



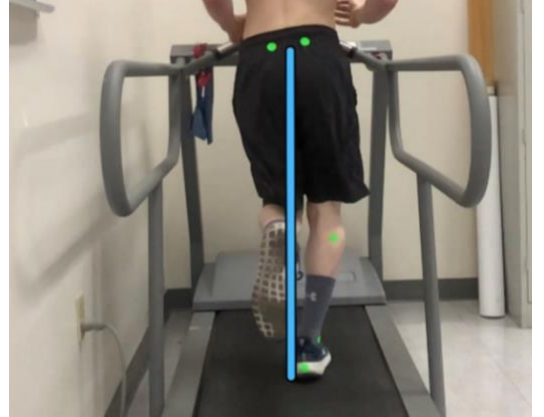
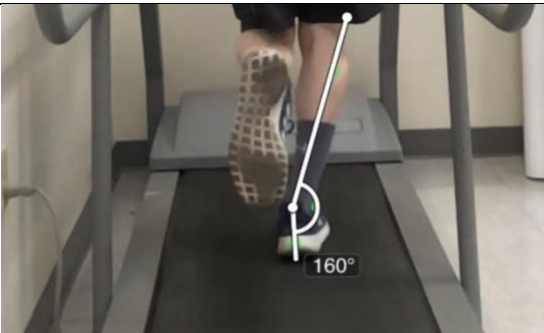

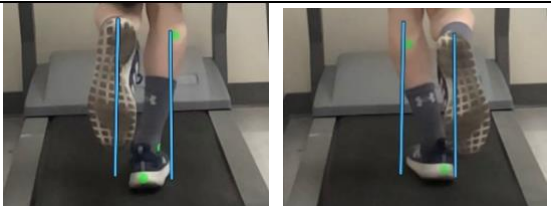


Appendix 1: Running Gait Checklist

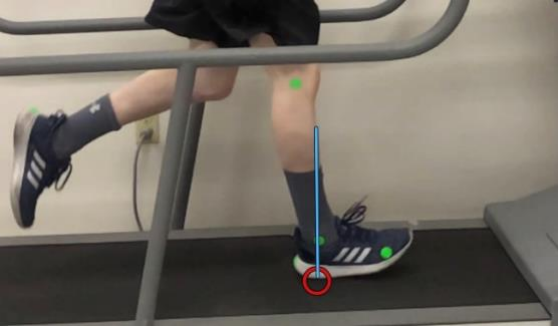
Frontal Plane: Measurements at midstance





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| <p><i>Trunk sidebend</i></p> <p><u>Description</u></p> <p>Line from T1-S1 relative to true vertical</p> <p><u>Clinical significance</u></p> <p><i>-Increased trunk motion (either direction):</i> low back pain</p> <p><i>-Ipsilateral sidebend:</i> attempt to unload lateral hip of stance limb</p> | <p><u>Scoring</u></p> <p>Stance limb reference</p> <ul style="list-style-type: none"> -Excessive ipsilateral -Mild ipsilateral -Appropriate (vertical) -Mild contralateral -Excessive contralateral |  <p>Example of <i>appropriate</i> trunk sidebend</p> |
| <p><i>Lateral pelvic drop</i></p> <p><u>Description</u></p> <p>Line through PSISs relative to true horizontal</p> <p><u>Clinical significance</u></p> <p><i>-Increased contralateral pelvic drop:</i> IT band syndrome, anterior knee pain, lateral hip pain on stance limb</p> | <p><u>Scoring</u></p> <p>Stance limb reference</p> <ul style="list-style-type: none"> -Appropriate (male: 3-5 degrees; female: 4-7 degrees) -Mild contralateral -Excessive contralateral |  <p>Example of <i>mild contralateral</i> lateral pelvic drop</p> |
| <p><i>Knee center position</i></p> <p><u>Description</u></p> <p>Position of knee center relative to line connecting hip and ankle centers</p> <p><u>Clinical significance</u></p> <p><i>-Medial/lateral position of knee:</i> patellofemoral pain</p> | <p><u>Scoring</u></p> <p>Stance limb reference</p> <ul style="list-style-type: none"> -Excessive lateral -Mild lateral -Appropriate (mid-line) -Mild medial -Excessive medial |  <p>Example of <i>excessive lateral</i> knee center position</p> |

