

Online Appendix 5: Table for Recommendations.

Strength of Evidence; Number of Articles	Diagnoses	Internal Consistency	Reliability	Standard Error	Ceiling	Floor	Other Information
Balance Outcome Measures							
Activities-specific Balance Confidence Scale, Acute Samples							
1 Level I ¹	1 Stroke ¹ (Mixed Sample, Acute and Chronic)	1 Strong (+++) Stroke ¹	NT	1 Strong (?) Stroke ¹	1 Strong (+++) Stroke ¹	1 Strong (+++) Stroke ¹	SEM in Stroke ¹
Activities-specific Balance Confidence Scale, Chronic Stable Samples							
1 Level I ¹	1 Stroke ¹ (Mixed Sample, Acute and Chronic)	1 Strong (+++) Stroke ¹	NT	1 Strong (?) Stroke ¹	1 Strong (+++) Stroke ¹	1 Strong (+++) Stroke ¹	SEM in Stroke ¹
Activities-specific Balance Confidence Scale, Chronic Progressive Samples							
2 Level I ^{2,3}	2 PD ^{2,3}	2 Strong (+++) PD ^{2,3}	2 Strong (+++) PD ^{2,3}	2 Strong (?) PD ^{2,3}	1 Strong (+++) PD ²	1 Strong (+++) PD ²	SEM ³ , SDD ^{2,3} in PD
Berg Balance Scale, Acute Samples							
8 Level I Studies	1 SCI ⁴ 6 Stroke ⁵⁻¹⁰ 1 Mixed Acute and Chronic Stroke ¹¹	1 Strong (+++) Stroke ⁶	2 Strong (+++) Stroke ^{6,10} 1 strong (?) Stroke ⁸	1 Strong (?) Stroke ¹⁰	3 Strong (---) Stroke ^{6,9,11} 1 Strong (---) SCI ⁴ 3 Strong (+++) Stroke ⁵⁻⁷	4 Strong (+++) Stroke ^{5-7,11} 1 Strong (---) Stroke ⁶	MDC in Stroke ¹⁰
Berg Balance Scale, Chronic Stable Samples							

5 level 1 Studies	1 SCI ¹² 3 Stroke ¹³⁻¹⁵ 1 Mixed Acute and Chronic Stroke ¹¹	NT	2 Strong (+++) Stroke ^{13,14} 1 Strong (+++) SCI ¹²	2 Strong (?) Stroke ^{13,14}	2 Strong (---) Stroke ^{11,15}	2 Strong (+++) Stroke ^{11,15}	SEM ¹⁴ , MDC ^{13,14} in Stroke
Berg Balance Scale, Chronic Progressive Samples							
4 level 1 Studies	1 HD ¹⁶ 3 PD ^{3,17,18}	1 Strong (+++) in PD ³	1 Strong (+++) HD ¹⁶ 3 Strong (+++) PD ^{3,17,18}	1 Strong (?) HD ¹⁶ 1 Strong (?) PD ³	1 Strong (---) PD ¹⁸	1 Strong (+++) PD ¹⁸	MDC in HD ¹⁶ and PD ³ MIC in MS ¹⁹
Functional Gait Assessment, Acute Samples							
2 level I ^{20,21} 1 level II ²²	1 Vestibular ²² 1 Stroke Mixed Sample Acute and Chronic Vestibular ²¹ 1 Stroke Mixed Sample Acute and Chronic Stroke ²⁰	1 Moderate (++) Vestibular ²² 1 Strong (+++) Vestibular ²¹	1 Strong (+++) Stroke ²⁰ 1 Strong (+++) Vestibular ²¹	1 Moderate (?) Vestibular ²² 1 Strong (?) Stroke ²⁰	1 Moderate (-) Vestibular ²² 1 Strong (+++) Stroke ²⁰	1 Strong (+++) Stroke ²⁰	MDC and MDC % in Stroke ²⁰ MDC in Vestibular ²²
Functional Gait Assessment, Chronic Stable Samples							

