

Motion & Gait Analysis Laboratory

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**Lucile Packard
Children's Hospital**
AT STANFORD



REQUEST FOR CONSULTATION

Gait Evaluation

Patient Name:

Date of Birth:

MRN:

Referral Date:

Social Security Number:

Referring Physician:

Phone Number:

Next Physician Appointment:

Diagnosis:

Neuromuscular Condition

Problem:

Orthopedic Injury / Condition

Specific Clinical Questions/Treatment Considerations:

Other (Specify):

PROCEDURES

ELECTROMYOGRAPHY (EMG)

L R

- Quadriceps
- Hamstrings
- Adductors
- Tibialis Anterior
- Tibialis Posterior
- Peroneals
- Gastrocnemius

Others (Specify):

DYNAMIC MOTION

- Kinematics & Kinetics, Level Walking
- Kinematics & Kinetics Plus Intervention
(e.g. orthotic comparisons)
- STANDING BALANCE ANALYSIS**
- ENERGY COST ANALYSIS**
- VIDEO ANALYSIS**

Referring Physician Signature