Incremental Shuttle Walk Test Recording Sheet

Name:								
Date:								
Age:					Predicted HRmax (220-age):			
Medication	ons:							
FEV ₁ :					FVC:			
Initial As	sessme	ent						
ISWT 1 Date: Time: Bronchoo	dilator/tir	ne since	last dose:		ISWT 2 Date: Time: Bronchoo	dilator/time	e since la	ast dose:
BP	Supplemental Oxygen		Gait Aid		BP	Supplemental Oxygen		Gait Aid
Time	C20	HR	Dyannasa	- 1	Time	S=0	HR	Dyannasa
Time mins	SpO ₂	пк	Dyspnoea		mins	SpO ₂	пк	Dyspnoea
Rest					Rest			
1					1			
2					2			
3					3			
4					4			
5					5			
6					6			
7					7			
8					8			
9					9			
10					10			
11					11			
12					12			
Recovery 1					Recovery 1			
1				ĺ				

Number of shuttles completed:	Number of shuttles completed:				
Distance (number of shuttles x 10):	Distance:				
Limiting factor to the test: SOB \Box Low SpO ₂ \Box	Limiting factor to the test: SOB \Box Low SpO ₂ \Box				
Leg fatigue Other:	Leg fatigue □ Other:				
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 SpO₂%, 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.

FEV ₁ :				FVC:
ISWT 1 Date: Time: Bronchoo	dilator/tim	ne since	last dose:	
BP	Supplem Oxygen	ental	Gait Aid	
Time mins	SpO ₂	HR	Dyspnoea	
Rest				
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
Recovery 1				
2				
Number of Distance	(number	of shuttl		
Limiting f SOB □ Leg fatig	Lo	the test: ow SpO ₂ ther:		

Final Assessment