Last Updated: December 31, 2024

Research Summary - 6-Minute Walk Test (6MWT) - Lower Limb and Walking

Author Year Research Design Setting	Demographics and Injury Characteristics of Sample	Validity	Reliability	Responsiveness Interpretability
Willi et al. 2023 Multicenter- observational study Swiss Paraplegic Center, Nottwill, Switzerland; Balgrist	N= 50 Mean age: 52.6 ±16.2 years Years since injury: 6.11 ± 9.8 years Tetraplegic: 24 Paraplegic: 26 AIS A: 2	Construct Validity: Strong correlation with the 2MWT r= 0.992 (0.986-0.995)		
University Hospital, Zurich, Switzerland	AIS B: 0 AIS C: 7 AIS D: 41 N= 618 people with traumatic SCI (141F)	Convergent validity: 6MWT with the		
Musselman et al. 2022 Retrospective longitudinal study	Average age: 48.7 years Length of inpatient rehabilitation stay: 81.6 (53.1) days	Standing and Walking Assessment Tool (SWAT) r= 0.521; p<0.001		
Canada	AIS A: 164 AIS B: 66 AIS C: 104 AIS D: 283			

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Perez-Sanpablo et al. 2017 Observational, descriptive, transversal National Institute of Rehabilitation, Mexico City, Mexico	AIS E: 1 Cervical: 383 Thoracic: 156 Lumbar: 72 Sacral: 7 N=23 (15M/8F) Mean Age: 45.6 ± 12.6 years Mean Time since injury: 42 ± 117 months AIS D, motor subacute and chronic incomplete	Spearman correlation with WISCI-II: r=0.36- 0.69 Spearman correlation with LEMS: r=0.49- 0.55		
Prospective observational cohort 6 outpatient rehabilitation centers in the Christopher and	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	Pearson's r (95%CI) with ASIA Motor Scales: UEMS: 0.24 (0.15-0.34) LEMS: 0.70 (0.64-0.76) ASIA Motor Score: 0.64 (0.58-0.71)		Responsiveness: Standardized Response Means after Locomotor Training: All individuals: 0.48 AIS-A/B: non- ambulatory AIS-C: 0.50 AIS-D: 0.83

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Dana Reeve Foundation, NRN, USA	Physician-referred outpatients without progressive lesions above TII, with ability to step 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) Interpretability:
	Median (range) number of sessions of NRN-standardized locomotor training: 70 (23-520)			Median (Range) 6MWT Distances: All individuals: Enrollment: 0 (0-549) Discharge: 0 (0-700) AIS-A/B: Non- ambulatory
				AIS-C: Enrollment: 0 (0-114) Discharge: 0 (0-534) AIS-D: Enrollment: 57 (0-549)
				(0-549) Discharge: 264 (0-700)

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Tester et al. 2016 Prospective 6 outpatient sites in the Christopher and Dana Reeve Foundation NeuroRecovery Network, USA	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			* Enrollment = pre- intervention; discharge = post- intervention; median (range) number of sessions of NRN- standardized locomotor training: 70 (23-520) SRD: 0.086m/s *Analogous to Minimal Detectable Change
Outpatient service at the	N=83 (26F, 57M) Age: 18 – 50			MDC : 37.1 m (0.103 m/s)

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Rehabilitation Institute of Chicago, USA	Mean age = 47.28 Incomplete SCI patients (AIS-C/D, SCI IvI above TIO, 12month+ post injury, able to ambulate) treated with either Lokomat, tizanidine, or no intervention			
Pithon et al. 2015 Ambulatory clinic of Hospital Universitário da Universidade Estadual de Campinas, Brazil	N=9, all male Mean age: 32.78±11.58 Time since SCI: 4~13yrs All AIS-A Level of injury: T4~T12		Intra-rater: r ² = 0.96	
Forrest et al. 2014 Prospective observational cohort 7 out-patient clinical sites in	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	"Significantly higher speeds occurred with higher classifications [SCI-FAI] for both the 6MWT and 10MWT" Pearson's r with 10MWT:		srd = 0.08m/s (Nearly no diff. btwn fast (>=0.44m/s) & slow walkers (<0.44m/s)) MCID (for SCI-FAI < 5 at enrollment patients) = 0.11m/s (for slow walkers