2 level I ^{20,21}	1 Stroke Mixed Sample Acute and Chronic Vestibular ²¹ 1 Stroke Mixed Sample Acute and Chronic Stroke ²⁰	1 Strong (+++) Vestibular ²¹	1 Strong (+++) Stroke ²⁰ 1 Strong (+++) Vestibular ²¹	1 Strong (?) Stroke ²⁰	1 Strong (+++) Stroke ²⁰	1 Strong (+++) Stroke ²⁰	MDC, MDC% in Stroke ²⁰
Functional Gait Assessment, Chronic Progressive Samples							
1 level I ¹⁷	1 PD	NT	1 Strong (+++) PD ¹⁷	NT	NT	NT	NT
Dynamic Gait Index, Acute Samples							
2 level I ^{20,23} 1 level II ²²	2 Vestibular ^{22,23} 1 Stroke ²⁰	1 Moderate (++) Vestibular ²²	Strong (---) Vestibular ²³ Strong (+++) Stroke ²⁰	1 Strong (?) Stroke ²⁰ 1 (?) Vestibular ²²	1 Strong (+++) Stroke ²⁰ 1 Moderate (-) Vestibular ²²	1 Strong (+++) Stroke ²⁰	MDC and MDC % in Stroke ²⁰ MDC in Vestibular ²²
Dynamic Gait Index, Chronic Stable Samples							
1 level I ²⁰	1 Stroke ²⁰	NT	1 Strong (+++) Stroke ²⁰	1 Strong (?) Stroke ²⁰	1 Strong (+++) Stroke ²⁰	1 Strong (+++) Stroke ²⁰	MDC and MDC% in Stroke ²⁰
Dynamic Gait Index, Chronic Progressive Samples							
1 level I ²⁴	1 PD ²⁴	NT	1 Strong (+++) PD ²⁴	1 Strong (?) PD ²⁴	1 Strong (---) PD ²⁴	NT	MDC and MDC % in PD ²⁴
Falls Efficacy Scale - International, Acute Samples							
1 Level I	Vestibular ²⁵	NT	1 Strong (+++) Vestibular ²⁵	1 Strong (?) Vestibular ²⁵	NT	NT	MDC in Vestibular ²⁵
Falls Efficacy Scale - International, Chronic Stable Samples							

NT	NT	NT	NT	NT	NT	NT	NA
Falls Efficacy Scale - International, Chronic Progressive Samples							
2 Level I	1 PD ² 1 MS ²⁶	1 Strong (+++) PD ² 1 Strong (+++) MS ²⁶	1 Strong (+++) PD ²	1 Strong (?) PD ²	1 Strong (+++) PD ²	1 Strong (+++) PD ²	SDD in PD ²
Mini-Balance Evaluation Systems Test, Acute Samples							
1 level I	1 Stroke ⁵	NT	NT	NT	1 Strong (+++) Stroke ⁵	1 Strong (---) Stroke ⁵	NT
Mini-Balance Evaluation Systems Test, Chronic Stable Samples							
1 level I	1 Stroke ¹⁵	1 Strong (+++) Stroke ¹⁵	1 Strong (+++) Stroke ¹⁵	1 Strong (?) Stroke ¹⁵	1 Strong (+++) Stroke ¹⁵	1 Strong (+++) Stroke ¹⁵	MDC in Stroke ¹⁵
Mini-Balance Evaluation Systems Test,, Chronic Progressive Samples							
2 level I	2 PD ^{18,27}	NT	2 Strong (+++) PD ^{18,27}	NT	1 Strong (+++) PD ¹⁸	1 Strong (+++) PD ¹⁸	NT
Timed Up and Go, Acute Samples							
1 Level I Study	1 Stroke (mixed Acute and Chronic Stable sample) ¹¹	NA	NT	NT	1 Strong (+++) Stroke ¹¹	1 Strong (---) Stroke ¹¹	NT
Timed Up and Go, Chronic Stable Samples							
3 Level I Studies	3 Stroke ^{13,28} 1 mixed acute and chronic stroke ¹¹	NA	2 Strong (+++) Stroke ^{13,28}	1 Strong (?) Stroke ¹³	1 Strong (+++) Stroke ¹¹	1 Strong (---) Stroke ¹¹	NT
Timed Up and Go, Chronic Progressive Samples							

