

**Clinical Movement Analysis Society - UK and Ireland
Statement of Purpose Form**



| | |
|--------------------|---|
| Name of Laboratory | Newcastle upon Tyne gait laboratory |
| Address | Bioengineering RMPD Newcastle General Hospital Westgate Road Newcastle upon Tyne NE4 6BE |
| Telephone number | 0191 256 3416 |
| Email | Penny.hewart@nuth.nhs.uk |
| Website | |

Please provide a brief description of your laboratory – history, location, etc. Also describe main activities – clinical/teaching/research (maximum 150 words).

The Newcastle upon Tyne gait lab moved to its present location at Newcastle General Hospital in November 2009. The lab has good access with separate gait and clinical exam areas.

The lab is staffed by a clinical engineer and a physiotherapist with input from a consultant paediatric orthopaedic surgeon.

The lab was established as a video vector lab in 1998 and improved to a fully equipped 3D lab in 2004. Full gait analysis assessments are currently only available for paediatric patients. We predominantly see children with cerebral palsy prior to surgery. Fine tuning is available to all patients.

The lab covers the North of England from Middlesbrough to Berwick and across to Carlisle and Barrow covering a population of more than 3 million.

We also offer a mobile video vector and fine tuning service to the northern region.

Host Institution

| | |
|---------------------|-------------------------------------|
| NHS Trust | <input checked="" type="checkbox"/> |
| University/Academic | <input type="checkbox"/> |
| Private Company | <input type="checkbox"/> |

Staffing

| | Employed by laboratory | Available for consultation |
|---------------------------|--|--|
| Orthopaedic Surgeon | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Rehabilitation Consultant | <input type="checkbox"/> | <input type="checkbox"/> |
| Paediatrician | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Neurologist | <input type="checkbox"/> | <input type="checkbox"/> |
| Physiotherapist | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Sports Scientist | <input type="checkbox"/> | <input type="checkbox"/> |
| Bioengineer (Clin Sci) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Orthotist | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Prosthetist | <input type="checkbox"/> | <input type="checkbox"/> |
| Podiatrist | <input type="checkbox"/> | <input type="checkbox"/> |
| Others (please specify:) | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |

Named Staff

| | Name | Email | Phone |
|----------------|--------------|--------------------------|---------------|
| Main contact | Penny Hewart | Penny.Hewart@nuth.nhs.uk | 0191 256 3416 |
| Clinical Lead | Pat Clements | Pat.Clements@stft.nhs.uk | 0191 256 3416 |
| Technical Lead | Penny Hewart | Penny.Hewart@nuth.nhs.uk | 0191 256 3416 |

Clinical Expertise

- please indicate if you have a major interest in this area, a minor interest or would not accept a referral (excluded)

| | Adults | Children |
|--------------------------|---------------|-----------------|
| Cerebral Palsy | Excluded | Major |
| Neuromuscular disorders | Excluded | Major |
| Orthopaedics | Excluded | Major |
| Spinal injuries | Excluded | Minor |
| Stroke | Excluded | Minor |
| Orthotics | Minor | Minor |
| Orthotic tuning | Minor | Minor |
| Prosthetics | Excluded | Minor |
| Sports | Excluded | Excluded |
| Others (please specify:) | | |

Testing Available

| | |
|---|--|
| Orthogonal video filming | <input checked="" type="checkbox"/> |
| Video vector technology | <input checked="" type="checkbox"/> |
| 3D movement analysis | <input checked="" type="checkbox"/> |
| Force plate | <input checked="" type="checkbox"/> |
| Electromyography | <input checked="" type="checkbox"/> |
| Plantar pressure measurement - barefoot | <input type="checkbox"/> |
| Plantar pressure measurement – in shoe | <input type="checkbox"/> |
| Energy cost measurement (oxygen/HR) | <input type="checkbox"/> |
| Balance assessment | <input type="checkbox"/> |
| Upper limb assessment | <input type="checkbox"/> |
| Other (please specify) | <input type="checkbox"/> <input type="checkbox"/> |

Levels of Reporting (tick all that are available)

| | |
|--|-------------------------------------|
| Graphs/Data only | <input checked="" type="checkbox"/> |
| Written description of movement and deviations | <input checked="" type="checkbox"/> |
| Treatment recommendations | <input checked="" type="checkbox"/> |