission, from Saunders et al. J. Bone Joint Surg. 35-A:543, 1953.)

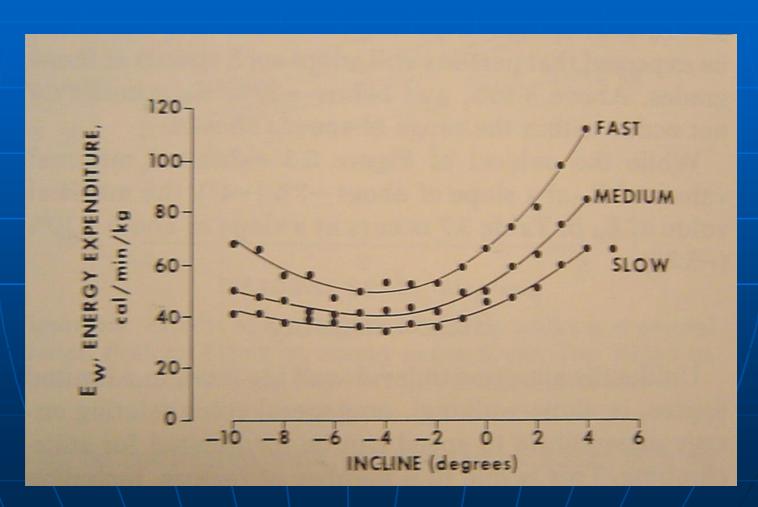
#### Sinusoidal Motion of the COG



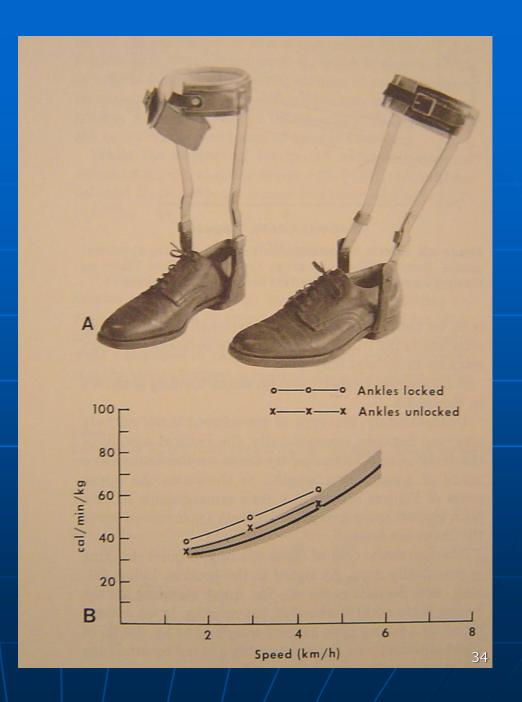
## 6.Narrow Base of Support to Minimize Horizontal Motion



