
**Prosthetics and orthotics —
Vocabulary —**

**Part 2:
Prosthetic gait**

*Prothèses et orthèses — Vocabulaire —
Partie 2: Marche avec prothèse*

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Foreword

ISO (the International Organization for Standardization) is a worldwide federation of national standards bodies (ISO member bodies). The work of preparing International Standards is normally carried out through ISO technical committees. Each member body interested in a subject for which a technical committee has been established has the right to be represented on that committee. International organizations, governmental and non-governmental, in liaison with ISO, also take part in the work. ISO collaborates closely with the International Electrotechnical Commission (IEC) on all matters of electrotechnical standardization.

The procedures used to develop this document and those intended for its further maintenance are described in the ISO/IEC Directives, Part 1. In particular the different approval criteria needed for the different types of ISO documents should be noted. This document was drafted in accordance with the editorial rules of the ISO/IEC Directives, Part 2 (see www.iso.org/directives).

Attention is drawn to the possibility that some of the elements of this document may be the subject of patent rights. ISO shall not be held responsible for identifying any or all such patent rights. Details of any patent rights identified during the development of the document will be in the Introduction and/or on the ISO list of patent declarations received (see www.iso.org/patents).

Any trade name used in this document is information given for the convenience of users and does not constitute an endorsement.

For an explanation on the meaning of ISO specific terms and expressions related to conformity assessment, as well as information about ISO's adherence to the WTO principles in the Technical Barriers to Trade (TBT) see the following URL: [Foreword - Supplementary information](#).

The committee responsible for this document is ISO/TC 168, *Prostheses and orthoses*

ISO 29783 consists of the following parts, under the general title *Prosthetics and orthotics — Vocabulary*:

- *Part 1: Normal gait*
- *Part 2: Prosthetic gait*
- *Part 3: Pathological gait*

Introduction

No internationally accepted vocabulary of terms is available to describe the gait patterns of persons who have had a unilateral lower limb amputation.

As a consequence the members of the different professions and the clinic teams in different countries have developed and adopted their own terminology to meet their own needs.

This part of ISO 29783 provides a terminology for the description of the gait of persons who have had a unilateral lower limb amputation by identifying the departures from the normal pattern of gait which they exhibit. This is achieved by reference to the sub- phase of the gait cycle in which they occur and the nature of the abnormality.

It will enable practitioners to systematically describe the gait of the persons for whom they are providing prosthetic treatment and facilitate comparisons with the experience of other practitioners.

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Prosthetics and orthotics — Vocabulary —

Part 2: Prosthetic gait

1 Scope

This part of ISO 29783 specifies a vocabulary for the description of prosthetic gait.

2 Normative references

The following documents, in whole or in part, are normatively referenced in this document and are indispensable for its application. For dated references, only the edition cited applies. For undated references, the latest edition of the referenced document (including any amendments) applies.

ISO 29783-1, *Prosthetics and orthotics — Vocabulary — Part 1: Normal gait*

3 Terms and definitions

For the purposes of this document, the terms and definitions given in ISO 29783-1 and the following apply.

3.1 circumduction

abnormal trajectory of the lower limb during swing phase comprising increased abduction of the hip commencing at toe off and returning to neutral at initial contact

3.2 hip hiking

upwards movement of the pelvis during swing phase

3.3 vaulting

plantarflexion of the contralateral (non-prosthetic) ankle joint during mid-stance phase resulting in increased prosthetic foot clearance during swing phase

3.4 whip

an abrupt, medial, or lateral motion of the foot commencing at toe off and returning to neutral by initial contact

4 Description of prosthetic gait abnormalities — General

The gait abnormalities commonly exhibited by a person with a unilateral amputation are described by reference to the sub-phase of the normal gait cycle during which they occur and the nature of the abnormality.

Abnormal joint angles which are in the same direction as normal are referred to as either increased when greater than normal or decreased when less than normal. Abnormal joint angles which are in the opposite direction to normal are specified. When appropriate, the magnitude of the abnormality which is considered to be significant is noted.

Any abnormality in the timing of the gait pattern is referred to as either premature when it occurs earlier than normal or delayed when it occurs later than normal.

Any abnormality in the speed of the gait pattern is referred to as either faster than normal or slower than normal

Abnormalities described include both those which are a consequence of the amputation procedure employed and those which may be a consequence of either the characteristics of the prosthetic components or the fitting procedures employed.

Abnormalities described refer to the prosthetic limb unless otherwise stated.

