

Subject's IMACS Number \_\_\_\_\_ Date of Assessment \_\_\_\_\_ Assessment number \_\_\_\_ Assessor \_\_\_\_\_  
Time \_\_\_\_\_ Dominant limb - UE \_\_\_\_ LE \_\_\_\_

## 2 Minute and 6 Minute Walk Test

Sex: F M Age: \_\_\_\_\_ years Race: \_\_\_\_\_

Weight: \_\_\_\_\_ lbs or \_\_\_\_\_ kg Height: \_\_\_\_\_ ft \_\_\_\_\_ in or \_\_\_\_\_ centimeters

Supplemental oxygen during the test: No Yes, Flow \_\_\_\_\_ L/min, Type \_\_\_\_\_

	Resting	Immediate Post-test*	Recovery (10 mins)
Oxygen Saturation (%):			
Heart Rate (bpm):			
Blood Pressure (mm Hg):			
Dyspnea (Borg scale):			
Fatigue (Borg scale):			

\* Oxygen saturation should be measured immediate post-test, but other parameters may be assessed up to 1 minute post-test. The heart rate and blood pressure are optional post-test.

### Pulse Oximetry Location:

Fingertip ☐ Earlobe ☐ Forehead ☐ Other: ☐ \_\_\_\_\_

**Lap distance in meters:** One lap = \_\_\_\_\_ meters

### 2 Minute

Distance Walked: \_\_\_\_\_ meters

# laps \_\_\_\_\_ + additional meters \_\_\_\_\_

Duration limited: \_\_\_\_ min \_\_\_\_ secs

Comments: \_\_\_\_\_

### 6 Minute

Distance Walked: \_\_\_\_\_ meters

# laps \_\_\_\_\_ + additional meters \_\_\_\_\_

Duration limited: \_\_\_\_ min \_\_\_\_ secs

Comments: \_\_\_\_\_

Subject's IMACS Number \_\_\_\_\_ Date of Assessment \_\_\_\_\_ Assessment number \_\_\_\_ Assessor \_\_\_\_\_  
Time \_\_\_\_\_ Dominant limb - UE \_\_\_\_ LE \_\_\_\_

**Devices used to perform the test:**

Gait Aid used?	Left	Right	None
Cane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AFO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Device, Specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Limitations in performing the test (check all that apply):**

Limitation of ROM <input type="checkbox"/>	Pain <input type="checkbox"/>	Subject fatigued with testing <input type="checkbox"/>
Poor effort <input type="checkbox"/>	Intolerable dyspnea <input type="checkbox"/>	Other limitation <input type="checkbox"/> (Specify) _____

**Reference:**

ATS Committee on Proficiency Standards for Clinical Pulmonary Function Laboratories. ATS statement: guidelines for the six-minute walk test. Am J Respir Crit Care Med. 2002 Jul 1;166(1):111-7. doi: 10.1164/ajrccm.166.1.at1102. PMID: 12091180.