6 Level I Studies	1 HD ¹⁶ 1 MS ²⁹ 3 PD ^{3,24,30} 1 Post-Polio ³¹	NA	1 Strong (+++) HD ¹⁶ 1 Strong (+++) MS ²⁹ 3 Strong (+++) PD ^{3,24,30} 1 Strong (+++) Post Polio ³¹	1 Strong (?) HD ¹⁶ 1 Strong (?) MS ²⁹ 3 Strong (?) PD ^{3,24,30} 1 Strong (+++) Post-Polio ³¹	NT	NT	SEM in PD ³⁰ MDC in HD ¹⁶ and PD ^{3,24} MDC% in PD ²⁴ SDC in Post-Polio ³¹ SDC % in MS ²⁹
Trunk Impairment Scale, Acute Samples							
1 Level I ³²	1 BI Mixed Acute and Chronic Stable ³²	NT	1 Strong (+++) BI ³²	NT	NT	NT	NT
Trunk Impairment Scale, Chronic Stable Samples							
1 Level I ³²	1 BI Mixed Acute and Chronic Stable ³²	NT	1 Strong (+++) BI ³²	NT	NT	NT	NT
Trunk Impairment Scale, Chronic Progressive Samples							
1 Level I ³³	1 MS ³³	NT	1 Strong (+++) MS ³³	1 Strong (?) MS ³³	NT	NT	SEM in MS ³³
Gait Outcome Measures							
6 Minute Walk Test, Acute Samples							
1 (N/A –MIC only)	1 Stroke ³⁴	NA	NT	NT	NT	NT	MIC in Stroke ³⁴
6 Minute Walk Test, Chronic Stable Samples							

3 level I	1 SCI ³⁵ 2 Stroke ^{28,36}	NA	1 Strong (+++) SCI ³⁵ 2 Strong (+++) Stroke ^{28,36}	NT	NT	NT	NT
6 Minute Walk Test, Chronic Progressive Samples							
5 level I 1 (N/A –MIC only)	1 HD ¹⁶ 1 PD ³ 3 MS ³⁷⁻³⁹	NA	1 Strong (+++) HD ¹⁶ 1 Strong (+++) PD ³ 2 Strong (+++) MS ^{38,39}	1 Strong (+++) MS ³⁷ 1 Strong (?) HD ¹⁶ 1 Strong (?) MS ³⁸ 1 Strong (?) PD ³	NT	NT	MDC in HD, ¹⁶ MS, ^{37,38} and PD ³ MIC in MS ¹⁹ SEM in MS ³⁸ MDC% in MS ³⁸ SRC in MS ³⁷
10 Meter Walk Test, Acute Samples							
2 level I; 1 N/A (MIC or MCID only)	2 Stroke ^{34,40}	NA	NT	NT	1 Strong (+++) SCI ⁴	1 Strong (---) Stroke ⁴⁰	MCID in Stroke ³⁴
10 Meter Walk Test, Chronic Stable Samples							
3 level I	1 Stroke ¹³ 1 SCI ³⁵ 1 Mixed Chronic Stable and Chronic Progressive ⁴¹	NA	1 Strong (+++) Stroke ¹³ 1 Strong (+++) SCI ³⁵ 1 Strong (+++) Mixed Chronic Stable and Chronic Progressive ⁴¹	1 Strong (?) Stroke ¹³	NT	NT	MDC in Stroke ¹³

