# 10 Meter Walk Test

Only completed if patient achieves the following threshold stage:

**3B) Independent Household Ambulator:** ability to ambulate daily using reciprocal steps over ground for short distances (10-100m) independently for functional walking.

- □ ADMISSION (Within 7 days)
- □ OR
- □ THRESHOLD (Within 2 days of meeting threshold)

### Date
(If completed over multiple sessions, enter date of completion.)

<table>
<thead>
<tr>
<th>Date</th>
<th>Therapist Name/Initials</th>
<th>Number of sessions test completed over</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Note: Test can be completed over multiple sessions during the time period indicated if required.</td>
</tr>
</tbody>
</table>

### 1. 10 Meter Walk Test (10MWT) at preferred speed

<table>
<thead>
<tr>
<th>Time:_____ sec</th>
<th>Speed:_____ m/sec</th>
<th>Time:_____ sec</th>
<th>Speed:_____ m/sec</th>
</tr>
</thead>
</table>

### 2. 10 Meter Walk Test (10MWT) at maximum speed

<table>
<thead>
<tr>
<th>Time:_____ sec</th>
<th>Speed:_____ m/sec</th>
<th>Time:_____ sec</th>
<th>Speed:_____ m/sec</th>
</tr>
</thead>
</table>

### 3. 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): ________________________