Reviewer ID: Chri	Reviewer ID: Christie Chan, John Zhu, Jeremy Mak, Kyle Diab, Joanne Chi						
Type of Outcome	Measure: 6 Minu	ute Walk Test	Total articles: 16				
Author ID and	Study Design	Setting	Population (sample size, age) and Group				
Year							
Perez-Sanpablo	Observational,	National	N=23 (15M/8F)				
et al. 2017	descriptive,	Institute of	Mean Age: 45.6 <u>+</u> 12.6 years				
	transversal	Rehabilitation,	n, viean Lime since injury: 42 ± 117 months				
		Mexico City	AIS D, motor subacute and chronic incomplete)			
Amatachaya et	Cross-	A major tertiary	N=94, 65 male				
al. 2014	sectional	referral nospital	Age (FIM7): 49.2 ±10.0				
		in Thailand	Age (FIN6): 51.9 \pm 13.2 Age (FIN6): 45.2 \pm 13.2				
			Independent ambulatory individuals with SCI				
			FIM-L ocomptor 7: 33: Time since Injury (month	ns): 34 6 + 26 56			
			FIM-L 6: 31: Time since injury (months): 44.3	± 43.2			
			FIM-L 5: 30; Time Since Injury (months): 36.7	± 30.6			
			AIS-D=52				
			Incomplete tetraplegia = 28				
Barbeau et al.	Longitudinal	Spinal Cord	SCILT: multi-center RCT				
2007	study	Injury	N=107 AIS C and D				
	comparing	Locomotor Trial	N=38 ASIA B				
	walking speed	(SCILT)	All had lesions b/w C5 and L3				
	for 6MWI and		Crown 4:				
	the 15.2m		Group 1: N=66 individuals with SCI who completed both	accoccmonte 2 monthe			
	6 and 12		after entry to rebab	assessments 5 months			
	months after		Group 2:				
	entry into		N=69 individuals with SCI who completed both	assessments 6 months			
	initial rehab		after entry to rehab				
			Group 3:				
			N=70 individuals with SCI who completed both	assessments 12 months			
			after entry to rehab				
			All patients underwent either 12 weeks of step	training with body weight			
			support on a treadmill combined with overgrou	nd practice OR a defined			
			overground mobility intervention (CONT).				
Datta et al	Cobort	The	N-97 (71M 26F)				
2009	Conort	NeuroRecoverv	Mean Age: 38+17v				
2000		Network	Mean time since $SCI = 11.9$ months				
		(NRN), a	Incomplete SCI				
		specialized	AIS C or D				
		network of					
		treatment	Mechanism of Injury:				
		enters	Motor Vehicle Accident = 34				
		providing	Fall = 29				
		standardized,	Sporting Accident = 16 Other poptroume = 8				
		therapy for	Medical/surgical = 6				
		natients with	Violence = 4				
		SCI.					
Ditunno et al.	Single-blinded,	6 regional SCI	N=146 (114M, 32F)				
2007	paralled-	inpatient rehab.	Mean age = 32 years (range 16 – 69 years)				
	group,	centres					
	multicenter		Incomplete spinal cord injury patients who had a Functional Independence Measure locomotor score for walking of < 4 on entry				
	randomized						
	clinical trial						

Duffell et al. 2015		Outpatient service at the Rehabilitation Institute of Chicago	N=83 (26F, 57M) Age: 18 – 50 Mean age = 47.28 Incomplete SCI patients (AIS-C/D, SCI IvI above T10, 12month+ post injury, able to ambulate) treated with either Lokomat, tizanidine, or no intervention
Forrest et al. 2014	Prospective observational cohort	7 out-patient clinical sites in the Christopher and Dana Reeve Foundation NeuroRecovery Network (NRN) (Feb 2008-Apr 2011)	N=249, 190 male Mean age=42, SD=16 Median time since SCI=0.7 yrs, range=0.1-21.6 AIS-C = 20, D=179; 50 not evaluated Etiology: 15 non-trauma, 83 MVA, 54 fall, 45 sporting, 25 medicine/surgery, 10 other causes Median treatment sessions: 40; range=2-353
Harkema et al 2016	Prospective multicenter observational; NRS 13-item version	6 outpatient rehabilitation centers in the Christopher and Dana Reeve Foundation NRN	N=152 (123M, 29F) Mean (SD) age: 36 (15) Median (range) time since SCI: 0.9 (0.1-45.2) years 110 cervical, 42 thoracic AIS-A/B/C/D: 43/21/39/49 Physician-referred outpatients without progressive lesions above T11, capable of stepping using body weight support, with ability to wean off anti-spasticity medication Median (range) number of sessions of NRN-standardized locomotor training: 70 (23-520)
Jackson et al. 2008	A subcommittee of international experts evaluated locomotion measures	N/A	N = 54 expert raters
Musselman and Yang 2013	Crossover trial		N=20 (14M, 6F) Age: 46.0 ± 13.6 Time since SCI (years): 5.4 ± 8.8 Fast walkers (>0.5 m/s): N=9 Self-selected walkers: N=11
Olmos et al. 2008	Cross- sectional study		N=18 (12M, 6F) age range: 19-72 years old All community-ambulating AIS D SCI patients, > 6 months post-injury, walking at a speed of at least 0.25 m/s
Pithon et al. 2015		Ambulatory clinic of Hospital Universitário da Universidade Estadual de Campinas	N=9, all male Mean age = 32.78±11.58 Time since SCI = 4~13yrs All AIS-A Lvl of injury T4~T12
Scivoletto et al. 2011	Methodologica I	SCI unit of a rehabilitation hospital.	N= 37 (28M, 9F) median age: 58.5 yrs (range: 19-77) 20 of 37 patients had a non-traumatic lesion injury level: 12 cervical, 14 thoracic, 11 lumbar

