

Normal Gait Mechanics

Normal Gait Patterns Have Two Major Periods:

1. Double Limb Support: a) weight loading
 b) weight unloading
2. Single Limb Support: a) stance phase of ipsilateral side
 b) swing phase of contralateral side

DOUBLE LIMB SUPPORT

WEIGHT UNLOADING: Trailing foot is rolling off floor

Phases:	Terminal Stance:	when heel rises
	Pre-Swing:	when 1st MTP rolls off floor

<u>Joint Motions:</u>	<u>Terminal Stance</u>	→	<u>Pre-Swing</u>
Ankle	Heel rise	→	Max. plantarflexion (20°)
Knee	Full extension	→	Flexes to approx. 40°
Hip	Max. extension (20°)	→	Flexes to approx. 0° (neutral)
Pelvis	Relative anterior rotation	→	Less anterior rotation
	Posterior depression	→	Begin anterior elevation
Trunk	Aligned between legs	→	Aligned towards wt. loading leg

WEIGHT LOADING: Weight is transferred to contralateral leg

Phases:	Initial Contact:	when heel contacts floor
	Loading Response:	when sole of foot contacts floor

<u>Joint Motions</u>	<u>Initial Contact</u>	→	<u>Loading Response</u>
Ankle	Neutral	→	Plantarflexes 10°
Knee	Knee extended	→	Knee flexes 15°
Hip	Flexed 25°	→	Stable 25° flexion
			Relative abduction
Pelvis	Level	→	Lateral drop to swing leg
Trunk	Aligned between legs	→	Aligned towards wt. bearing leg

SINGLE LIMB SUPPORT

Body is aligned over the stationary foot
Contralateral leg is off the floor

STANCE PHASE: (Initial Mid-Stance, Mid-Stance, Late Mid-Stance)

<u>Joint Motions</u>	<u>Initial Mid-Stance</u>	→	<u>Late Mid-Stance</u>
Ankle	Slight plantarflexion	→	Max. dorsiflexion (10°)
Knee	Slight flexion	→	Extended
Hip	Flexed, Relative adduction	→ 10°	Extended, Relative adduction
Pelvis	Lateral drop to swing leg, externally rotated		
Trunk	Toward stance leg	→	Away from stance leg
	Trunk rises in an arc over the stationary foot		

SWING PHASE: Leg shortens via hip and knee bend to simplify floor clearance

Sub Phases: Initial Swing: big toe leaves ground
Mid-Swing: contralateral leg is at high point – mid-stance
Terminal Swing: leg reaching forward for next floor contact

<u>Joint Motions</u>	<u>Initial Swing</u>	→	<u>Mid-Swing</u>	→	<u>Terminal Swing</u>
Ankle	Plantarflexed	→	Neutral	→	Neutral
Knee	Max. flexion (60°)	→	Flexion	→	Max. extension (0°)
Hip	Flexion, Relative abduction	→	Max, flexion (25°) Max. abduction (10°)	→	Flexion, Relative abducted
Pelvis	Lateral drop to swing leg, medial rotated				
Trunk	Aligned over stance leg				

Pathway of Center of Gravity

Sagittal Plane: Rhythmical up and down motion
Highest point: Over extended single leg (MSt)
Lowest point: Double limb support (PSw/LR)
Vertical displacement of 4-5 cm. (sinusoidal wave)

Frontal Plane: Rhythmical side-to-side motion
Most lateral point: Mid-Stance
C. O. G. swings laterally in as arc over the stationary foot
Lateral displacement of 4-5 cm. (sinusoidal wave)

References:

- Greenman PE. Clinical aspects of sacroiliac function in walking. *Manual Medicine*. 1990;5:125-130.
- Koerner I. *Observation of Human Gait*. Edmonton, Alberta, Canada: University of Alberta; 1986.
- Observational Gait Analysis*. Downey, CA: Rancho Los Amigos Research and Education Institute; 1993.
- Perry J. *Gait Analysis. Normal and Pathological Function*. Thorofare, NJ: Slack; 1992.

Critical Events During Gait

<u>Joint</u>	<u>Sagittal Plane</u>	<u>Frontal Plane</u>	<u>Transverse Plane</u>
1st MTP	65° extension at PSw		
Midtarsal: Calcaneocuboid			Control of Abduction at TSt PF of 1 st Ray at TSt/PSw (Peroneus Longus) Oblique MT Jnt Axis stability at TSt
Talonavicular		Control of Eversion at MSt (Tib Ant and Tib Post) Longitudinal MT Jnt Axis stability at TSt	
Subtalar		4-6° eversion at IC/LR	
Ankle	10°-20° DF at TSt Control of DF (tibial advancement) after MSt (Gastroc. and Soleus)		
Knee	Control of flexion at LR (Quadriceps and VMO) 0° extension at TSt 60° flexion at ISw Produce full ext. at TSw	Patellar Medial Glide	
Hip	Control of flexion at LR (Hip extensors) 20° extension at TSt	Control of lateral pelvic tilt at MSt (Hip Abductors)	

Common Lower Extremity Musculoskeletal Impairments Associated With Gait Deviations

Joint ROM/Muscle Length Deficits	Motor Control/Strength Deficits	Joint Hypermobility/Instability
1 st MTP Dorsiflexion Talocalcaneal Eversion Talocrural Dorsiflexion Tibiofemoral Extension Tibiofemoral Flexion Patellofemoral Medial Glide Hip Extension	Tibialis Anterior Tibialis Posterior Peroneus Longus Gastrocnemius/Soleus Quadriceps/VMO Gluteus Medius/Minimus Gluteus Maximus	Calcaneocuboid/Oblique MTJA Talonavicular/Longitudinal MTJA