



Lower Extremity Orthotic Assessment Form

Date _____	DX _____
Patient Name _____	Height _____
DOB _____	Weight _____
Gender _____	GMFCS, Level I-V _____
	(see reverse)

Past Treatments / Interventions _____

Patient / Caregiver Goals _____

Interdisciplinary Goals _____

Strength, Grade 5-0 (see reverse)					
	Left	Right		Left	Right
Dorsiflexors			Knee Flexors		
Plantarflexors			Hip Extensors		
Knee Extensors			Hip Flexors		

Range (see reverse)				
	R1, AOC with velocity		R2, slow hard stretch	
	Left	Right	Left	Right
Hip Flexors				
Rectus Femoris				
Hamstring				
Gastrocnemius				
Soleus				

Boney Alignment (A = anteversion, R = retroversion, T = torsion)					
	Left	Right		Left	Right
Femur			Pes Varus		
Tibia			Plano Valgus		
Patella Alta			Forefoot Adductus		
			Forefoot Abductus		

Observational Gait		
	Left	Right
Equinus		
Crouch		
Lack of foot clearance in swing		
Lack of terminal knee extension in swing		
Forefoot contact at initial contact		
Footflat contact at initial contact		
No tibial progression (reclined shank to floor in mid-stance)		
Excessive tibial progression (excessively inclined shank to floor in midstance)		
Excessive hip flexion, knee flexion, and ankle DORSIFLEXION in midstance		
Excessive hip flexion, knee flexion, and ankle PLANTARFLEXION in midstance		
Knee genu varum in stance		
Knee genu valgum in stance		
Rear foot valgus/mid-foot pronation with forefoot abductus in stance or rear foot varus / no mid-foot pronation with forefoot adductus		
Foot line of progression - external		
Foot line of progression - internal		

GMFCS Levels

Gross Motor Function Classification System (GMFCS)

Level I - Children walk indoors and outdoors and climb stairs without limitation. Children perform gross motor skills including running and jumping, but speed, balance, and coordination are impaired.

Level II - Children walk indoors and outdoors and climb stairs holding onto a railing, but experience limitations walking on uneven surfaces and inclines, walking in crowds or confined spaces, and walking long distances.

Level III - Children walk indoors and outdoors on a level surface with an assistive mobility device and may climb stairs holding onto a railing. Children may use wheelchair mobility when traveling for long distances or outdoors on uneven terrain.

Level IV - Children use methods of mobility that usually require adult assistance. Children may continue to walk for short distances with physical assistance at home, but rely more on wheeled mobility (pushed by an adult or operate a powered chair) outdoors, at school, and in the community.

Level V - Physical impairment restricts voluntary control of movement and ability to maintain antigravity head and trunk postures. All areas of motor function are limited. Children have no means of independent mobility and are transported by an adult.

Strength

Strength can be assessed through MMT of hip extensors and flexors, knee extensors and flexors, and ankle plantarflexors and dorsiflexors

Grade 5 Normal - Patient can hold the position against maximum resistance throughout complete ROM

Grade 4 Good - Patient can hold the position against strong to moderate resistance, has full ROM

Grade 3 Fair - Patient can tolerate no resistance, but can perform the movement through the full ROM

Grade 2 Poor - Patient has all or partial ROM in the gravity eliminated position

Grade 1 Trace - The muscle/muscles can be palpated while the patient is performing the action in the gravity eliminated position

Grade 0 Zero - No contractile activity can be felt in the gravity eliminated position

Passive Range of Motion

Dynamic Range - R1 (AOC with velocity) - May also be referred to as "Initial end range", "First catch", "Angle of catch", or Tardieu V3; point at which resistance is first observed (or sometimes even spasm or clonus) when applying a very quick stretch to a patient's limb

Static Range - R2 (slow hard stretch) - Refers to maximum end range with torque applied or Tardieu V1; when applying slow velocity and high external force and holding for 5+ seconds until patient "lets go." If patient is actively (volitionally) resisting, measurement cannot be taken

