

## CLINICAL INFORMATION: Standing & Walking Mobility

CI-Standing and Walking Mobility-m6MWT-MULT

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### Modified 6 Minute Walk Test

|   | <b>ADMISSION</b><br>(Within 7 days)  | <b>THRESHOLD</b><br>(Within 2 days of meeting criterion*)  | <b>DISCHARGE</b><br>(Within 7 days)  |
|---|--|--|--|
| <b>Date:</b>  | YYYY-MM-DD<br>TESTDATEA  | YYYY-MM-DD<br>TESTEDATET   | YYYY-MM-DD<br>TESTDATED  |
| <b>Therapist Name/Initials:</b>   | THERAPISTNAMEA   | THERAPISTNAMET   | THERAPISTNAMED   |
| <b>Did patient meet threshold criterion?</b><br><br><b>3B)Independent Household Ambulator:</b> ability to ambulate daily using reciprocal steps over ground for short distances (10-100m) independently for functional walking.<br><br><i>Note: if patient doesn't meet threshold criterion at admission, please monitor and perform threshold test if function changes</i> | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br>If No, enter current gait status:<br><u>GAITSTATUSA</u><br>_____<br>(e.g., ambulates with min. assist and walking belt) | <i>Only performed if patient <u>does not</u> meet threshold criterion at admission but function improves to meet threshold criterion at some time during their inpatient stay.</i> | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br>If No, enter current gait status:<br><u>GAITSTATUSD</u><br>_____<br>(e.g., ambulates with min. assist and walking belt) |
| <b>If patient met threshold criterion, but test not performed, specify reason:</b>  | Reason:  | Reason:  | Reason:  |

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| Modified 6 Minute Walk Test |  | ADMISSION (Within 7 days)<br><b>OR</b><br>THRESHOLD (Within 2 days of meeting criterion*)<br><i>(Circle which test was done)</i>   | DISCHARGE (Within 7 days)  |
|-----------------------------|--|--|--|
| 1.                          | 2 Minute Distance (m)  | 2MINUTEDISTANCEAT 2MINUTEDISTANCEUNKNOWNAT   | 2MINUTEDISTANCED 2MINUTEDISTANCEUNKNOWND   |
| 2.                          | 4 Minute Distance (m)  | 4MINUTEDISTANCEAT  | 4MINUTEDISTANCED   |
| 3.                          | 6 Minute Distance (m)  | 4MINUTEDISTANCEUNKNOWNAT<br>6MINUTEDISTANCEAT  | 4MINUTEDISTANCEUNKNOWNND<br>6MINUTEDISTANCED   |
| 4.                          | Total Distance Achieved (m)  | 6MINUTEDISTANCEUNKNOWNAT   | 6MINUTEDISTANCEUNKNOWNND   |
| 5.                          | Total time for the test  | TOTALTIMEMINAT<br>_____min. _____sec. TOTALTIMESECAT   | TOTALTIMESECD<br>_____min. _____sec. TOTALTIMESECD   |
| 6.                          | Borg RPE Scale® of Perceived Exertion at end of test (6-20)  | <input type="checkbox"/> 6 No exertion at all<br><input type="checkbox"/> 7 } Extremely light<br><input type="checkbox"/> 8 }<br><input type="checkbox"/> 9 Very light<br><input type="checkbox"/> 10 } Light<br><input type="checkbox"/> 11 }<br><input type="checkbox"/> 12 } Somewhat hard<br><input type="checkbox"/> 13 }<br><input type="checkbox"/> 14 } Hard (heavy)<br><input type="checkbox"/> 15 }<br><input type="checkbox"/> 16 } Very hard<br><input type="checkbox"/> 17 }<br><input type="checkbox"/> 18 } Extremely hard<br><input type="checkbox"/> 19 }<br><input type="checkbox"/> 20 Maximal exertion   | <input type="checkbox"/> 6 No exertion at all<br><input type="checkbox"/> 7 } Extremely light<br><input type="checkbox"/> 8 }<br><input type="checkbox"/> 9 Very light<br><input type="checkbox"/> 10 } Light<br><input type="checkbox"/> 11 }<br><input type="checkbox"/> 12 } Somewhat hard<br><input type="checkbox"/> 13 }<br><input type="checkbox"/> 14 } Hard (heavy)<br><input type="checkbox"/> 15 }<br><input type="checkbox"/> 16 } Very hard<br><input type="checkbox"/> 17 }<br><input type="checkbox"/> 18 } Extremely hard<br><input type="checkbox"/> 19 }<br><input type="checkbox"/> 20 Maximal exertion   |
| 7.                          | Walking Aid Used:<br><i>(and circle right/left/both if applicable to indicate the side on which the aid is used)</i> | <input type="checkbox"/> None<br><input type="checkbox"/> Parallel bars<br><input type="checkbox"/> Standard walker<br><input type="checkbox"/> 2 wheeled walker<br><input type="checkbox"/> 4 wheeled walker<br><input type="checkbox"/> Crutches -<br>Right / Left / Both<br><input type="checkbox"/> Quad cane<br><input type="checkbox"/> Standard cane -<br>Right / Left / Both<br><input type="checkbox"/> Knee Ankle Foot Orthosis (KAFO) -<br>Right/Left (if required bilaterally, patient does not meet threshold criteria for test)<br><input type="checkbox"/> Ankle Foot Orthosis -<br>Right / Left / Both<br><input type="checkbox"/> Other Aid (specify):<br>_____ | <input type="checkbox"/> None<br><input type="checkbox"/> Parallel bars<br><input type="checkbox"/> Standard walker<br><input type="checkbox"/> 2 wheeled walker<br><input type="checkbox"/> 4 wheeled walker<br><input type="checkbox"/> Crutches -<br>Right / Left / Both<br><input type="checkbox"/> Quad cane<br><input type="checkbox"/> Standard cane -<br>Right / Left / Both<br><input type="checkbox"/> Knee Ankle Foot Orthosis (KAFO) -<br>Right/Left (if required bilaterally, patient does not meet threshold criteria for test)<br><input type="checkbox"/> Ankle Foot Orthosis -<br>Right / Left / Both<br><input type="checkbox"/> Other Aid (specify):<br>_____ |

Data Collection Details (for RHSCIR study use only)

|                                      |             |               |                             |  |
|--------------------------------------|-------------|---------------|-----------------------------|--|
| Collected by:<br>(please print name) | COLLECTEDBY | Initial Here: | Date Abstraction Completed: | DATEABSTRACTIONCOMPLETED<br>YYYY-MM-DD |
|--------------------------------------|-------------|---------------|-----------------------------|--|