

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



Name of Laboratory	Gait Analysis Lab
Address	Royal National Orthopaedic Hospital Brockley Hill Stanmore Middx HA7 4LP
Telephone number	020 8 909 5523
Email	Matt.Thornton@rnoh.nhs.uk
Website	<a href="http://www.rnoh.nhs.uk/clinical-services/rehabilitation-and-therapy/gait-analysis-laboratory">www.rnoh.nhs.uk/clinical-services/rehabilitation-and-therapy/gait-analysis-laboratory</a>

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

Stanmore Gait Analysis Lab offers a computerised 3D gait analysis service in both clinical and research settings. Equipment available is:

- 3D motion capture system (Coda mpx30)
- 10 channel EMG (Motion Lab Systems MA300)
- 2 force plates (Bertec)
- Multi channel digital video capture (GeoVision)

In addition, we also have the facilities and expertise to measure intra-compartmental pressures of the lower limb for chronic conditions. Equipment available:

- Intra-compartmental pressure monitor system (Stryker pressure monitor)
- Treadmill (bi-directional incline facility)

Clinical areas covered by gait analysis are primarily patients with cerebral palsy. We also see patients with complex neuromuscular skeletal conditions in conjunction with the specialist orthopaedic activities at RNOH. Referrals should contain relevant clinical questions and are typically Consultant led. Reports contain a detailed biomechanical analysis and treatment recommendations when appropriate.

**Host Institution**

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



### **Staffing**

	<b>Employed by laboratory</b>	<b>Available for consultation</b>
Orthopaedic Surgeon	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Rehabilitation Consultant	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Paediatrician	<input type="checkbox"/>	<input checked="" 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 checked="" 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 checked="" 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	Mr M. Thornton	Matt.Thornton@rnoh.nhs.uk	0208 909 5523
Clinical Lead	Miss D.Eastwood		0208 909 5758
Technical Lead	Mr M. Thornton	Matt.Thornton@rnoh.nhs.uk	0208 909 5523

### **Clinical Expertise**

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

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

**Testing Available**

Orthogonal video filming	<input checked="" type="checkbox"/>
Video vector technology	<input 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"/>