10 Meter Walk Test, Chronic Progressive Samples							
5 level I; 1 NA (MIC only)	1 MS ²⁹ 1 HD ¹⁶ 1 PD ³ 1 Post Polio ³¹ 1 Mixed Chronic Stable and Chronic Progressive ⁴¹	NA	1 Strong (+++)MS ²⁹ 1 Strong (+++) HD ¹⁶ 1 Strong (+++) PD ³ 1 Strong (+++) Post Polio ³¹ 1 Strong (+++) Mixed Chronic Stable and Chronic Progressive ⁴¹	1 Strong (?) MS ²⁹ 1 Strong (?) HD ¹⁶ 1 Strong (?) PD ³ 1 Strong (?) Post Polio ³¹	NT	NT	SDD % ²⁹ and MIC ¹⁹ in MS MDC in HD ¹⁶ MDC in PD ³ SDC in Post Polio ³¹
2 Minute Walk Test, Acute Samples							
0	NA	NA	NT	NT	NT	NT	NA
2 Minute Walk Test, Chronic Stable Samples							
2 level I	1 Stroke ³⁷ 1 Mixed Chronic Stable and Chronic Progressive ⁴¹	NA	1 Strong (+++) Stroke ³⁷ 1 Strong (+++) Mixed Mixed Chronic Stable and Chronic Progressive ⁴¹	1 Strong (?) Stroke ³⁷	NT	NT	MDC in Stroke ³⁷
2 Minute Walk Test, Chronic Progressive Samples							

3 level I	1 MS ³⁷ 1 Post Polio ³¹ 1 Mixed Chronic Stable and Chronic Progressive ⁴¹	NA	1 Strong (+++) Post Polio ³¹ 1 Strong (+++) Mixed Chronic Stable and Chronic Progressive ⁴¹	1 Strong (+++) MS ³⁷ 1 Strong (?) Post Polio ³¹	NT	NT	MIC and SRC in MS ³⁷ SDC in Post Polio ³¹
Rivermead Mobility Index, Acute Samples							
2 level I	2 Stroke ^{42,43}	1 Strong (+++) Stroke ⁴³	1 Strong (+++) Stroke ⁴²	NT	1 Strong (+++) Stroke ⁴²	2 Strong (---) Stroke at admission to rehab ⁴³ at 14 days ⁴² 2 Strong (+++) Stroke at 5 weeks ⁴³ and at 30 and 90 days ⁴²	NT
Rivermead Mobility Index, Chronic Stable Samples							
2 level I	1 Stroke ⁴⁴ 1 Mixed Chronic Stable and Chronic Progressive ⁴¹	NT	1 Strong (+++) Stroke Chronic Stable and Chronic Progressive ⁴¹ 1 Strong (+++) Stroke ⁴⁴	1 Strong (?) Stroke ⁴⁴	NT	NT	SEM and SRD in Stroke ⁴⁴

Rivermead Mobility Index, Chronic Progressive Samples							
2 level I 1 level II	1 HD ¹⁶ 1 MS ⁴⁵ 1 Mixed Chronic Stable and Chronic Progressive ⁴¹	NT	1 Strong (+++) HD ¹⁶ 1 Strong (+++) Mixed ⁴¹	1 Strong (?) HD ¹⁶ 1 Moderate (?) MS ⁴⁵	NT	NT	MDC in HD ¹⁶ SEM in MS ⁴⁵
Timed 25 Foot Walk, Acute Samples							
0	NA	NA	NT	NT	NT	NT	NA
Timed 25 Foot Walk, Chronic Stable Samples							
0	NA	NA	NT	NT	NT	NT	NA
Timed 25 Foot Walk, Chronic Progressive Samples							
8 level I	MS ^{37-39,46-50}	NA	7 Strong (+++) MS ^{38,39,46-50}	1 Strong (?) MS ³⁸ 1 Strong (+++) ³⁷	NT	NT	MIC and SRC in MS ³⁷ MDC, MDC%, and SEM in MS ³⁸
Transfer Outcome Measures							
5 Times Sit to Stand, Acute Samples							
0	-	-	-	-	-	-	-
5 Times Sit to Stand, Chronic Stable Samples							
0	-	-	-	-	-	-	-
5 Times Sit to Stand, Chronic Progressive Samples							
1 Level I ⁵¹	1 PD ⁵¹	NA	1 Strong (+++) PD ⁵¹	1 Strong (?) PD ⁵¹	NT	NT	SEM ⁵¹

