

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



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|--------------------|---|
| Name of Laboratory | Oxford Gait Laboratory |
| Address | Nuffield Orthopaedic Centre Windmill Road Headington Oxford OX3 7LD |
| Telephone number | 01865 227609 |
| Email | gaitlab@noc.nhs.uk |
| Website | www.noc.nhs.uk/ourservices/gait_lab.aspx |

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

The clinical service began in 1996 at the Nuffield Orthopaedic Centre. Prior to this, the lab was operated by the University of Oxford for purely research purposes. An average of 330 patients a year are seen within the service. We are involved in teaching engineering, medical and physiotherapy students on a regular basis. We perform collaborative research with the University of Oxford. Our main research interests include cerebral palsy (multi-level surgery and upper limb), foot and ankle biomechanics, modelling techniques, reliability assessment, as well as the natural history and assessment of orthopaedic conditions affecting the lower limbs in children.

Host Institution

| | |
|--------------------------|-------------------------------------|
| NHS Trust | <input checked="" type="checkbox"/> |
| University/Academic | <input checked="" type="checkbox"/> |
| Private Company | <input type="checkbox"/> |
| Other...(please specify) | |

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 type="checkbox"/> |
| Neurologist | <input type="checkbox"/> | <input checked="" 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 checked="" type="checkbox"/> |
| Podiatrist | <input type="checkbox"/> | <input type="checkbox"/> |
| Others (please specify: (use Enter to expand) | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |

Named Staff

| | Name | Email | Phone |
|----------------|-------------------|---------------------------|--------------|
| Main contact | Mrs Sue Webb | sue.webb@noc.nhs.uk | 01865 227609 |
| Clinical Lead | Mr Tim Theologis | tim.theologis@noc.nhs.uk | 01865 227609 |
| Technical Lead | Dr Julie Stebbins | julie.stebbins@noc.nhs.uk | 01865 227609 |

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 | Major | Major |
| Neuromuscular disorders | Major | Major |
| Orthopaedics | Major | Major |
| Spinal injuries | Major | Major |
| Stroke | Major | Minor |
| Orthotics | Major | Major |
| Orthotic tuning | Major | Major |
| Prosthetics | Minor | 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 checked="" type="checkbox"/> |
| Plantar pressure measurement – in shoe | <input type="checkbox"/> |
| Energy cost measurement (oxygen/HR) | <input checked="" 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"/> |