

# FORM 5: CLINICAL DATA COLLECTION – GaitCoach+

Patient Name:		ID:	DATE:	DATE:	DATE:
*REMINDER TO CHECK SAFETY CHECKLIST*			PT:	PT:	PT:
<b>EKSO SETUP</b>					
(W) Hip Width Value	(A) Hip Abduction Value	W	A	W	A
(U) Upper Leg Value	(L) Lower Leg Value	U	L	U	L
Right Ankle Settings	[(S) Stiffness] / [(D) Degree]	S	D	S	D
Left Ankle Settings	[(S) Stiffness] / [(D) Degree]	S	D	S	D
(A) Abduction Free (Y/N)	(AS) Arm Sling (Y/N)	A	AS	A	AS
Pads	(Torso / Lumbar / Foot Binding / Posterior Spinal)				
Spacers	(Tibial / Hip / Sacral / Torso / Thigh Strap Extender)				
Shoe Lift w/ Size	(L) Left / (R) Right	L	R	L	R
(AD) Assistive Device	(S) Assistive Device Settings	AD	S	AD	S
<b>SETTINGS MENU</b>					
Knee Flexion					
Hip Flexion					
Stand Up Time	<input type="checkbox"/> Normal <input type="checkbox"/> Fast	<input type="checkbox"/> Normal <input type="checkbox"/> Fast	<input type="checkbox"/> Normal <input type="checkbox"/> Fast	<input type="checkbox"/> Normal <input type="checkbox"/> Fast	<input type="checkbox"/> Normal <input type="checkbox"/> Fast
Step Height	<input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High	<input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High	<input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High	<input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High	<input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High
Step Length	<input type="checkbox"/> Short <input type="checkbox"/> Med <input type="checkbox"/> Long	<input type="checkbox"/> Short <input type="checkbox"/> Med <input type="checkbox"/> Long	<input type="checkbox"/> Short <input type="checkbox"/> Med <input type="checkbox"/> Long	<input type="checkbox"/> Short <input type="checkbox"/> Med <input type="checkbox"/> Long	<input type="checkbox"/> Short <input type="checkbox"/> Med <input type="checkbox"/> Long
Swing Time	<input type="checkbox"/> Slow <input type="checkbox"/> Med <input type="checkbox"/> Fast	<input type="checkbox"/> Slow <input type="checkbox"/> Med <input type="checkbox"/> Fast	<input type="checkbox"/> Slow <input type="checkbox"/> Med <input type="checkbox"/> Fast	<input type="checkbox"/> Slow <input type="checkbox"/> Med <input type="checkbox"/> Fast	<input type="checkbox"/> Slow <input type="checkbox"/> Med <input type="checkbox"/> Fast
Step Initiation	<input type="checkbox"/> Auto <input type="checkbox"/> Manual	<input type="checkbox"/> Auto <input type="checkbox"/> Manual	<input type="checkbox"/> Auto <input type="checkbox"/> Manual	<input type="checkbox"/> Auto <input type="checkbox"/> Manual	<input type="checkbox"/> Auto <input type="checkbox"/> Manual
Target Sounds	<input type="checkbox"/> On <input type="checkbox"/> Off	<input type="checkbox"/> On <input type="checkbox"/> Off	<input type="checkbox"/> On <input type="checkbox"/> Off	<input type="checkbox"/> On <input type="checkbox"/> Off	<input type="checkbox"/> On <input type="checkbox"/> Off
<b>ASSISTANCE MENU</b>					
Pattern	L <input type="checkbox"/> On <input type="checkbox"/> Off	R <input type="checkbox"/> On <input type="checkbox"/> Off	L <input type="checkbox"/> On <input type="checkbox"/> Off	R <input type="checkbox"/> On <input type="checkbox"/> Off	L <input type="checkbox"/> On <input type="checkbox"/> Off
Pattern: On Swing Assist (Max/ Adapt / 100-0)	L	R	L	R	L
Pattern: On Stance Support (Full / Flex)	L	R	L	R	L
Pattern: Off Swing Assist (HighAssist/LowAssist/Neutral/LowResist/HighResist)	L	R	L	R	L
Pattern: Off Stance Support (Very High / High / Med / Low)	L	R	L	R	L
<b>STATISTICS</b>					
Steps					
Walk Time					
Up Time					
<b>COACH SCORECARD</b>					
Forward Posture	<input type="checkbox"/> Good <input type="checkbox"/> OK <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> OK <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> OK <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> OK <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> OK <input type="checkbox"/> Poor
Lateral Shift	<input type="checkbox"/> Good <input type="checkbox"/> OK <input type="checkbox"/> Poor <input type="checkbox"/> Too large <input type="checkbox"/> Too small	<input type="checkbox"/> Good <input type="checkbox"/> OK <input type="checkbox"/> Poor <input type="checkbox"/> Too large <input type="checkbox"/> Too small	<input type="checkbox"/> Good <input type="checkbox"/> OK <input type="checkbox"/> Poor <input type="checkbox"/> Too large <input type="checkbox"/> Too small	<input type="checkbox"/> Good <input type="checkbox"/> OK <input type="checkbox"/> Poor <input type="checkbox"/> Too large <input type="checkbox"/> Too small	<input type="checkbox"/> Good <input type="checkbox"/> OK <input type="checkbox"/> Poor <input type="checkbox"/> Too large <input type="checkbox"/> Too small
Toe Clearance	<input type="checkbox"/> Good <input type="checkbox"/> OK <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> OK <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> OK <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> OK <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> OK <input type="checkbox"/> Poor
Step Length	<input type="checkbox"/> Good <input type="checkbox"/> OK <input type="checkbox"/> Poor <input type="checkbox"/> Too large <input type="checkbox"/> Too small	<input type="checkbox"/> Good <input type="checkbox"/> OK <input type="checkbox"/> Poor <input type="checkbox"/> Too large <input type="checkbox"/> Too small	<input type="checkbox"/> Good <input type="checkbox"/> OK <input type="checkbox"/> Poor <input type="checkbox"/> Too large <input type="checkbox"/> Too small	<input type="checkbox"/> Good <input type="checkbox"/> OK <input type="checkbox"/> Poor <input type="checkbox"/> Too large <input type="checkbox"/> Too small	<input type="checkbox"/> Good <input type="checkbox"/> OK <input type="checkbox"/> Poor <input type="checkbox"/> Too large <input type="checkbox"/> Too small
Symmetric Length	<input type="checkbox"/> Good <input type="checkbox"/> OK <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> OK <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> OK <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> OK <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> OK <input type="checkbox"/> Poor
Symmetric Swing Time	<input type="checkbox"/> Good <input type="checkbox"/> OK <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> OK <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> OK <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> OK <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> OK <input type="checkbox"/> Poor
Swing Speed	<input type="checkbox"/> Good <input type="checkbox"/> OK <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> OK <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> OK <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> OK <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> OK <input type="checkbox"/> Poor
<b>ASSISTANCE FEEDBACK</b>					
	(60 STEP)	(60 STEP)	(60 STEP)	(60 STEP)	(60 STEP)
Swing Assist (L) Left / (R) Right	L	R	L	R	L
Min Assist (L) Left / (R) Right	L	R	L	R	L
Stance Support - Hip (L) Left / (R) Right	L	R	L	R	L
Stance Support - Knee (L) Left / (R) Right	L	R	L	R	L
<b>VITALS &amp; RPE</b>					
Blood Pressure					
Heart Rate					
SpO2					
RPE					
<b>NOTES AND GOALS</b>					