For comparison, the gait abnormality ([Figure 1 a](#) to [Figure 20 a](#)) and the normal gait pattern at the same instant of the gait cycle ([Figure 1 b](#) to [Figure 20 b](#)) are illustrated when appropriate.

5 Trans-tibial amputation

5.1 Initial contact and loading response (Weight acceptance)

5.1.1 Knee joint hyperextension at initial contact

See [Figure 1 a](#).

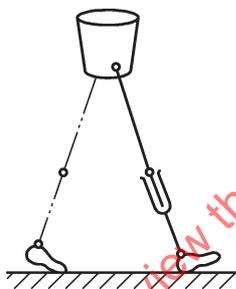


Figure 1 a — Knee joint hyperextension

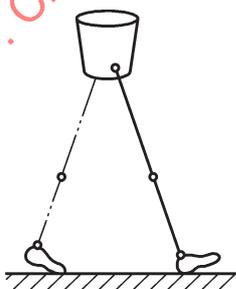


Figure 1 b — Normal - Initial contact

5.1.2 Increased knee joint flexion at initial contact (>5 °)

See [Figure 2 a](#).

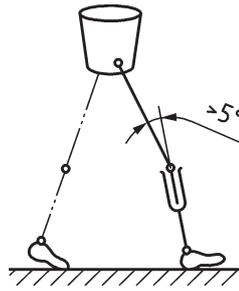


Figure 2 a — Increased knee joint flexion

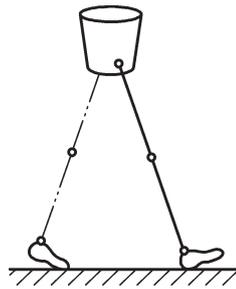


Figure 2 b — Normal - Initial contact

5.1.3 Increased hip joint flexion at initial contact ($>30^\circ$)

See [Figure 3 a](#).

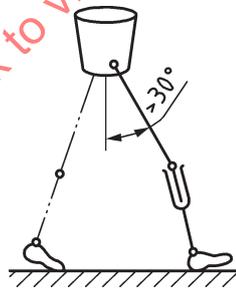


Figure 3 a — Increased hip joint flexion

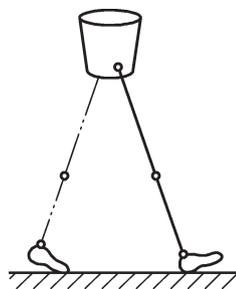


Figure 3 b — Normal - Initial contact

5.1.4 Delayed knee joint flexion during loading response

5.1.5 Reduced knee joint flexion ($<5^\circ$) during loading response (with premature forward body progression)

See [Figure 4 a](#).

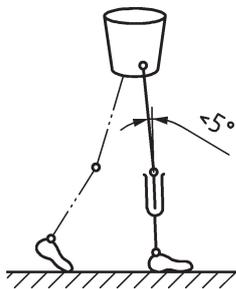


Figure 4 a — Reduced knee joint flexion

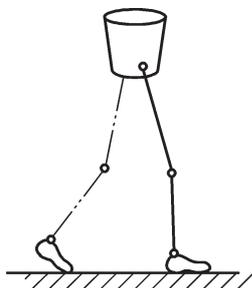


Figure 4 b — Normal - Loading response

5.1.6 Faster knee joint flexion during loading response

5.1.7 Premature and faster full foot contact during loading response (foot slap)

5.1.8 Delayed ankle unit plantar flexion during loading response

5.1.9 External foot rotation at initial contact and/or during loading response

5.2 Mid-stance and terminal stance (Single support)

5.2.1 Premature heel-off (shorter mid-stance)

See [Figure 5 a](#).

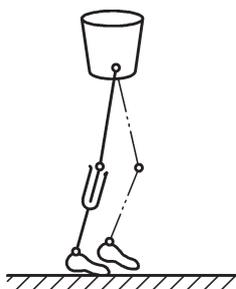


Figure 5 a — Premature heel-off

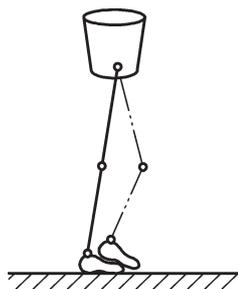


Figure 5 b — Normal - Late mid-stance

5.2.2 Knee joint hyperextension during mid-stance and/or terminal stance

See [Figure 6 a](#).