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the Christopher and Dana Reeve Foundation NeuroRecovery Network (NRN), USA (Feb 2008- Apr 2011)	fall, 45 sporting, 25 medicine/surgery, 10 other causes Median treatment sessions: 40; range=2- 353	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)		(<0.44m/s) = 0.1- 0.15m/s)
Amatachaya et al. 2014 Cross-sectional A major tertiary referral hospital in Thailand	N=94, 65 male Age (FIM7): 49.2 ±10.0 Age (FIM6): 51.9 ±13.2 Age (FIM5): 45.2 ±13.2 Independent ambulatory individuals with SCI. FIM-Locomotor 7: 33; Time since Injury (months): 34.6 ± 26.56 FIM-L 6: 31; Time since injury (months): 44.3 ± 43.2	Pearson's correlation with 10MWT: In FIM-L=6 patients, r = 0.74, p<0.001 In FIM-L=7 patients, r = 0.83, p<0.001 In FIM-L=5 patients, r = 0.31, p=0.113		

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Musselman & Yang, 2013 Crossover trial	FIM-L 5: 30; Time Since Injury (months): 36.7 ± 30.6 AIS-D=52 Incomplete tetraplegia = 28 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		Test-retest ICC: 0.989	Responsiveness: With 2 month endurance training: SRM: 0.88 Interpretability: MDC: 34.4 m (0.0956 m/s) SEM: 12.3 m (0.0342 m/s)
Scivoletto et al. 2011 Methodological 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		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	

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			and 0.93 Inter-rater: 0.99 and 1 for the two methods. Intra-rater: between 0.98 and 0.99 for the two methods.	
Datta et al. 2009 USA Cohort The NeuroRecovery Network (NRN), a specialized network of treatment enters providing standardized, activity-based therapy for patients with SCI.	Population: N=97 (71M, 26F) Mean Age: 38±17y Mean time since SCI: 11.9 months Incomplete SCI AIS C or D Mechanism of Injury: Motor Vehicle Accident = 34 Fall = 29 Sporting Accident = 16 Other nontrauma = 8 Medical/surgical = 6 Violence = 4	Correlation between the first principle component of change in Berg Balance Scale items and changes in six-minute walk distance: Kendall τ = 0.34 Spearman p = 0.48 P<0.01 for all		

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Jackson et al. 2008 International	N/A A subcommittee of international experts evaluated locomotion measures	Content Validity: Expert Evaluations (52 votes): Valid or Useful: 19 (37%) Useful but requires validation: 30 (58%) Not useful or valid for research: 3 (6%)		
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			All participants were tested 3 times in both environments (Experimental – indoor gym and Natural – community setting) on the same time with an interval of 60 min between each test. (Table 1.)

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	Mea Mec SD Min Max	enviro n 382. li 371.' 120.9	mental Inment 39 m 75 m 188 m I m		Natural environm 401.44 m 367.80 m 130.276 m 151 m 584 m	nent
Barbeau et al. 2007 Longitudinal Spinal Cord Injury Locomotor Trial (SCILT), multicenter RCT	N=38 ASI All had le and L3 Group 1: N=66 ind SCI who de both asse months a rehab Group 2: N=69 ind SCI who de	ividuals with essments 3 after entry to ividuals with completed essments 6				Comparison of walking speed within subjects with upper motor neuron lesions during the SCILT: 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. (Table 2.)

