Gait Deviations Associated with Abnormal Muscle Tone A variety of abnormal gait patterns are associated with abnormal muscle tone (spasticity, rigidity, hypotonicity, or abnormal motor control) or muscle weakness.Steppage gait occurs when there is weakness or paralysis of the dorsiflexor musculature, such as in persons with peroneal palsy or peripheral neuropathy, demands exaggerated hip and knee flexion of the proximal joints to accomplish swing clearance.Although orthosis use can successfully control abnormal motion in the sagittal plane (e.g., in steppage gait), orthoses are less effective in controlling the abnormal transverse, rotational, or coronal limb placement problems observed in scissoring or crouched gait pattern.Scissors gait describes a pattern of poor control in limb advancement or tracking of the swing leg often characterized by the crossing, or scissoring (hip adduction, flexion and medial rotation), of the lower limbs.In ataxic gait there is a failure of coordination or irregularity of muscular action of the limb segments commonly caused by cerebellar dysfunction.It is most often observed in patients with spastic or paretic pathological conditions such as hemiplegia, spastic diplegia, and cerebral palsy.In crouch gait exaggerated knee and hip flexion occurs throughout the gait cycle.Crouch gait is often seen in combination with a toe–walking stance in children and adults with spastic diplegic cerebral palsy.It has been attributed to a combination of overactivity of the hamstrings and weakness of calf muscles.Ataxia often becomes accentuated when the eyes are closed or vision is impaired or distracted.It is most easily observed in late MSw.

Summarized by © lakhasly.com