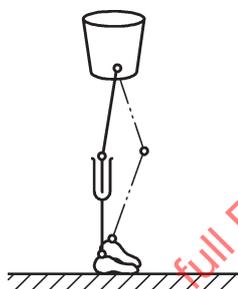


Figure 6 a — Knee joint hyperextension mid-stance

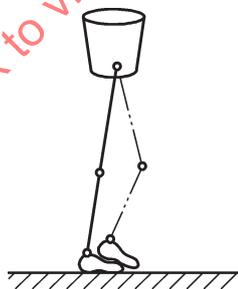


Figure 6 b — Normal - Late mid-stance

5.2.3 Prosthetic abduction during single support (medial thrust)

See [Figure 7 a](#).

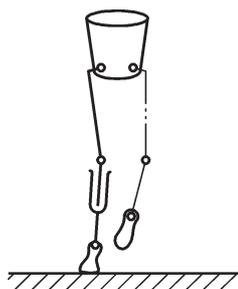


Figure 7 a — Prosthetic abduction

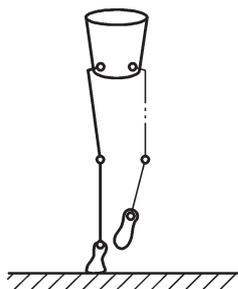


Figure 7 b — Normal - Mid-stance

5.2.4 Prosthetic adduction during single support (lateral thrust)

See [Figure 8 a](#).

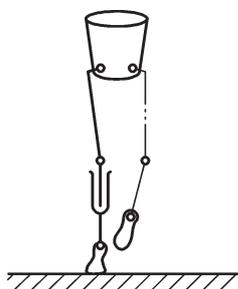


Figure 8 a — Prosthetic adduction

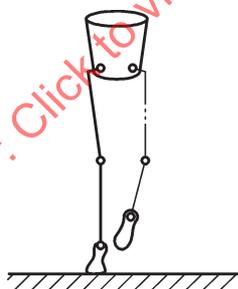


Figure 8 b — Normal - Mid-stance

5.2.5 Hip joint flexion during mid-stance ($>0^\circ$)

See [Figure 9 a](#).

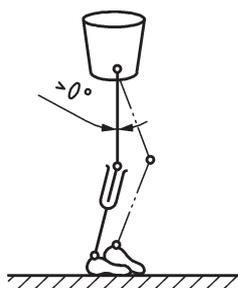


Figure 9 a — Reduced hip extension

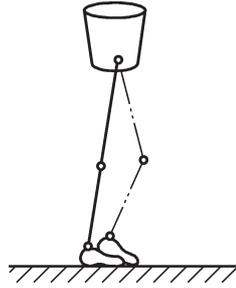


Figure 9 b — Normal - Late mid-stance

5.2.6 Reduced hip joint extension during terminal stance ($<10^\circ$)

See [Figure 10 a](#).

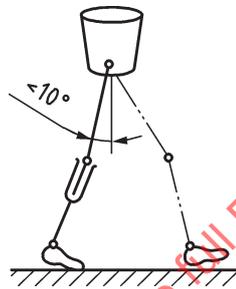


Figure 10 a — Reduced hip extension

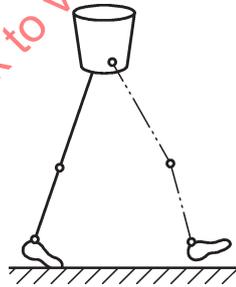


Figure 10 b — Normal - Terminal stance

5.2.7 Lateral trunk bending during single support

5.3 Pre-swing and swing

5.3.1 Reduced foot clearance at mid-swing

5.3.2 Medial or lateral whip during swing

5.4 Gait cycle abnormalities

5.4.1 Unequal step length

5.4.2 Unequal step timing

5.4.3 Narrow or wide walking base

5.5 Walking aid(s) (specify type)

5.5.1 Contralateral side

5.5.2 Prosthetic side

5.5.3 Both sides (e.g. walkers)

6 Trans-femoral amputation

6.1 Initial contact and loading response (Weight acceptance)

6.1.1 Increased heel impact at initial contact

6.1.2 Knee unit instability at initial contact

6.1.3 Knee unit in full extension at initial contact (maintained throughout stance)

See [Figure 11 a](#).

