

**McLAREN FLINT
Flint, Michigan
PULMONARY REHABILITATION**

Phone: (810) 342-5370 • Fax: (810) 733-6965

6-MINUTE PULSE OXIMETRY WALK

Date: _____

Date: _____

PRE PROGRAM					
TIME	<u>DISTANCE/FT</u> <u>SPEED/ELEVA</u>	<u>O2</u> <u>SAT</u>	HR	BP	<u>FIO2</u> <u>L/MIN</u>
RESTING					
1 MIN					
2 MIN					
3 MIN					
4 MIN					
5 MIN					
6 MIN					
7 MIN					
8 MIN					
9 MIN					
10 MIN					
Distance Walked:					
Reason For Stopping Test:					

POST PROGRAM					
TIME	<u>DISTANCE/FT</u> <u>SPEED/ELEVA</u>	<u>O2</u> <u>SAT</u>	HR	BP	<u>FIO2</u> <u>L/MIN</u>
RESTING					
1 MIN					
2 MIN					
3 MIN					
4 MIN					
5 MIN					
6 MIN					
7 MIN					
8 MIN					
9 MIN					
10 MIN					
Distance Walked:					
Reason For Stopping Test:					

	BEFORE	AFTER
*RPD		
*RPE		

	BEFORE	AFTER
RPD		
RPE		

*RPD - Rate Perceived Dyspnea *RPE - Rate Perceived Exertion

Length of hallway: **190 FT**

Dyspnea/Exertion Scale	
0-Nothing At All	3-Moderate
1-Very Slight	4-Somewhat Severe
2- Slight	5-Severe

Comments For Pre Program Walk:

Comments For Post Program Walk:



PT.

MR./RM.

DR.