Rivermead Mobility Index – Modified, Acute Samples							
3 Level I ⁵²	2 Stroke ^{52,53} 1 Mixed ⁵⁴	2 Strong (+++) Stroke ⁵²³³ 1 Mixed (+++) ⁵⁴	2 Strong (+++) Stroke ⁵²³³ 1 Mixed (+++) ⁵⁴	NT	NT	NT	NT
Rivermead Mobility Index – Modified, Chronic Stable Samples							
0	-	-	-	-	-	-	-
Rivermead Mobility Index – Modified, Chronic Progressive Samples							
1 Level I	1 Mixed ⁵⁴	1 Strong (+++) Mixed ⁵⁴	1 Strong (+++) Mixed ⁵⁴	NT	NT	NT	NT

1. Salbach NM, Mayo NE, Hanley JA, Richards CL, Wood-Dauphinee S. Psychometric evaluation of the original and Canadian French version of the activities-specific balance confidence scale among people with stroke. *Archives of physical medicine and rehabilitation*. 2006;87(12):1597-1604.
2. Jonasson SB, Nilsson MH, Lexell J. Psychometric properties of four fear of falling rating scales in people with Parkinson's disease. *BMC geriatrics*. 2014;14:66.
3. Steffen T, Seney M. Test-retest reliability and minimal detectable change on balance and ambulation tests, the 36-item short-form health survey, and the unified Parkinson disease rating scale in people with parkinsonism. *Physical therapy*. 2008;88(6):733-746.
4. Lemay JF, Nadeau S. Standing balance assessment in ASIA D paraplegic and tetraplegic participants: concurrent validity of the Berg Balance Scale. *Spinal cord*. 2010;48(3):245-250.
5. Chinsongkram B, Chaikereee N, Saengsirisuwan V, Viriyatharakij N, Horak FB, Boonsinsukh R. Reliability and validity of the Balance Evaluation Systems Test (BESTest) in people with subacute stroke. *Physical therapy*. 2014;94(11):1632-1643.
6. Mao HF, Hsueh IP, Tang PF, Sheu CF, Hsieh CL. Analysis and comparison of the psychometric properties of three balance measures for stroke patients. *Stroke; a journal of cerebral circulation*. 2002;33(4):1022-1027.
7. Salter K, Jutai J, Foley N, Teasell R. Clinical Outcome Variables Scale: A retrospective validation study in patients after stroke. *Journal of rehabilitation medicine*. 2010;42(7):609-613.