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	months after entry rehab Group 3: N=70 individuals we SCI who completed both assessments months after entry rehab All patients underwent either I weeks of step train with body weight support on a tread combined with overground practic OR a defined overground mobili intervention (CONT	rith d 12 r to 2 ning mill ce			Wall (Mea Erro 15.2- Minu Slow 75%) Patie	e 3. below: king Speeds an, Standard r) Used for the m Versus 6- ute Walk by the vest, Middle (25%-), and Fastest ents at Each Data ection
	Table 2. Comparison the SCILT:	n of wa	lking speed within su	ubjects with upper	motor neu	ron lesions during
	Months after entry to trial:	n	Walking speed (m/s) over 6 minutes	Walking speed (m/s) over 15.2 m	P value	

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	3	66	0.64 (0.06)	0.72 (0.05)	.14	
	6	69	0.79 (0.05)	0.92 (0.06)	.29	
	12	70	0.88 (0.06)	1.08 (0.06)	.001	

Table 3. Walking Speeds (Mean, Standard Error) Used for the 15.2-m Versus 6-Minute Walk by the Slowest, Middle (25%-75%), and Fastest Patients at Each Data Collection

Time:	Variabl e:	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

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	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
	N=146 (114	M, 32F)	Spearman corr			
Ditunno et al.	Mean age (range 16 -	-	w/Walking Ind SCI (all P<.001):			
2007 Single-blinded, paralleled-group,	Incomplete spinal cord injury patients who had a Functional		At 3 months: r At 6 months: r At 12 months: r	= 0.68		
multicenter RCT 6 regional SCI		ocomotor valking of <	Spearman corr w/50-foot Walk Speed (50-foot	king		
inpatient rehab. centres	4 on entry		Walking Speed similar to 10-m walk test) (all F	eter		
			At 3 months: r	= 0.95		

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	·	At 6 months: r > 0.80 At 12 months: r = 0.92		
		Spearman correlation w/Functional Independence Measure- Locomotor Score (all P<.001)		
		At 3 months: r = 0.78 At 6 months: r = 0.69 At 12 months: r = 0.62		
		Spearman correlation w/Berg Balance Scale (P<.001):		
		At 3 months: r = 0.79		
		The correlations with the Lower Extremity Motor Score at each of the time periods were 0.56 < r < 0.63.		
van Hedel et al. 2006 Longitudinal	N= 22 (18M, 4F) Mean age = 45.5 years (range 17 – 78 years)	Spearman correlation w/Lower Extremity Motor Score		Responsiveness: The 6MWT differed between 1 month and

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European Multicenter Study of Human Spinal Cord Injury	All subjects have incomplete injuries and have achieved walking capacity in early stages after injury. Cervical =13 Thoracic = 1 Lumbar = 7 Sacral = 1	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 =		3 months (mean score increased from 314 to 473 metres, P<.001) and between 3 months and 6 months (mean score increased from 473 to 502 metres, P=.01) but not between 6 months and 12 months (mean score decreased from 502 to 495 metres, P=.76) Friedman's test (α = 0.05) between 4 intervals: DF = 3 F _r = 38.9
		0.36 [P=.10] Spearman correlation w/10-Meter Walk Test Within 1 month: r = - 0.91 [P <.001]		P < 0.001 Pair-wise comparisons via Wilcoxon's signed rank test:

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		After 3 months: r = - 0.90 [P<.001] After 6 months: r = - 0.87 [P<.001] After 12 months: r = - 0.86 [P<.001]		Between intervals 1 and 2: P<.001 Between intervals 2 and 3: P=.01 Between intervals 3 and 4: P=.76 Interpretability: 6 MWT scores in metres: Mean (SD), Median Within 1st month: 314 (137.0), 323 After 3 months: 473 (110.1), 465 After 6 months: 502 (132.6), 505 After 12 months: 495 (125.1), 285
van Hedel et al. 2005 Cross-sectional study with	Validity: N = 75 (45M, 30F) Mean age = 54±20 years	Correlations (Spearman rank): 6 Minute Walk Test (6MWT) and 10 Meter		

Setting Sample Sample	esponsiveness Iterpretability
Sample Sample Cervical = 25 Thoracic = 21 Lumbar = 21 Sacral = 8 Sample Elambility:	

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		Independent walking group: 6MWT and TUG: ρ =- 0.88, n=44 6MWT and 10MWT: ρ=-0.94, n=43		
		Correlation of 6MWT with Walking Index for Spinal Cord Injury (WISCI) II: 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		