

## Step Test (ST)

Measures lower extremity function, dynamic balance and proprioception.

### Phases

Pre-op  
Post-acute  
Active living



ICF  
Body function  
Activity



Time  
Less than 5 mins



### Equipment

Step 7.5cm high<sup>1</sup>(some studies use higher steps of 12-23cm), stop watch, masking tape to mark 5cm



## Quality



### Validity

*Concurrent:* TKA: Good correlation with TUG ( $r=-0.69$ ) & 10m walk test ( $r=0.67$ ).<sup>3</sup> THA: Good correlation with TUG for right ( $r=0.65$ ) & left ( $r=-0.81$ ) leg<sup>4</sup>



### Reliability

*Intrarater (test-retest):* TKA: Excellent ( $ICC=0.90$ )<sup>3</sup>; THA for right leg ( $ICC=0.91$ ) & left leg ( $ICC=0.85$ )<sup>4</sup>; Hip OA: Excellent ( $ICC=0.91$ )<sup>4</sup>  
*Interrater:* Hip OA: ( $ICC=0.94$ )<sup>5</sup>



### Responsiveness

No evidence found



### Floor/ceiling effects

No evidence found



### Feasibility

Quick & simple with minimal equipment/space required.



## Instructions

Count the maximum number of times patient can place flat foot on step & back down in 15 secs. Use same step height across test sessions. Test on both sides. See 'Relevant links' for detailed instructions.

**Scoring:** Number of times individual can place one foot onto and back down from a step in 15 secs.<sup>2</sup>



## Interpretation

**Direction:** Greater number of repetitions = better performance

**SEM:** TKA: SEM=0.76 steps (height not specified) 30-mos post-op.<sup>3</sup> THA: SEM<sub>95</sub>=0.37 (right) & 0.55 (left) steps (7.5cm height) 6-mos post-op.<sup>4</sup>

**Hip OA:** SEM ranged from 1.06-1.37 steps (15cm height).<sup>5</sup>

**MDC<sub>95</sub>:** TKA: 2.11 steps (height not specified) 3-mos post-op<sup>3</sup>; THA: 1.02 steps (right) & 1.52 (left) steps (7.5cm height) 6-mos post-op<sup>4</sup>; Hip OA: 3 steps (7.5cm height)<sup>4</sup>

**MCID:** No evidence found

**Normative/Reference values:** Among 456 community-dwelling Australian women 20-80-yrs old, mean right leg step test on 8.5cm step= 20.71(0.48) to 13.73(0.34) repetitions in youngest & oldest groups respectively.<sup>6</sup>

**Cut points or thresholds:** No evidence found

**PASS:** No evidence found



## Other

**Key messages:** Provisionally recommended. Relevant to knee/hip TJA and OA with some evidence available for interpreting results for these populations. Clinically feasible.

**Virtual administration:** ICC between in-person & virtual testing good, noting step height varied as done in participant's home (0.75 R, 0.79 L).<sup>7</sup>



## Relevant Links

[Virtual administration \(Centre for Health, Exercise and Sports Medicine, University of Melbourne\)](#)<sup>1</sup>

[Video \(TJAOM Toolkit Update Team\)](#)



## References

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2. Hill K, Bernhardt J, et al. A new test of dynamic standing balance for stroke patients: Reliability, validity and comparison with healthy elderly. Physiother Can. 1996;48:257-62. <https://doi.org/10.3138/ptc.48.4.257>
3. Eymir M, Yuksel E, et al. Reliability, validity and minimal detectable change of the Step Test in patients with total knee arthroplasty. Ir J Med Sci. 2022;191(6):2651-6. PMID: [35022951](https://pubmed.ncbi.nlm.nih.gov/35022951/)
4. Özden F, Coşkun G, et al. The test-retest reliability and concurrent validity of the five times sit to stand test and step test in older adults with total hip arthroplasty. Exp Gerontol. 2020;142:111143. PMID: [33157185](https://pubmed.ncbi.nlm.nih.gov/33157185/)
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6. Isles RC, Low Choy NL, et al. Normal values of balance tests in women aged 20-80. J Am Geriatr Soc. 2004;52:1367-72. <https://agsjournals.onlinelibrary.wiley.com/doi/full/10.1111/j.1532-5415.2004.52370.x?sid=nlm%3Apubmed>
7. Lawford BJ, Dobson F, et al. Clinician-administered performance-based tests via telehealth in people with chronic lower limb musculoskeletal disorders: Test-retest reliability and agreement with in-person assessment. J Telemed Telecare. 2022:1357633X221137387. PMID: [36451551](https://pubmed.ncbi.nlm.nih.gov/36451551/)