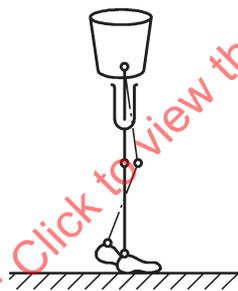


Figure 11 a — Full knee unit extension

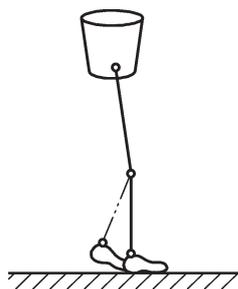


Figure 11 b — Normal - Mid-stance

6.1.4 Premature and faster full foot contact during loading response (foot slap)

6.1.5 Premature hip joint extension during loading response

6.1.6 Medial or lateral trunk bending during loading response

6.1.7 Delayed ankle unit plantar flexion during loading response

6.1.8 External or internal foot rotation at initial contact and/or during loading response

6.2 Mid-stance and terminal stance (Single support)

6.2.1 Abducted hip joint during mid-stance

See [Figure 12 a](#).

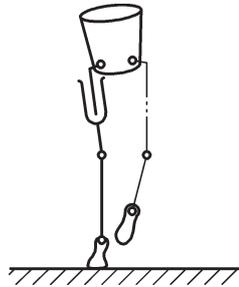


Figure 12 a — Abducted hip joint

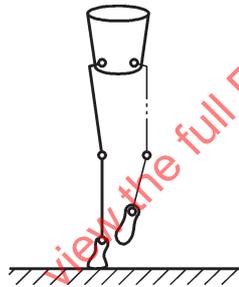


Figure 12 b — Normal - Mid-stance

6.2.2 Prosthetic adduction during single support

See [Figure 13 a](#).

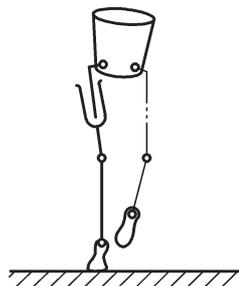


Figure 13 a — Prosthetic adduction

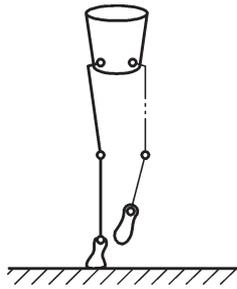


Figure 13 b — Normal - Mid-stance

6.2.3 Lateral or medial trunk bending during single support

6.2.4 Increased lumbar lordosis during single support

See [Figure 14 a](#).

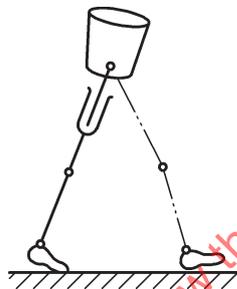


Figure 14 a — Increased lumbar lordosis

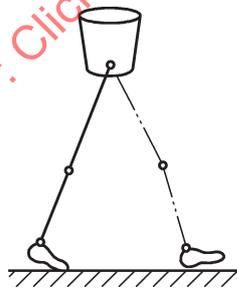


Figure 14 b — Normal - Mid-stance

6.2.5 Externally or internally rotated foot during single support

6.3 Pre-swing and swing

6.3.1 Absent or reduced knee unit flexion (with consequent increased hip joint extension) during pre-swing

See [Figure 15 a](#).

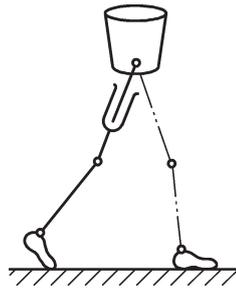


Figure 15 a — Reduced knee unit flexion

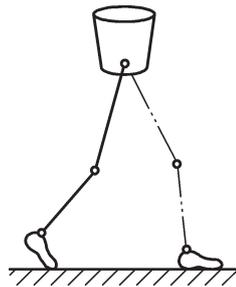


Figure 15 b — Normal - Pre-swing

6.3.2 Delayed hip joint and knee unit flexion during pre-swing

6.3.3 Premature upward movement and increased forward (transverse plane) rotation of the pelvis during pre-swing

6.3.4 Increased knee unit flexion during initial swing

See [Figure 16 a](#).

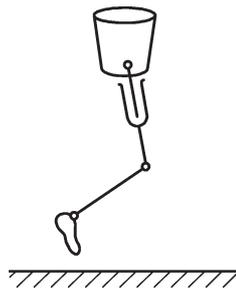


Figure 16 a — Increased knee unit flexion

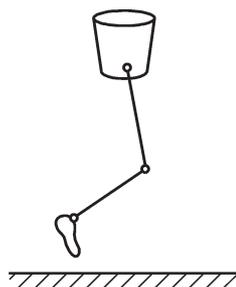


Figure 16 b — Normal - Initial swing