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Abstract

Introduction

The purpose of this workshop was to develop and prioritize a set of recommendations pertaining to the role of gait analysis in enhancing the function of people with locomotor disabilities. The history of gait analysis research since 1890 was reviewed, including the series of meetings from 1970 to 1977 sponsored by NIH. Since that time, there has been a great improvement in gait data gathering techniques and data reduction methods. The current meeting was called by NCMRR to develop recommendations to facilitate the maturation of gait analysis as a rehabilitation medicine tool.

Methods

The Workshop design consisted of three discrete phases. The first phase involved participant orientation. This began prior to the workshop with the submission of participant personal statements. On the first day of the Workshop, six invited speakers oriented participants to pertinent issues. These presentations covered: 1) The use of gait analysis as a patient assessment tool, 2) the use of gait analysis assessments in treatment planning and treatment implementation, 3) factors which prevent the people with locomotion disabilities from accessing gait analysis. The second phase of the meeting involved the development of recommendations. It began by splitting the group of 65 active participants into three working groups. Each of the working groups had two co-chairs who facilitated the process of identifying and prioritizing recommendation categories and the formulation of specific recommendation(s) within important areas. Active participants received a copy of all recommendations at the end of phase two.

During the final phase of the workshop, participants prioritize the set of recommendations using a descending priority scale from 100 (highest priority) to 600 (lowest priority). During the months that followed the Workshop, an executive committee, consisting of the workshop coordinators and session co-chairs, developed a comprehensive report based upon an extensive review and analysis of workshop products.

Results and Discussion

Priority scores for the 37 recommendations ranged from 201 to 467. Each recommendation was assigned to one or more of five classes, which in order of priority were: 1) efficacy, outcomes, and cost effectiveness research (8 recommendations); 2) education (5); 3) clinical research (6); 4) definition, standardization and policy (12); 5) basic research, technical development (11). Support for research related to the efficacy, outcomes and cost effectiveness of clinical gait analysis, the causal link between structure and function, and activities related to education, training, and standardization were identified as priorities. Professional organizations and societies were charged with the responsibility of further synthesis of the workshop products. Finally, government agencies, industry, and professional organizations were challenged to work

cooperatively towards achieving advancements for the future use of gait analysis in rehabilitation medicine.