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| <p><i>Knee separation</i></p> <p><u>Description</u></p> <p>Distance between medial aspect of knees</p> <p><u>Clinical significance</u></p> <p>-Narrow knee distance: dynamic valgus</p> <p>-Wide knee distance: dynamic varus</p> <p>-Both related to anterior knee and hip pain</p> | <p><u>Scoring</u></p> <ul style="list-style-type: none"> -Excessive narrow -Mild narrow -Appropriate (slight separation) -Mild wide -Excessive wide |  <p>Example of <i>mild narrow</i> knee separation</p> |
| <p><i>Foot-to-COM position</i></p> <p><u>Description</u></p> <p>Mediolateral distance of the medial heel to a vertical line from the center of the sacrum</p> <p><u>Clinical significance</u></p> <p>-Crossover: medial tibial stress syndrome, IT band syndrome</p> | <p><u>Scoring</u></p> <p>Stance limb reference</p> <ul style="list-style-type: none"> -Excessive crossover -Mild crossover -Appropriate (medial shoe adjacent to line) -Mild wide -Excessive wide |  <p>Example of <i>appropriate</i> foot-to-COM position</p> |
| <p><i>Rear foot position</i></p> <p><u>Description</u></p> <p>Midline of rearfoot relative to midline of the lower leg</p> <p><u>Clinical significance</u></p> <p>-Increased pronation: anterior knee pain, Achilles tendinopathy, medial tibial stress syndrome, peroneal tendinopathy</p> <p>-Increased supination: bone stress injuries</p> | <p><u>Scoring</u></p> <ul style="list-style-type: none"> -Excessive pronation -Mild pronation -Appropriate -Mild supination -Excessive supination |  <p>Example of rear foot <i>mild pronation</i></p> |

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| <p><i>Forefoot position</i></p> <p><u>Description</u></p> <p>Position of forefoot relative to heel</p> <p><u>Clinical significance</u></p> <p>-Increased abduction: Achilles tendinopathy, plantar fasciopathy</p> <p>-Increased adduction: bone stress fractures</p> | <p><u>Scoring</u></p> <ul style="list-style-type: none"> -Excessive abduction -Mild abduction -Appropriate -Mild adduction -Excessive adduction |  <p>Example of forefoot <i>mild abduction</i></p> |
| <p><i>Heel-height symmetry</i></p> <p><u>Description</u></p> <p>Highest point of heel during swing phase</p> <p><u>Clinical significance</u></p> <p>-Asymmetrical heel height: unequal power generation from lower extremities</p> | <p><u>Scoring</u></p> <ul style="list-style-type: none"> -Left heel low -Appropriate (symmetrical) -Right heel low |  <p>Example of <i>right heel low</i></p> |

Sagittal Plane: All measurements are done at initial contact, except knee flexion angle and ankle dorsiflexion at midstance

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| <p><i>Foot strike pattern</i></p> <p><u>Description</u></p> <p>Part of foot that contacts running surface first</p> <p><u>Clinical significance</u></p> <p>-Heel strike: anterior knee pain, lower-leg injury</p> | <p><u>Scoring</u></p> <ul style="list-style-type: none"> -Heel strike -Rearfoot strike -Midfoot strike -Forefoot strike |  <p>Example of rear foot strike pattern</p> |
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| <p><i>Tibial inclination</i></p> <p><u>Description</u></p> <p>midline of the lower leg relative to true vertical.</p> <p><u>Clinical significance</u></p> <p>-Increased inclination: bone stress injuries of the lower leg</p> | <p><u>Scoring</u></p> <ul style="list-style-type: none"> -Appropriate (within 5 degrees of vertical) -Mild inclination -Excessive inclination |  <p>Example of tibial <i>mild inclination</i></p> |
| <p><i>Knee flexion angle (Initial contact)</i></p> <p><u>Description</u></p> <p>Midline of thigh relative to midline of lower leg</p> <p><u>Clinical significance</u></p> <p>-Decreased knee flexion: over-striding, anterior knee pain, lateral hip pain</p> | <p><u>Scoring</u></p> <ul style="list-style-type: none"> -Excessive decrease -Mild decrease -Appropriate (about 20 degrees knee flexion) -Mild increase -Excessive increase |  <p>Example of <i>excessive decrease</i> knee flexion angle</p> |
| <p><i>Knee flexion angle (midstance)</i></p> <p><u>Description</u></p> <p>Midline of thigh relative to midline of lower leg</p> <p><u>Clinical significance</u></p> <p>-Increased knee flexion: increased patellofemoral joint load, anterior knee pain</p> | <p><u>Scoring</u></p> <ul style="list-style-type: none"> -Excessive decrease -Mild decrease -Appropriate (about 40 degrees of knee flexion) -Mild increase -Excessive increase |  <p>Example of <i>mild decrease</i> knee flexion angle</p> |
| <p><i>Ankle dorsiflexion angle</i></p> <p><u>Description</u></p> <p>Midline of lower leg relative to sole of foot</p> <p><u>Clinical significance</u></p> <p>-Increased inclination: Achilles tendinopathy</p> | <p><u>Scoring</u></p> <ul style="list-style-type: none"> -Appropriate (20 degrees dorsiflexion) -Mild inclination -Excessive inclination |  <p>Example of <i>appropriate</i> ankle dorsiflexion angle</p> |

Initial contact: First contact of the shoe to the treadmill belt; Midstance: Instance when the swing knee is adjacent to the stance knee.