Online Appendix 12: Evidence Table, Timed 25 Foot Walk

Author and Year	Primary Population and Impairment Level (if available)	Level of Evidence	Internal Consistency	Reliability (Type, results)	Standard Error; MDCs and MCIDs	Floor Effects	Ceiling Effects
Timed 25 Foot Walk, Chronic Progressive Samples							
Baert et al (2014)[1]	MS; mild to severe	I	NT	NT	Therapist perspective as anchor: usual speed MIC improvement=-0.17 s and fast speed MIC improvement=-0.01 s; usual speed SRC=-3.55 s and fast speed SRC=-3.28. Patient perspective as anchor: usual speed MIC improvement=0.01 s and fast speed MIC improvement=-0.37 s; usual speed SRC=-4.91 s and fast speed SRC=-4.10.	NT	NT
Larson et al (2013)[2]	MS; relapsing remitting; mean EDSS 3.5 (SD = 0.4)	I	NT	Test-retest ICC=0.92	NT	NT	NT
Learmonth et al (2013)[3]	MS (79% relapsing remitting; 12% secondary progressive; 9% primary progressive)	I	NT	Test-retest ICC=0.991	SEM=1 s; MDC=2.7 s; % MDC=36%	NT	NT

Author and Year	Primary Population and Impairment Level (if available)	Level of Evidence	Internal Consistency	Reliability (Type, results)	Standard Error; MDCs and MCIDs	Floor Effects	Ceiling Effects
Motl et al (2014)[4]	MS (82% relapsing remitting)	I	NT	Test-retest ICC=0.982	NT	NT	NT
Nieuwenhuis et al (2006)[5]	MS; EDSS 0-6.5 (mean 4.3)	I	NT	Test-retest ICC=0.96	NT	NT	NT
Phan-Ba et al (2011)[6]	MS (90.3% relapsing remitting; 9.7% primary progressive); mean EDSS 2.5 (0-5.5)	I	NT	Test-retest ICC=0.942	NT	NT	NT
Solari et al (2005)[7]	MS (62.5% relapsing remitting, 37.5 % progressive); mean EDSS 4.5 (2-7)	I	NT	Intra-rater ICC=0.98; Inter-rater ICC=0.99	NT	NT	NT
Stellmann et al (2014)[8]	MS; median EDSS = 2.0 (0-7)	I	NT	Test-retest ICC=0.954	NT	NT	NT

1.   Baert I, Freeman J, Smedal T, Dalgas U, Romberg A, Kalron A et al. Responsiveness and clinically meaningful improvement, according to disability level, of five walking measures after rehabilitation in multiple sclerosis: a European multicenter study. Neurorehabilitation and neural repair 2014;28(7):621-31.
2.   Larson RD, Larson DJ, Baumgartner TB, White LJ. Repeatability of the timed 25-foot walk test for individuals with multiple sclerosis. Clinical rehabilitation 2013;27(8):719-23.
3.   Learmonth YC, Dlugonski DD, Pilutti LA, Sandroff BM, Motl RW. The reliability, precision and clinically meaningful change of walking assessments in multiple sclerosis. Multiple sclerosis (Houndmills, Basingstoke, England) 2013;19(13):1784-91.
4.   Motl RW, Learmonth YC, Pilutti LA, Dlugonski D, Klaren R. Validity of minimal clinically important difference values for the multiple sclerosis walking scale-12? European neurology 2014;71(3-4):196-202.
5.   Nieuwenhuis MM, Van Tongeren H, Sorensen PS, Ravnborg M. The six spot step test: a new measurement for walking ability in multiple sclerosis. Multiple sclerosis (Houndmills, Basingstoke, England) 2006;12(4):495-500.

6.   Phan-Ba R, Pace A, Calay P, Grodent P, Douchamps F, Hyde R et al. Comparison of the timed 25-foot and the 100-meter walk as performance measures in multiple sclerosis. Neurorehabilitation and neural repair 2011;25(7):672-9.

7.   Solari A, Radice D, Manneschi L, Motti L, Montanari E. The multiple sclerosis functional composite: different practice effects in the three test components. Journal of the neurological sciences 2005;228(1):71-4.

8.   Stellmann JP, Vettorazzi E, Poettgen J, Heesen C. A 3meter Timed Tandem Walk is an early marker of motor and cerebellar impairment in fully ambulatory MS patients. Journal of the neurological sciences 2014;346(1-2):99-106.