



**Title** Baropodometric Gait Analysis  
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**Reference** [www.has-sante.fr/portail/display.jsp?id=c\\_576173](http://www.has-sante.fr/portail/display.jsp?id=c_576173)

## Aim

To assess the expected benefit of baropodometric gait analysis.

## Conclusions and results

The assessment was performed to advise the French National Health Insurance (NHI) on inclusion of the technique on the list of reimbursed procedures. It was requested by UNCAM (French National Union of Health Insurance Funds) and SOFMER (*Société française de médecine physique et de réadaptation*, French society of physical medicine and rehabilitation). HAS examined the indications, efficacy, and safety of the technique and its contribution to the care strategy.

- Baropodometric gait analysis is the only quantitative dynamic method for analyzing the distribution of plantar pressures and supports in patients with neurological, orthopedic, or metabolic diseases or in patients with malformations. It is a second-line procedure used as an adjunct to clinical examination and to other manual or instrumental methods of motor and/or morphostatic assessment.
- Several clinical assessment studies have established the expected benefits of the technique. Baropodometric analysis of the deficiency or disorder in foot function (step orientation; distribution of supports; coordination) is used to:
  - make better therapeutic choices
  - assess treatment efficacy (orthotic devices, drugs, surgery).
- No complications are associated with the technique. However, the examination must be conducted under safe conditions to avoid any risk of the patient falling.

## Methods

HAS' method for assessing the expected clinical benefit of medical or surgical procedures is based on a critical appraisal of published scientific data and on the ex-

pert opinion of a multidisciplinary working group of healthcare professionals. Several databases (MEDLINE, the Cochrane Library, National Guideline Clearinghouse, HTA Database) were searched (January 1995 to February 2007). Studies assessing a) the technical performance of the equipment (reproducibility and reliability studies, studies comparing systems of analysis) and b) the expected benefits in terms of treatment efficacy and performance were selected for analysis. The results of the analysis were reviewed by the working group (specialists in physical medicine and rehabilitation, neurology, sports medicine and sports traumatology, and orthopedic surgery).