Tester et a	Tester et al 2016 Prospective; testing the Neuromuscula r Recovery Scale 14-item version Prospective; testing the Sites in the Christophe Reeve Foundation NeuroReco		6 outpatient sites in the Christopher and Dana Reeve Foundation NeuroRecovery Network	N=72 (57M, 15F) completing 20 sessions of standardized locomotor training Mean (SD) age: 36 (15) Median (range) time since SCI: 0.7 (0.1-14.7) years N=45 longer than 6 months 44 cervical, 28 thoracic AIS-A/B/C/D: 17/10/20/25	
van Hedel 2006	et al.	Longitudinal study	European Multicenter Study of Human Spinal Cord Injury	N= 22 (18M, 4F) Mean age = 45.5 years (range 17 – 78 years) All subjects have incomplete injuries and have achieved walking capacity in early stages after injury. Cervical =13 Thoracic = 1 Lumbar = 7 Sacral = 1	
van Hedel 2005	et al.	Cross sectional study with repeated assessments	The SCI centre of a university hospital in Switzlerland.	Validity: N = 75 (45M, 30F) Mean age = 54 ± 20 years Cervical = 25 Thoracic = 21 Lumbar = 21 Sacral = 8 Reliability N = 22 (14M, 8F) Mean age = 52 ± 20 years Cervical = 7 Thoracic = 7 Lumbar = 7 Sacral = 1	
1. RELIAE	BILITY				
Author ID	Interna	I Consistency		Test-retest, Inter-rater, Intra-rater	
Perez- Sanpabl o et al. 2017					
van Hedel et al. 2005	No data available et)5			Intrarater = 0.981 (P<.001) Interrater = 0.970 (P<.001) Bland-Altman plot:	

		Bland-Altman plot: Significant difference in intra-rater assessment (-20.5 \pm 27m) using paired t-test at p=0.002. No significant differences with inter-rater assessment (-14.8 \pm 33.6m).
Scivolett o et al. 2011	No data available	The 6-MWT was tested on a longer track (50m) vs. on a short track (10m):
		The correlation between the results of the two methods was between 0.91 and 0.93

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		The inter-rater reliability was between 0.99 and 1 for the two methods.
		The intra-rater reliability was between 0.98 and 0.99 for the two
		methods.
Pithon		Intra-rater reliability: r ² = 0.96
et al. 2015		
Mussel		Test-retest ICC: 0.989
man and		
Yang		
2013	TV	
2. VALIDI		
ID	Validity	
Perez-	Spearman correlation with WISCI-II	
o et al.	Spearman correlation with LEMS	
2017	r=0.49-0.55	
Ditunno et al.	Spearman correlation w/Walking Index f At 3 months: r = 0.76	or SCI (all P<.001)
2007	At 6 months: $r = 0.68$	
	At 12 months: r = 0.69	
	Spearman correlation w/50-foot Walking	Speed (50-foot Walking Speed is very similar to 10-meter walk test)
	(all P<.001)	
	At 3 months: $r = 0.95$ At 6 months: $r > 0.80$	
	At 12 months: r = 0.92	
	Spearman correlation w/Functional Inde	pendence Measure- Locomotor Score (all P<.001)
	At 3 months: $r = 0.78$	
	At 6 months: $r = 0.69$	
	At 12 months. 1 – 0.02	
	Spearman correlation w/Berg Balance S	cale (P<.001)
	At 3 months: $f = 0.79$	
	The correlations with the Lower Extremity I	Notor Score at each of the time periods were $0.56 < r < 0.63$.
van Hedel et	Correlations (Spearman rank): 6 Minute Walk Test (6MWT) and 10 Meter	Walk Test (10MWT) [,] o = -0.95, n=62
al. 2005	6MWT and Timed Up and Go (TUG): $\rho = -0$	0.88, n=62
	Subgroups:	
	WISCI II scores of 0 to 10:	
	• 6MWT and TUG: r=-0.70, n=15	
	• 600001 and 1000001: 1=-0.96, h=15	
	WISCI scores of 11 to 20	
	 6MWT and TUG: r=-0.78, n=47 6MWT and 10MWT: r=-0.93, n=47 	
	- Givivi and Givivi 1.1-0.33, 11=47	
	Dependent walking group:	
	 οινιννι and ιυω: ρ=-0.74, n=18 6MWT and 10MWT: n=-0.92 n=19 	

