

GALLOP 1 of 2

Name _____ Date of Birth ___/___/___ Gender: Male/Female

Postnatal History (Complete or circle)

Gestation: _____ weeks	Birth weight: _____ grams	APGAR 1 min _____ 5min _____
Vaginal birth: Spontaneous/Induced	Instrumentation at birth Forceps/Ventouse	Caesarean: Emergency/Planned Reason: _____
Breech: Yes/No Complications _____	Other health professionals involved at birth or in first 14 days: _____	

Age of skill acquisition (record in months)

Sitting: _____	Crawling: _____	Crawl type: _____
Walking: _____	Running: _____	Jumping: _____

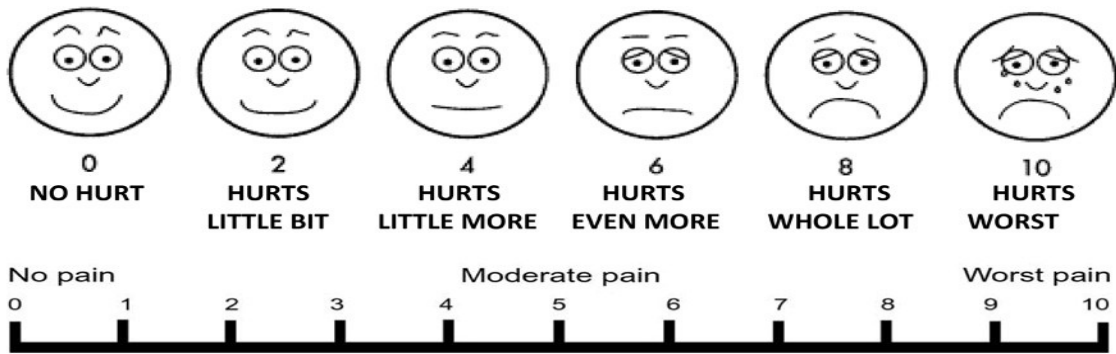
History:

Medical/Family _____	Previous treatment: _____	Previous Pain: _____
Footwear: _____	Sport: _____	Sensory concerns: _____
Weight: _____ kg	Height: _____ cm	BMI: _____

Observation of ability to perform the following appropriate to age (Circle)

Squatting: Yes/No/NA	Running: Yes/No/NA	Jumping: Yes/No/N/A
Skipping: Yes/No/NA	Hopping: Yes/No/NA	Single Leg Stance Left: Yes/No/N/A Right: Yes/No/N/A
Ability to go up/down stairs: Yes/No/NA	Observation of functional tasks: _____	Quality of body movement: _____

Other Observations



Biomechanical Assessments:

	Left	Right		Left	Right
Hip: Internal ROM			Hip External ROM		
Modified Thomas Test			Hip abduction		
Popliteal angle			Foot thigh angle		
Ankle WBL/NWB Straight			Ankle WBL/NWB Bent		
Foot Posture Index-6			Beighton score _____/9		

Inter-condylar distance: _____ cm	<i>Limb Length Discrepancy*:</i> Left=Right Left>Right _____ cm Left<Right _____ cm	Other observations of rotation, limb length: _____ _____
Inter-malleoli distance: _____ cm		

Neurology:

	Left	Right		Left	Right
Patella Reflex (0-4)			Achilles Reflex (0-4)		
Plantar Reflex (Up/down)			Ankle Catch (Yes/No)		
Ankle Clonus (Yes/No)			Gower's Sign		
Dorsiflexion strength (0-5)			Plantarflexion Strength (0-5)		
Inversion strength (0-5)			Eversion strength (0-5)		
Observation of muscle tone or neurological signs:					

Gait*

	Left	Right		Left	Right
Head and neck position			Trunk/torso		
Arm swing			Hip		
Knee			Heel contact		
Midstance			Toe-off		
Angle of gait			Base of gait		
Other gait comments:					

GALLOP (Addendum)

Tips for completion of free text questions instructions for podiatrists and physiotherapists:

Ankle range of motion

The weightbearing lunge (WBL) should be performed if the child is able to put their heel to the ground due to age specific normative values and higher reliability than the non weight bearing test (NWB)

Observation of functional tasks:

Is the child able to perform activities appropriate to their age such as: throwing a ball, catching a ball, kicking a ball, animal walks, sport specific activities

Quality of movement:

Does the child perform tasks symmetrically or with smooth movement? Is their movement clumsy, jerky or asymmetrical?

Other observations of rotation, limb length*:

Presence of metatarsus adductus graded by severity and flexibility, uneven creases behind the knees or buttocks.

Gait Observations*

Head and neck position: Tilt or lean

Trunk or torso position: Lordosis, kyphosis, tilt or lean

Arm swing: symmetry, guard position, flapping/flailing

Hip: rotation, frontal plane motion, flexion, hip drop or raise

Knee position: patella position, flexion, extension, hyperextension

Heel contact: initial contact, motion, timing, lift or rear foot position

Mid-stance: midfoot position

Toe – off: forefoot position, propulsion, symmetry, duration

Foot progression angle: Appropriate for age, too many toes

Base of gait: Narrow, scissor, wide

Other gait comments: Trendelenberg, limp, circumduction, abductory twist

*** Indicate items without paediatric age-specific normative values or low reliability therefore clinicians should use and interpret with caution**