



CLINICAL INFORMATION: Standing & Walking Mobility

CI-Standing and Walking Mobility-m6MWT-MULT

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Modified 6 Minute Walk Test

	ADMISSION (Within 7 days)	THRESHOLD (Within 2 days of meeting criterion*)	DISCHARGE (Within 7 days)
Date:	YYYY-MM-DD TESTDATEA	YYYY-MM-DD TESTEDATET	YYYY-MM-DD TESTDATED
Therapist Name/Initials:	THERAPISTNAMEA	THERAPISTNAMET	THERAPISTNAMED
Did patient meet threshold criterion? 3B)Independent Household Ambulator: ability to ambulate daily using reciprocal steps over ground for short distances (10-100m) independently for functional walking. <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 <input type="checkbox"/> No If No, enter current gait status: GAITSTATUSA (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 <input type="checkbox"/> No If No, enter current gait status: GAITSTATUSD (e.g., ambulates with min. assist and walking belt)
If patient met threshold criterion, but test not performed, specify reason:	Reason:	Reason:	Reason:

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

Data Collection Details (for RHSCIR study use only)

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