Online Appendix 9: Evidence Table, Timed Up and Go Test

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 Up and Go, Chronic Stable Samples							
Hiengkaew et al (2012)[1]	Stroke	I	NA	Test-retest ICC=0.97	MDC=7.84	NT	NT
Ng et al (2005)[2]	Stroke	I	NA	Test-retest ICC=0.95	NT	NT	NT
Timed Up and Go, Chronic Progressive Samples							
Huang et al (2011)[3]	PD Movement disorders clinic	I	NA	Test-retest ICC=0.80	MDC=3.5 MDC%=29.8%	NT	NT
Nilsagard et al (2007)[4]	MS EDSS 3 to 6	I	NA	Test-retest ICC=0.98	SDC=-24 % (improvement) and (decline) +31%	NT	NT
Paul et al (2011)[5]	PD Hoehn & Yahr mean 2.0	I	NA	Test-retest ICC=0.97	SEM=0.8	NT	NT
Quinn et al (2013)[6]	HD Various stages	I	NA	Test-retest ICC=0.93 to 0.97	MDC=pre manifest HD: 1.34; manifest HS: 2.98; early stage HD: 2.97; middle stage HD: 3.49; late stage HD: 2.58	NT	NT
Steffen et al (2008)[7]	PD Hoehn & Yahr median 2.0	I	NA	Test-retest ICC=0.85	MDC=11	NT	NT
Stolwijk-Swuste et al (2008)[8]	Post-poliomyelitis	I	NA	Test-retest ICC=0.96	SDC=2.4 sec	NT	NT
Timed Up and Go, Mixed Acute and Chronic Stable							
Knorr et al (2010)[9]	Stroke	I	NA	NT	NT	4.5%	22.7%

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
	1st data collection at avg 3.3 months and 2nd at 8.2 months post-stroke						

1.   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):1201-8.

2.   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):1641-7.

3.   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):114-21.

4.   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):105-14.

5.   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):639-42.

6.   Quinn L, Khalil H, Dawes H, Fritz NE, Kegelmeyer D, Kloos AD 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):942-56.

7.   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):733-46.

8.   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):387-94.

9.   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):890-6.