



Revision 12-06-19

PSIA-Rocky Mountain-AASI COMMON GAITS IN ADAPTIVE STUDENTS



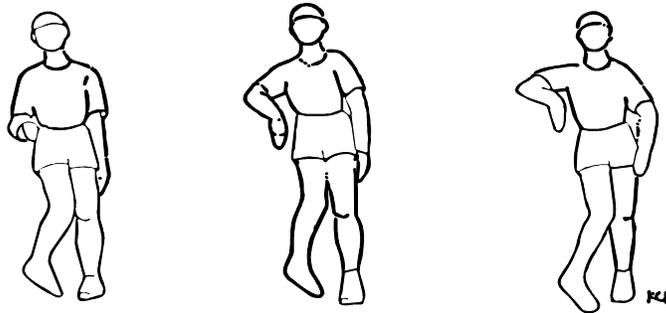
The information in this document is provided only as a guideline. Although every effort has been made in preparing and assembling this guideline, with a goal of providing timely, complete, and accurate information, PSIA-RM-AASI makes no claims, promises, or guarantees about the timeliness, accuracy, completeness, or adequacy of the contents of this guideline, and PSIA-RM-AASI assumes no liability or responsibility and expressly disclaims liability for any errors and omissions in its contents

Local and program regulations and safety guidelines take precedence over this information. It is in your best interest to exercise due diligence in determining the appropriateness of the information for your particular circumstances. In addition, please take into account any and all factors that may affect your lesson. This includes but is not limited to: the health, well-being and fitness of the student; weather conditions; terrain; other people on the slope; your own abilities, as well as those of your student and anyone who may accompany you.

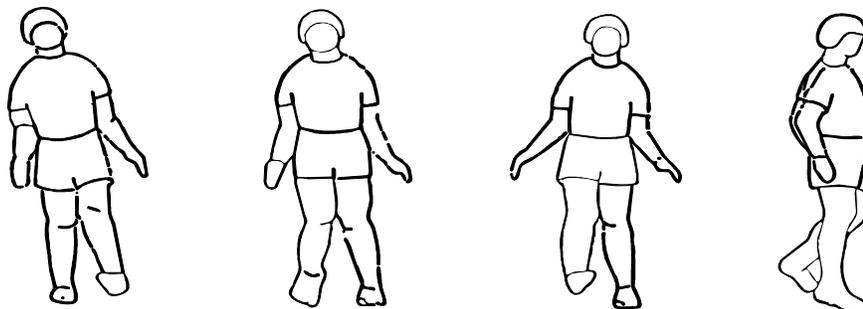
Gait - Manner of walking

Careful observation of the student as they walk into the ski lodge can reveal what muscles are affected and the degree of impairment. Sometimes impairment of gait may be caused by mechanical factors, such as disease of bones, tendons, joints or muscles. Damage or lesions at different levels of the nervous system are very important causes of gait abnormalities. A few of the most common gaits are listed and illustrated below. **Illustrations by Kathryn Bevier.**

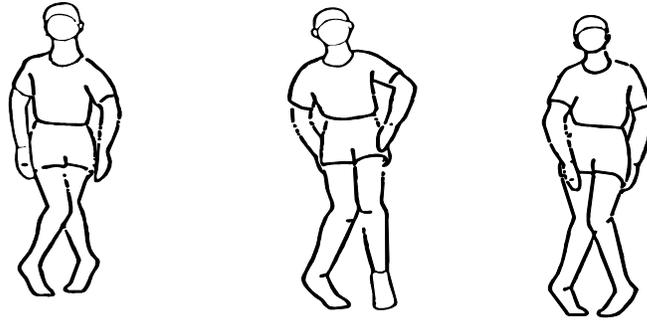
Cerebellar gait. Characteristics of ataxic cerebral palsy, Friedreich's Ataxia, and similar to Les Autres. Irregularity of steps, unsteadiness, and tendency to reel to one side. Problems are increased when the ground is uneven.



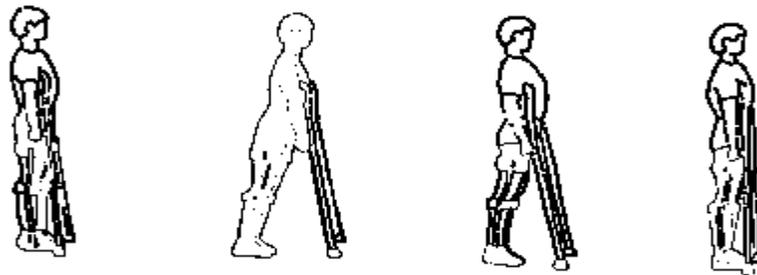
Hemiplegic gait. Characteristics of hemiplegic spastic cerebral palsy. Both arm and leg on the same side are involved. Individuals lean to the affected side, and arm on that side is held in a rigid, semi flexed position.



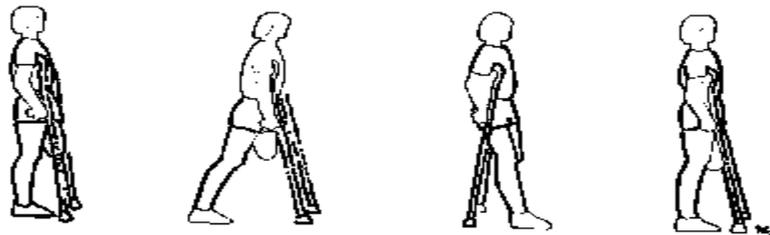
Scissors gait. Characteristic of quadriplegic spastic cerebral palsy. The legs are flexed and abducted at the hip joint causing them to cross alternately in front of each other with the knees scraping together.



Step to, swing to, or drag to gait. All the weight is taken by the arms while the legs are lifted and swung or dragged forward. The pattern is lift and drop, lift and drop. A good example would be a person with spina bifida in long leg braces.



Swing through gait. The body is swung through the crutches so that the good foot lands in front of the crutches. Then the crutches are brought forward and the sequence is repeated. This gait is used by most leg amputees.



Waddling gait. This gait is very similar to the muscular dystrophy gait. Characterized by awkward side to side waddle, sway back, arms held in backward position and frequent falling.

