RHSCIR ID #	

Rick Hansen Institute / Institut Rick Hansen | RHSCIR

CLINICAL INFORMATION: Standing & Walking Mobility

Modified 6 Minute Walk Test

	ADMISSION (Within 7 days)	**THRESHOLD** (Within 2 days of meeting criterion*)	**DISCHARGE** (Within 7 days)
Date:	YYYY-MM-DD	YYYY-MM-DD	YYYY-MM-DD
Therapist Name/Initials:			
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. *Note: if patient doesn't meet threshold criterion at admission, please monitor and perform threshold test if function changes*	☐ Yes ☐ No If No, enter current gait status: _____ _____ (e.g., ambulates with min. assist and walking belt)	*Only performed if patient does not meet threshold criterion at admission but function improves to meet threshold criterion at some time during their inpatient stay.*	☐ Yes ☐ No If No, enter current gait status: _____ _____ (e.g., ambulates with min. assist and walking belt)
If patient met threshold criterion, but test not performed, specify reason:	Reason:	Reason:	Reason:

Modified 6 Minute Walk Test	**ADMISSION** (Within 7 days) **OR** **THRESHOLD** (Within 2 days of meeting criterion*) *(Circle which test was done)*	**DISCHARGE** (Within 7 days)
1.	**2 Minute Distance** (m)		
2.	**4 Minute Distance** (m)		
3.	**6 Minute Distance** (m)		
4.	**Total Distance Achieved** (m)		
5.	**Total time for the test**	_____min. _____sec.	_____min. _____sec.

| 6. | **Borg RPE Scale® of Perceived Exertion at end of test** (6-20) | ☐ 6 No exertion at all
☐ 7 ☐ 8 } Extremely light
☐ 9 Very light
☐ 10 ☐ 11 } Light
☐ 12 ☐ 13 } Somewhat hard
☐ 14 ☐ 15 } Hard (heavy)
☐ 16 ☐ 17 } Very hard
☐ 18 ☐ 19 } Extremely hard
☐ 20 Maximal exertion | ☐ 6 No exertion at all
☐ 7 ☐ 8 } Extremely light
☐ 9 Very light
☐ 10 ☐ 11 } Light
☐ 12 ☐ 13 } Somewhat hard
☐ 14 ☐ 15 } Hard (heavy)
☐ 16 ☐ 17 } Very hard
☐ 18 ☐ 19 } Extremely hard
☐ 20 Maximal exertion |

| 7. | **Walking Aid Used:** *(and circle right/left/both if applicable to indicate the side on which the aid is used)* | ☐ None
☐ Parallel bars
☐ Standard walker
☐ 2 wheeled walker
☐ 4 wheeled walker
☐ Crutches – Right / Left / Both
☐ Quad cane
☐ Standard cane – Right / Left / Both
☐ Knee Ankle Foot Orthosis (KAFO) – Right/Left (if required bilaterally, patient does not meet threshold criteria for test)
☐ Ankle Foot Orthosis - Right / Left / Both
☐ Other Aid (specify): _____ | ☐ None
☐ Parallel bars
☐ Standard walker
☐ 2 wheeled walker
☐ 4 wheeled walker
☐ Crutches – Right / Left / Both
☐ Quad cane
☐ Standard cane – Right / Left / Both
☐ Knee Ankle Foot Orthosis (KAFO) – Right/Left (if required bilaterally, patient does not meet threshold criteria for test)
☐ Ankle Foot Orthosis - Right / Left / Both
☐ Other Aid (specify): _____ |

Data Collection Details (for RHSCIR study use only)

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