

Gait disturbance:

Gait	Characteristics	Seen in
Ataxic sensory	Wide based, jerky, worse with eye closed	SACD, M.S, Tabes dorsalis, Sensory neuropathy.
Ataxic cerebellar	Wide based, staggering, unable to walk tandem (in straight line)	Lesions of vermis or cerebellar hemisphere. (fall to same side of lesion)
Spastic	Arm held in flexion and adduction, legs stiff held in extension, circumduct or scissoring if bilateral disease.	Lesion of pyramidal tracts.
Parkinsonian	Slow, rigid, shuffling, short steppage, stooped posture, propulsion (tendency to fall forwards), loss of associated movements.	Various akinetic rigid syndromes.
March a petits pas	Slow, shuffling, short steppage gait, resemble parkinsonian.	Variety of cerebral or spinal disturbance.
Apraxic	Slow, shuffling, short steppage, but with normal tone, power and sensation.	Frontal lobe lesion.
Steppage	Foot drop, foot drags, lifts high to avoid scraping floor.	Weakness of foot extensors. (common or deep peroneal n., L4,5 or cauda lesion)
Waddling (myopathic)	Lordosis, pelvis waddles, broad based.	Proximal myopathies
Astasia abasia	Bizarre, non-descript.	Hysterical
Choreatic	Stuttering, dancing gait due to intermittent lordotic and flexion posturing.	Huntington's disease and other choreas.