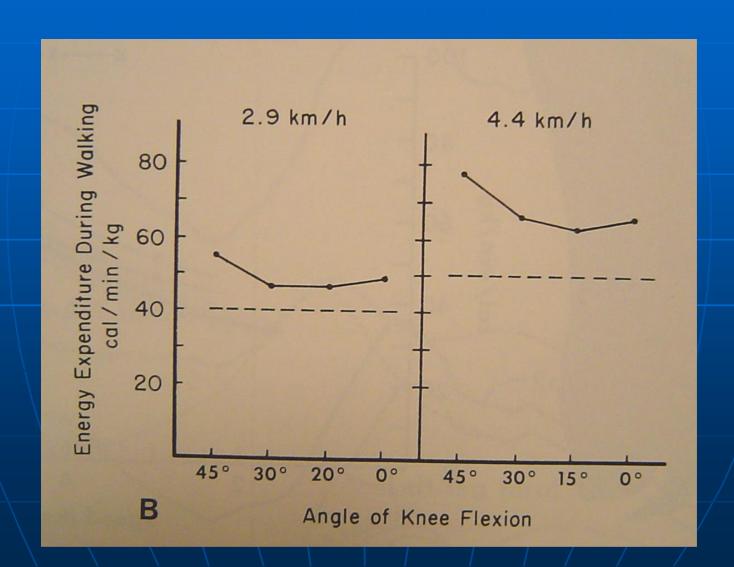
#### Effect of Incline on Energy



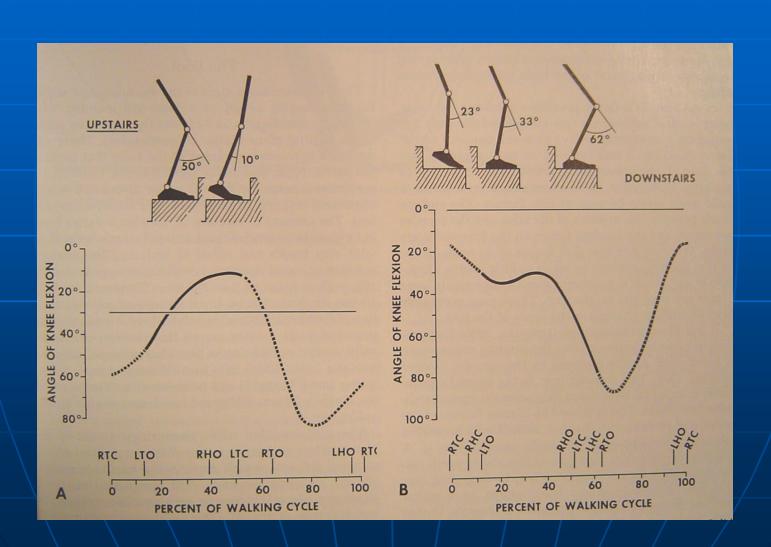
# Effect of Ankle Immobilization on Gait



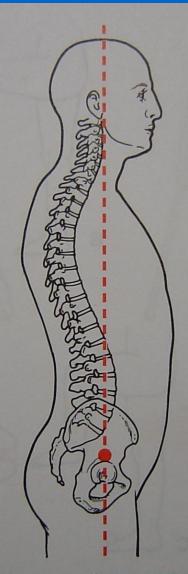
#### Effect of Knee Immobilization



#### Up and Down Stairs

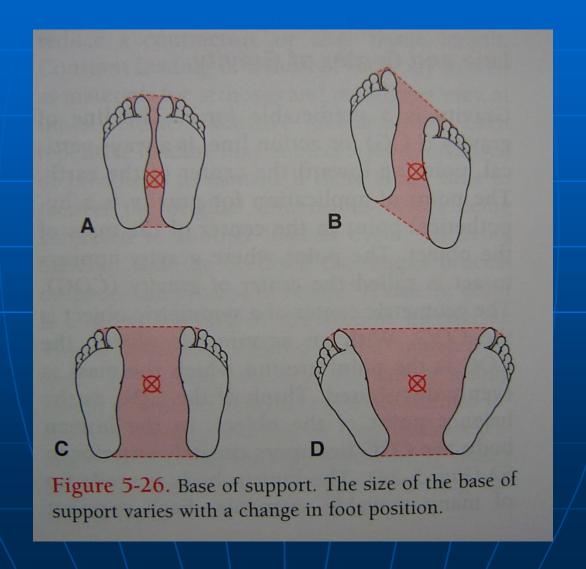


# Center of Gravity Line

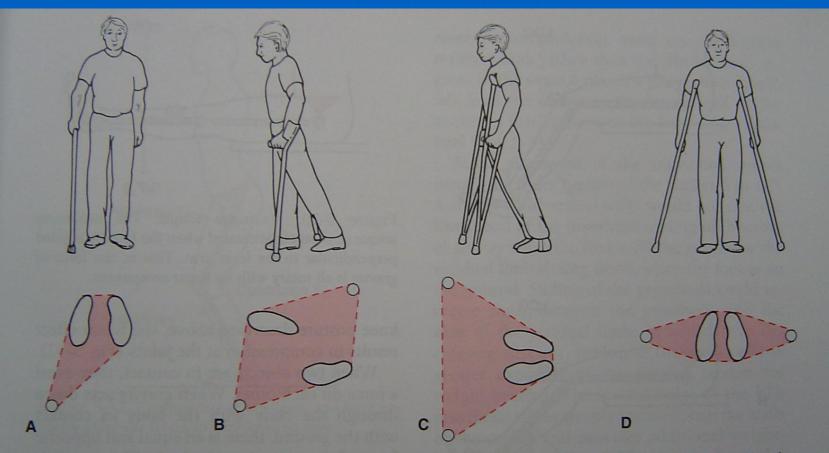


**Figure 5-24**. Location of the COG. In the average adult, the COG lies anterior to S2.

### Base of Support



### Base of Support



**Figure 5-27**. Base of support. The size of the base of support varies with the use of a cane or crutches and with placement of the assistive device.

### Thank You