8. Pickenbrock HM, Diel A, Zapf A. A comparison between the Static Balance Test and the Berg Balance Scale: Validity, reliability, and comparative resource use. *Clinical rehabilitation*. 2015.
9. Gustavsen M, Aamodt G, Mengshoel AM. Measuring balance in sub-acute stroke rehabilitation. *Advances in Physiotherapy*. 2006;8(1):15-22 18p.
10. Stevenson TJ. Detecting change in patients with stroke using the Berg Balance Scale. *The Australian journal of physiotherapy*. 2001;47(1):29-38.
11. Knorr S, Brouwer B, Garland SJ. Validity of the Community Balance and Mobility Scale in community-dwelling persons after stroke. *Archives of physical medicine and rehabilitation*. 2010;91(6):890-896.
12. Wirz M, Muller R, Bastiaenen C. Falls in persons with spinal cord injury: validity and reliability of the Berg Balance Scale. *Neurorehabilitation and neural repair*. 2010;24(1):70-77.
13. Hiengkaew V, Jitaree K, Chaiyawat P. Minimal detectable changes of the Berg Balance Scale, Fugl-Meyer Assessment Scale, Timed "Up & Go" Test, gait speeds, and 2-minute walk test in individuals with chronic stroke with different degrees of ankle plantarflexor tone. *Archives of physical medicine and rehabilitation*. 2012;93(7):1201-1208.
14. Liaw LJ, Hsieh CL, Lo SK, Chen HM, Lee S, Lin JH. The relative and absolute reliability of two balance performance measures in chronic stroke patients. *Disability and rehabilitation*. 2008;30(9):656-661.
15. Tsang CS, Liao LR, Chung RC, Pang MY. Psychometric properties of the Mini-Balance Evaluation Systems Test (Mini-BESTest) in community-dwelling individuals with chronic stroke. *Physical therapy*. 2013;93(8):1102-1115.
16. Quinn L, Khalil H, Dawes H, et al. Reliability and minimal detectable change of physical performance measures in individuals with pre-manifest and manifest Huntington disease. *Physical therapy*. 2013;93(7):942-956.
17. Leddy AL, Crowner BE, Earhart GM. Functional gait assessment and balance evaluation system test: reliability, validity, sensitivity, and specificity for identifying individuals with Parkinson disease who fall. *Physical therapy*. 2011;91(1):102-113.
18. Schlenstedt C, Brombacher S, Hartwigsen G, Weisser B, Moller B, Deuschl G. Comparing the Fullerton Advanced Balance Scale with the Mini-BESTest and Berg Balance Scale to assess postural control in patients with Parkinson disease. *Archives of physical medicine and rehabilitation*. 2015;96(2):218-225.
19. Paltamaa J, Sarasoja T, Leskinen E, Wikstrom J, Malkia E. Measuring deterioration in international classification of functioning domains of people with multiple sclerosis who are ambulatory. *Physical therapy*. 2008;88(2):176-190.
20. Lin JH, Hsu MJ, Hsu HW, Wu HC, Hsieh CL. Psychometric comparisons of 3 functional ambulation measures for patients with stroke. *Stroke; a journal of cerebral circulation*. 2010;41(9):2021-2025.
21. Nilsagård Y, Kollén L, Axelsson H, Bjerlemo B, Forsberg A. Functional gait assessment: Reliability and validity in people with peripheral vestibular disorders. *International Journal of Therapy & Rehabilitation*. 2014;21(8):367-373 367p.
22. Marchetti GF, Lin CC, Alghadir A, Whitney SL. Responsiveness and minimal detectable change of the dynamic gait index and functional gait index in persons with balance and vestibular disorders. *Journal of neurologic physical therapy : JNPT*. 2014;38(2):119-124.
23. Wrisley DM, Walker ML, Echternach JL, Strasnick B. Reliability of the dynamic gait index in people with vestibular disorders. *Archives of physical medicine and rehabilitation*. 2003;84(10):1528-1533.

24. Huang SL, Hsieh CL, Wu RM, Tai CH, Lin CH, Lu WS. Minimal detectable change of the timed "up & go" test and the dynamic gait index in people with Parkinson disease. *Physical therapy*. 2011;91(1):114-121.
25. Morgan MT, Friscia LA, Whitney SL, Furman JM, Sparto PJ. Reliability and validity of the Falls Efficacy Scale-International (FES-I) in individuals with dizziness and imbalance. *Otology & neurotology : official publication of the American Otological Society, American Neurotology Society [and] European Academy of Otology and Neurotology*. 2013;34(6):1104-1108.
26. van Vliet R, Hoang P, Lord S, Gandevia S, Delbaere K. Falls efficacy scale-international: a cross-sectional validation in people with multiple sclerosis. *Archives of physical medicine and rehabilitation*. 2013;94(5):883-889.
27. Leddy AL, Crowner BE, Earhart GM. Utility of the Mini-BESTest, BESTest, and BESTest sections for balance assessments in individuals with Parkinson disease. *Journal of neurologic physical therapy : JNPT*. 2011;35(2):90-97.
28. Ng SS, Hui-Chan CW. The timed up & go test: its reliability and association with lower-limb impairments and locomotor capacities in people with chronic stroke. *Archives of physical medicine and rehabilitation*. 2005;86(8):1641-1647.
29. Nilsagard Y, Lundholm C, Gunnarsson LG, Dcnison E. Clinical relevance using timed walk tests and 'timed up and go' testing in persons with multiple sclerosis. *Physiotherapy research international : the journal for researchers and clinicians in physical therapy*. 2007;12(2):105-114.
30. Paul SS, Canning CG, Sherrington C, Fung VS. Reproducibility of measures of leg muscle power, leg muscle strength, postural sway and mobility in people with Parkinson's disease. *Gait & posture*. 2012;36(3):639-642.
31. Stolwijk-Swuste JM, Beelen A, Lankhorst GJ, Nollet F. SF36 physical functioning scale and 2-minute walk test advocated as core qualifiers to evaluate physical functioning in patients with late-onset sequelae of poliomyelitis. *Journal of rehabilitation medicine*. 2008;40(5):387-394.
32. Verheyden G, Vereeck L, Truijen S, et al. Trunk performance after stroke and the relationship with balance, gait and functional ability. *Clinical rehabilitation*. 2006;20(5):451-458.
33. Verheyden G, Nuyens G, Nieuwboer A, Van Asch P, Ketelaer P, De Weerd W. Reliability and validity of trunk assessment for people with multiple sclerosis. *Physical therapy*. 2006;86(1):66-76.
34. Perera S, Mody SH, Woodman RC, Studenski SA. Meaningful change and responsiveness in common physical performance measures in older adults. *Journal of the American Geriatrics Society*. 2006;54(5):743-749.
35. Scivoletto G, Tamburella F, Laurenza L, Foti C, Ditunno JF, Molinari M. Validity and reliability of the 10-m walk test and the 6-min walk test in spinal cord injury patients. *Spinal cord*. 2011;49(6):736-740.
36. Liu J, Drutz C, Kumar R, et al. Use of the six-minute walk test poststroke: is there a practice effect? *Archives of physical medicine and rehabilitation*. 2008;89(9):1686-1692.
37. Baert I, Freeman J, Smedal T, 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):621-631.
38. 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):1784-1791.

