

# Incremental Shuttle Walk Test Recording Sheet

Name:

Date:

Age:

Predicted HRmax (220-age):

Medications:

FEV<sub>1</sub>:

FVC:

## Initial Assessment

### ISWT 1

Date:

Time:

Bronchodilator/time since last dose:

### ISWT 2

Date:

Time:

Bronchodilator/time since last dose:

BP	Supplemental Oxygen	Gait Aid
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BP	Supplemental Oxygen	Gait Aid
----	---------------------	----------

Time mins	SpO <sub>2</sub>	HR	Dyspnoea
Rest			
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
Recovery 1			
2			

Time mins	SpO <sub>2</sub>	HR	Dyspnoea
Rest			
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
Recovery 1			
2			

Number of shuttles completed:  
Distance (number of shuttles x 10):

Number of shuttles completed:  
Distance:

Limiting factor to the test:  
SOB       Low SpO<sub>2</sub>   
Leg fatigue     Other: \_\_\_\_\_

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SOB       Low SpO<sub>2</sub>   
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Tick shuttles completed during test:

Level 1

Level 2

Level 3

Level 4

Level 5

Level 6

Level 7

Level 8

Level 9

Level 10

Level 11

Level 12

**Clinical notes for using the recording sheet:**

You do not need to record SpO<sub>2</sub>%, heart rate and dyspnoea every minute but there is space on the table above if you wish to.

The box diagram above is designed to make sure you don't lose track of the number of shuttles completed. Tick a box each time the patient reaches a cone.

To calculate walking speed from the number of shuttles completed, please see the "Exercise Intensity for Walking Laps Based on the ISWT" table in the Exercise Training Section.

## Final Assessment

FEV<sub>1</sub>:

FVC:

### ISWT 1

Date:

Time:

Bronchodilator/time since last dose:

BP	Supplemental Oxygen	Gait Aid
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Time mins	SpO <sub>2</sub>	HR	Dyspnoea
Rest			
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
Recovery 1			
2			

Number of shuttles completed:

Distance (number of shuttles x 10):

Limiting factor to the test:

SOB  Low SpO<sub>2</sub>

Leg fatigue  Other: \_\_\_\_\_