**Performance Measure for Improvement in Functional Capacity at Completion of Pulmonary Rehabilitation**

**Data Definitions**

**Six minute walk test**
The test is a self-paced test of walking capacity with the distance walked as the primary test outcome. The 6MWT assesses exercise capacity and response to treatment in persons with chronic lung disease. The American Thoracic Society / European Respiratory Society Field Test Statement provides more detailed guidelines. [1,2]

**Beginning of the PR program**
Refers to functional capacity as measured by a 6MWT completed within the first week of the PR program.

**Completion of the PR program**
Refers to functional capacity as measured by a 6MWT completed during the last week of the PR program. The patient will complete at least 10 PR sessions within a 3 month period to be included in the functional capacity measure.

**Denominator Exclusions**
Patients unable to participate in a 6MWT due to physical, cognitive, neurological, psychological, or safety reasons. Patient completing less than 10 PR sessions within a 3 month period.

**Minimum Clinical Important Difference (MCID)**
The minimum change in score that has been correlated with a meaningful change in patient outcome. According to Jaeschke, Singer and Guyatt (1989), the first to define the MCID, it is “the smallest difference in score in the domain of interest which patients perceive as beneficial and which would mandate, in the absence of troublesome side effects and excessive cost, a change in the patient’s management.” (p. 408). The mean MCID for the 6MWT is estimated at 30 meters.

**Frequently Asked Questions**
The test is associated with considerable learning effect. Therefore, two tests should be performed with the greatest distance of the two tests reported. All variables should be held constant for initial and repeat tests, including test location, track layout, staffing, time of day, oxygen (flow rate, system, and transport), medications, use of usual walking aides, encouragement, and indications for test cessation.

The test has excellent safety when conducted according to standard protocols, including test cessation if the SpO2 is < 80%. Contraindications and precautions are the same as CPET: 3

Testing should always follow the ATS/ERS 6MWT protocol, including patient instruction, scripts, standardized encouragement, use of validated dyspnea scale, and reason for stopping the test[1].

SpO2 and heart rate (HR) are measured continuously during testing to ensure SpO2 nadir and the end-test HR are observed and documented.

SpO2 measurements during 6MWT are reliable provided that an adequate pulse signal is obtained [1].
Dyspnea and subjective fatigue are measured before and after the 6MWT using validated measurement scales, such as the Borg 10 point C-R scale.

The 6MWT report should include the distance walked, number of stops, total time stopped, SpO2 nadir, and end test pulse rate.

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Additional Details of the PR performance measures
See the AACVPR Pulmonary Rehabilitation Outcomes Toolkit (available under PR resources for members) at www.aacvpr.org. Detailed information describing the tools, information regarding licensing, costs, etc. is available here.