	 Independent walking group: 6MWT and TUG: ρ =-0.88, n=44 6MWT and 10MWT: ρ=-0.94, n=43
	<u>Correlation of 6MWT with Walking Index for Spinal Cord Injury (WISCI) II:</u> Overall: ρ = 0.60, n=60 Subgroups:
	 WISCI II scores of 0 to 10: ρ = -0.22, n=13 WISCI II scores of 11 to 20: ρ = 0.64, n=47 WISCI II dependent walking group: ρ = -0.21, n=15 WISCI II independent walking group: ρ = 0.65, n=45
van Hedel et al. 2006	Spearman correlation w/Lower Extremity Motor Score Within 1 month: $r = 0.54$ [P=.01] After 3 months: $r = 0.34$ [P=.12] After 6 months: $r = 0.49$ [P=.02] After 12 months: $r = 0.55$ [P<.01]
	Spearman correlation w/Walking Index for SCI II Within 1 month: r = 0.78 [P <.001] After 3 months: r = 0.28 [P=.20]
	After 6 months: r = 0.36 [P=.10] After 12 months: r = 0.36 [P=.10]
	Spearman correlation w/10-Meter Walk Test Within 1 month: $r = -0.91 [P < .001]$ After 3 months: $r = -0.90 [P < .001]$ After 6 months: $r = -0.87 [P < .001]$
Datta et	Correlation between the first principle component of change in Berg Balance Scale items and changes in six-minute
al. 2009	walk distance: Kendall τ =0.34 Spearman p = 0.48
	P<0.01 for all
Forrest et al	"Significantly higher speeds occurred with higher classifications [SCI-FAI] for both the 6MWT and 10MWT"
2014	Pearson's r with 10MWT:
	At enrollment in the NRN: r=0.93 At discharge: r=0.94 Overall: r=0.94
	Regression analysis with 10MWT shows regression differing significantly with line of agreement – 6MWT & 10MWT not redundant (p<0.001)
Amatac hava et	Pearson's correlation with 10MWT: In FIM-L=6 patients, r = 0.74, p<0.001
al. 2014	In FIM-L=7 patients, $r = 0.83$, p<0.001
	h = 0 patients, $f = 0.51$, $p = 0.115$
Jackson	Content Validity:
2008	Valid or Useful: 19 (37%)
	Useful but requires validation: 30 (58%) Not useful or valid for research: 3 (6%)
Harkem	Pearson's r (95%CI) with ASIA Motor Scales:

