

Table 43-1
Common Types of Functional Gait Disorders

<i>Type of Functional Gait</i>	<i>Description</i>	<i>Helpful Hints</i>
Dragging monoplegic gait	A dragging limb during walking instead of circumduction	Confrontational testing for strength assessment and Hoover sign
Fluctuating gait	Distractable abnormalities	Finger-to-nose testing while standing
Slow or hesitant gait	Persistently slow movements or difficulty initiating steps	Distraction, assessment while texting if hands also affected
Psychogenic Romberg	Falls in predictable direction (typically toward or away from examiner), often accompanied by large swaying movements	Improves with distraction, examiner should change position to test directionality of falling
"Walking on ice" gait	Similar to someone walking on a slippery surface, such as ice, with broad-based steps that are small and stiff	No other signs of ataxia
Noneconomic posture	Involves excessive movements that are not to compensate for a neurologic deficits and are difficult to replicate because of the strength needed, such as walking crouched over	Improves with distraction
Knee buckling	Sudden loss of leg tone, but without falling or self-injury	Strength testing will be normal

given during an examination. As always, careful history and physical examination should aid in the proper diagnosis and the differentiation between functional and neurological symptoms. Patients with conversion disorders benefit from intensive therapies (physical and psychological) and rehabilitation, and the earlier they receive treatment, the better the long-term outcome. It is possible for a patient to develop severe contractures or other complications from persistent abnormal positioning with a functional gait disorder.