



1100 S. Van Dyke
 Bad Axe, Michigan
 (989) 269-8933 ext. 4399 • Fax (989) 269-2658
 Call 989-269-1565 to schedule an appointment

Pulmonary Exercise/Stress/6MW Test

Name: _____ MR#: _____ Date: _____ DOB: _____
 Physician: _____ TECH: _____ HT: _____ WT: _____ AGE: _____
 Diagnosis: _____
 Treadmill: _____ Hallway: _____ Ambulate W/O O₂: _____ Ambulate W/O₂: _____
 Pred Max HR: _____ 85% Max HR _____ O₂ L/min VIA: NP _____ TTO Cath Pulse _____ Continuous _____

Time (min)	Speed (mph)/ Grade %	O ₂ (l/min)	SaO ₂	HR	RPE* BP	METS or Distance (ft)
Rest						
___ min ___ sec	_____	_____	_____	_____	_____	_____
___ min ___ sec	_____	_____	_____	_____	_____	_____
___ min ___ sec	_____	_____	_____	_____	_____	_____
___ min ___ sec	_____	_____	_____	_____	_____	_____
___ min ___ sec	_____	_____	_____	_____	_____	_____
___ min ___ sec	_____	_____	_____	_____	_____	_____
___ min ___ sec	_____	_____	_____	_____	_____	_____
___ min ___ sec	_____	_____	_____	_____	_____	_____
___ min ___ sec	_____	_____	_____	_____	_____	_____
					Total ft.	_____
					Meters	_____
					SpO ₂ Nadir	_____

*Rate of perceived exertion (1-10 Dyspnea scale)

Recovery
 _____ min _____

COMMENTS:

INTERPRETATION:

RECOMMENDATIONS:

Physician Signature: _____ Date: _____