39. 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.
40. Scrivener K, Schurr K, Sherrington C. Responsiveness of the ten-metre walk test, Step Test and Motor Assessment Scale in inpatient care after stroke. *BMC neurology*. 2014;14:129.
41. Rossier P, Wade DT. Validity and reliability comparison of 4 mobility measures in patients presenting with neurologic impairment. *Archives of physical medicine and rehabilitation*. 2001;82(1):9-13.
42. Hsueh IP, Wang CH, Sheu CF, Hsieh CL. Comparison of psychometric properties of three mobility measures for patients with stroke. *Stroke; a journal of cerebral circulation*. 2003;34(7):1741-1745.
43. Franchignoni F, Tesio L, Benevolo E, Ottonello M. Psychometric properties of the Rivermead Mobility Index in Italian stroke rehabilitation inpatients. *Clinical rehabilitation*. 2003;17(3):273-282.
44. Chen HM, Hsieh CL, Sing Kai L, Liaw LJ, Chen SM, Lin JH. The test-retest reliability of 2 mobility performance tests in patients with chronic stroke. *Neurorehabilitation and neural repair*. 2007;21(4):347-352.
45. Freeman J, Walters R, Ingram W, Slade A, Hobart J, Zajicek J. Evaluating change in mobility in people with multiple sclerosis: relative responsiveness of four clinical measures. *Multiple sclerosis (Houndmills, Basingstoke, England)*. 2013;19(12):1632-1639.
46. 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):719-723.
47. 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.
48. Phan-Ba R, Pace A, Calay P, 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):672-679.
49. 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):71-74.
50. 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.
51. Paul SS, Canning CG. Five-repetition sit-to-stand. *Journal of Physiotherapy (Elsevier)*. 2014;60(3):168-168 161p.
52. Radman L, Forsberg A, Nilsagard Y. Modified Rivermead Mobility Index: a reliable measure in people within 14 days post-stroke. *Physiotherapy theory and practice*. 2015;31(2):126-129.
53. Lennon S, Johnson L. The modified rivermead mobility index: validity and reliability. *Disability and rehabilitation*. 2000;22(18):833-839.
54. Walsh JM, Barrett A, Murray D, Ryan J, Moroney J, Shannon M. The Modified Rivermead Mobility Index: reliability and convergent validity in a mixed neurological population. *Disability and rehabilitation*. 2010;32(14):1133-1139.