

Gait abnormality

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Persons suffering from peripheral neuropathy experience numbness and tingling in their hands and feet.

This can cause difficulty in walking, climbing stairs and maintaining balance. Gait abnormality that results from chemotherapy is generally temporary in nature, though recovery times of six months to a year are common.

Name of Symptom/Sign:

Abnormalities of gait and mobility
Classifications and external resources

ICD-10	R26.
ICD-9	781.2
DiseasesDB	15409
MedlinePlus	003199
eMedicine	pmr/225

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Specific abnormalities and examples of causes

Antalgic gait

User favors certain motions to avoid acute pain. [1]

- Trauma
- Osteoarthritis

Drunken gait/Cerebellar ataxia

Reeling in a style like that of an intoxicated person. [2]

- Cerebellar lesion

Cerebellar lesion signs*: DANISH

D - dysdiadochokinesis, dysarthria, difficulty with heel-shin test

A - ataxic gait, increased automatic movements e.g. arm swinging

N - nystagmus, fast phase towards the side of the lesion (ipsilateral)

I - intention/kinetic tremor

S - slurred, monotonous speech with multisyllabic words pronounced slowly and separately e.g. "hip-pot-a-mus"

H - hypotonic limbs and posture

- cerebellar signs are ipsilateral (on the same side of the body as the lesion) and limb symptoms are less the more mid-line the cerebellar lesion is (e.g. an infarct next to the centrally placed cerebellar vermis)

Festinating gait/Parkinsonian gait

Patient moves with short, jerky steps. Term derives from Latin "festino", or "to hurry". [3] [4] [5]

- Parkinson's disease

Pigeon gait

Torsional abnormalities. [6]

- Hip dysplasia

Propulsive gait

Stiff, with head and neck bent. [7]

- Carbon monoxide poisoning
- Parkinson's disease

Steppage gait/High stepping gait

Toes point down. [8] [9] [10]

- Polio
- Multiple sclerosis

Scissor gait

Legs flexed slightly at the hips and knees, giving the appearance of crouching, with the knees and thighs hitting or crossing in a scissors-like movement. Often mixed with or accompanied by spastic gait, a stiff, foot-dragging walk caused by one-sided, long-term muscle contraction. Most common in patients with spastic cerebral palsy, usually diplegic and paraplegic varieties. The individual is forced to walk on tiptoe unless the dorsiflexor muscles are released by an orthopaedic surgical procedure. Muscle contractures of the adductors result in thighs and knees rubbing together and crossing in a manner

analogous to scissors.

These features are typical, and usually result in some form and to some degree regardless of the mildness or severity of the spastic CP condition.

- rigidity and excessive adduction of the leg in swing
- plantar flexion of the ankle
- flexion at the knee
- adduction and internal rotation at the hip
- contractures of all spastic muscles
- complicated assisting movements of the upper limbs when walking [11].[12]

See Also

- Spastic diplegia
- Pernicious anemia
- Spastic paraplegia

Sensory ataxia gait/Stomping gait

Uncoordinated walking [13] [14] [15] [16]

- Friedreich's ataxia
- Pernicious anemia
- Tabes Dorsalis (Syphilis)

Spastic gait

Asymmetric foot dragging. [17] [18]

- Brain tumor
- Sturge-Weber syndrome
- Cerebral palsy

Trendelenburg gait

- weakness of the abductor muscles of the lower limb, principally gluteus medius

Waddling/Myopathic gait

Walking like a duck. [19] [20]

- Pregnancy

See also

- Ataxia
- Limp

- Foot drop
- The Ministry of Silly Walks

External links

- Children's Hospital Boston
- Classification
- Case Study
- Utah
- GPnotebook *1376124935*

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