a et al	UEMS: 0.24 (0	.15-0.34)							
2016	LEMS: 0.70 (0 ASIA Motor Sc	.64-0.76)	0 58-0	71)					
3. RESPONSIVENESS									
Author ID	Responsiveness								
van	The 6MWT differed be	tween 1 m	onth an	d 3 months	s (mean	score increased from	314 to 473 me	tres, P<.001) and	
Hedel et	between 3 months and 6 months (mean score increased from 473 to 502 metres, P=.01) but not between 6 months								
al. 2006	and 12 months (mean score decreased from 502 to 495 metres, $P=.76$) Friedman's test ($\alpha = 0.05$) between 4 intervals:								
	Friedman's test ($\alpha = 0.05$) between 4 intervals:								
	DF = 3 $F_{r} = 38.9$								
	P < 0.001								
	_								
	Pair-wise comparisons		KON'S SIQ	gned rank t	est:				
	Between intervals 1 an	d 2. P<.00	, ,						
	Between intervals 3 an	d 4: P=.76	5						
Mussel	With 2 month endurance	ce training	:						
man	SRM: 0.88								
anu Yang									
2013									
Harkem	Standardized Respons	e Means a	after Loo	comotor Tra	aining:				
a et al	All individuals:	0.48							
2016	AIS-A/B: non-a	ambulatory	/						
	AIS-C. 0.50 AIS-D: 0.83								
	Median (range) numbe	r of sessio	ons of N	RN-standa	rdized I	ocomotor training: 70 (23-520)		
4. FLOOR	/CEILING EFFECT - no	o data ava	ilable				/		
5. INTERPRETABILITY									
Author ID	Interpretability								
Lam et al. 2007	SEM = 16.5 meters MDC = 45.8 meters								
van	6 MWT scores in metre	es: Mean (SD), Me	edian					
Hedel et	Within 1 st month: 314 (137.0), 32	3						
al. 2006	After 3 months: 4/3 (1)	10.1), 465 22.6) 505							
	After 12 months: 495 (32.0), 303 125 1) 28	5						
Olmos	All participants were tested 3 times in both environments (Experimental – indoor gvm and Natural – community								
et al. 2008	setting) on the same time with an interval of 60 min between each test.								
	Experiment	al Natura	al						
	environmen	t enviro	nment						
	Mean 382.39 m	401.	44 m						
	Median 3/1./5 m		80 m 276 m						
	Min 151 m	150.2	1 m						
	Max 560 m	58	4 m						
Barbeau	Comparison of walking	speed wit	hin sub	jects with ι	ipper m	otor neuron lesions du	ring the SCILT		
et al.	Months after entry	n	Walki	ing speed	(m/s)	Walking speed	P value		
2007	to trial:	60	٥v	er 6 minut	es	(m/s) over 15.2 m	1 4		
	6	00		0.04 (0.06) 0 79 (0 05)		0.02 (0.05)	.14 20		
	12	70		<u>0.88</u> (0.06)		1.08 (0.06)	.001		

Last Updated: July 20, 2019 Articles up-to-date as of: July 2019 Gait speed was very similar at 3 and 6 month testing b/w 15.2m and 6 minute walking tests; however, gait speed was significantly faster during the 12 month follow up for the 15.2 m test.

Walking Speeds (Mean, Standard Error) Used for the 15.2-m Versus 6-Minute Walk by the Slowest, M	Aiddle (25%-
75%), and Fastest Patients at Each Data Collection	

	Time:	Variable:	Quartile:	# of patients:	Mean (m/s) (Standard error)	P value	
	3 months	15.2-m 6-minute	Lower	14	0.20 (0.06) 0.16 (0.06)	.15	
		15.2-m 6-minute	Middle	33	0.74 (0.05) 0.62 (0.29)	.07	
		15.2-m 6-minute	Upper	19	1.55 (0.06) 1.33 (0.41)	.01	
	6 months	15.2-m 6-minute	Lower	10	0.18 (0.06) 0.16 (0.09)	.84	
		15.2-m 6-minute	Middle	39	0.86 (0.04) 0.82 (0.04)	.53	
	12 months	15.2-m 6-minute	Lower	16	0.32 (0.07) 0.27 (0.08)	.56	
		15.2-m 6-minute	Middle	34	1.01 (0.06) 0.87 (0.05)	.03	
		15.2-m 6-minute	Upper	20	1.88 (0.06) 1.46 (0,07)	<.001	
Forrest et al. 2014	SRD = 0.08r MCID (for S0	n/s (Nearly n CI-FAI < 5 at	o diff. btwn fast (>=0. enrollment patients) =	44m/s) & slow v = 0.11m/s (for s	valkers (<0.44m/s)) low walkers (<0.44m/	s) = 0.1-0.15m/s)
Mussel man and Yang 2013	MDC: 34.4 m (0.0956 m/s) SEM: 12.3 m (0.0342 m/s)						
Duffell et al. 2015	MDC: 37.1 m (0.103 m/s)						
Tester et al 2016	Smallest Rea *Analogous	al Difference' to Minimal De	f (SRD): 0.086m/s etectable Change				
Harkem a et al 2016	Median (Rar All ir AIS- AIS-	nge) 6MWT D ndividuals: Enrollme Discharg A/B: Non-amb C: Enrollme Discharg	Distances: nt: 0 (0-549) e: 0 (0-700) ulatory nt: 0 (0-114) e: 0 (0-534)				
	* Enrollment standardized	Enrollme Discharg = pre-interve l locomotor tr	nt: 57 (0-549) e: 264 (0-700) ention; discharge = po aining: 70 (23-520)	st-intervention;	median (range) numl	ber of sessions o	f NRN-