

**STEP TEST: AN EXPERIENCE REPORT ON TEACHING RESPIRATORY
PHYSIOTHERAPY***TESTE DO DEGRAU: RELATO DE EXPERIÊNCIA NO ENSINO DA FISIOTERAPIA
RESPIRATÓRIA**PRUEBA DEL ESCALÓN: RELATO DE EXPERIENCIA EN LA ENSEÑANZA DE LA
FISIOTERAPIA RESPIRATORIA**TEST DE L'ESCALIER : RETOUR D'EXPERIENCE DANS L'ENSEIGNEMENT DE
LA KINESITHERAPIE RESPIRATOIRE*

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Abstract: Physiotherapy education requires teaching strategies that foster the integration of theoretical knowledge and clinical practice, particularly in courses involving functional assessment and clinical reasoning. In this context, this study aims to report the experience of Physiotherapy students during a practical assessment class in the Respiratory Physiotherapy course, utilizing the Six-Minute Step Test (6MST). This is an experience report conducted at the UNIFANOR WYDEN University Center during the first semester of 2026, involving students enrolled in the aforementioned course. The activity was structured collaboratively, with students divided into groups responsible for performing the test, monitoring participants, recording data, and managing the protocol. The 6MST was selected because it is a simple, low-cost tool widely used to assess the functional capacity of individuals with cardiorespiratory limitations. Data collected included anthropometric measurements, physical activity habits, the presence of chronic diseases, vital signs, and subjective perception of exertion (using the Borg Scale). Results showed active student participation throughout all stages of the activity, fostering the development of skills related to physiotherapeutic assessment, clinical monitoring, data interpretation, and teamwork. An increase in heart rate and perceived exertion was observed in all participants—physiological responses consistent with the test's intensity—with no adverse clinical events. Although some students initially struggled to apply the predictive formula used to calculate 6MST reference values, faculty guidance enabled a proper understanding of the protocol. Regarding functional performance, all participants achieved satisfactory results, with values close to or exceeding those predicted for their individual characteristics. The experience gained is considered to have enabled the application of theoretical knowledge regarding the assessment of functional capacity and the monitoring of physiological responses to exercise through the performance of the 6-minute walk test (6MWT). It is recommended that further experiences and studies be conducted within the context of Physiotherapy education—incorporating systematic learning assessment strategies—to more objectively investigate the contributions of practical activities to the development of professional competencies.

Keywords: Respiratory Physiotherapy, Teaching, Exercise Test, Physiotherapy Modalities.

Resumo: A formação em Fisioterapia demanda estratégias de ensino que favoreçam a integração entre conhecimento teórico e prática clínica, especialmente em disciplinas que envolvem avaliação funcional e raciocínio clínico. Nesse contexto, o presente estudo tem como objetivo relatar a experiência vivenciada por estudantes do curso de Fisioterapia durante uma aula prática sobre avaliação, realizada na disciplina de Fisioterapia Respiratória, por meio da aplicação do Teste do Degrau de Seis Minutos (TD6). Trata-se de um relato de experiência desenvolvido no Centro Universitário UNIFANOR WYDEN, durante o primeiro semestre de 2026, com a participação de acadêmicos matriculados na referida disciplina. A atividade foi estruturada de forma colaborativa, com os estudantes divididos em grupos responsáveis pela execução do teste, monitorização dos participantes, registro dos dados e controle do protocolo. O TD6 foi utilizado por ser um instrumento simples, de baixo custo e amplamente empregado na avaliação da capacidade funcional de indivíduos com limitações cardiorrespiratórias. Foram coletados dados antropométricos, informações sobre prática de atividade física, presença de doenças crônicas, sinais vitais e percepção subjetiva de esforço por meio da Escala de Borg. Os resultados demonstraram participação ativa dos estudantes durante todas as etapas da atividade, favorecendo o desenvolvimento de habilidades relacionadas à avaliação fisioterapêutica, monitorização clínica, interpretação de dados e trabalho em equipe. Observou-se aumento da frequência cardíaca e da percepção de esforço em todos os participantes, respostas fisiológicas compatíveis com a intensidade do teste, sem ocorrência de intercorrências clínicas. Embora alguns estudantes tenham apresentado dificuldades iniciais na aplicação da fórmula preditiva utilizada para o cálculo dos valores de referência do TD6, o acompanhamento docente possibilitou a compreensão adequada do protocolo. Em relação ao desempenho funcional, todos os participantes alcançaram resultados classificados como satisfatórios, com valores próximos ou superiores aos previstos para suas características individuais. Considera-se que a experiência vivenciada permitiu a aplicação dos conhecimentos teóricos relacionados à avaliação da capacidade funcional e à monitorização das respostas fisiológicas ao exercício, por meio da realização do TD6. Recomenda-se a realização de novas experiências e estudos no contexto da formação em Fisioterapia, com estratégias sistemáticas de avaliação da aprendizagem, a fim de investigar de maneira mais objetiva as contribuições das atividades práticas para o desenvolvimento das competências profissionais.

Palavras-chave: Fisioterapia Respiratória, Ensino, Teste de Esforço, Modalidades de Fisioterapia.

Resumen: La formación en Fisioterapia requiere estrategias de enseñanza que favorezcan la integración entre el conocimiento teórico y la práctica clínica, especialmente en asignaturas que implican evaluación funcional y razonamiento clínico. En este contexto, el presente estudio tiene como objetivo relatar la experiencia vivida por estudiantes de la carrera de Fisioterapia durante una clase práctica sobre evaluación, realizada en la asignatura de Fisioterapia Respiratoria, mediante la aplicación de la Prueba de Escalón de Seis Minutos (TD6). Se trata de un relato de experiencia desarrollado en el Centro Universitario UNIFANOR WYDEN, durante el primer semestre de 2026, con la participación de estudiantes matriculados en dicha asignatura. La actividad se estructuró de forma colaborativa, dividiendo a los estudiantes en grupos responsables de la ejecución de la prueba, la monitorización de los participantes, el registro de datos y el control del protocolo. Se utilizó la TD6 por ser un instrumento sencillo, de bajo costo y ampliamente empleado en la evaluación de la capacidad funcional de individuos con limitaciones cardiorrespiratorias. Se recopilaron datos antropométricos, información sobre la práctica de actividad física, presencia de enfermedades crónicas, signos vitales y la percepción subjetiva del esfuerzo mediante la Escala de Borg. Los resultados demostraron una participación activa de los estudiantes durante todas las etapas de la actividad, favoreciendo el desarrollo de habilidades relacionadas con la evaluación fisioterapéutica, la monitorización clínica, la interpretación de datos y el trabajo en equipo. Se observó un aumento de la frecuencia cardíaca y de la percepción del esfuerzo en todos los participantes —respuestas fisiológicas compatibles con la intensidad de la prueba— sin que se produjeran complicaciones clínicas. Aunque algunos estudiantes presentaron dificultades iniciales en la aplicación de la fórmula predictiva utilizada para calcular los valores de referencia de la TD6, el acompañamiento docente permitió una comprensión adecuada del protocolo. En cuanto al desempeño funcional, todos los participantes obtuvieron resultados clasificados como satisfactorios, con valores cercanos o superiores a los previstos para sus características individuales. Se considera que la experiencia vivida permitió aplicar los conocimientos teóricos relacionados con la evaluación de la capacidad funcional y la monitorización de las respuestas fisiológicas al ejercicio, mediante la realización del TD6. Se recomienda llevar a cabo nuevas experiencias y estudios en el contexto de la formación en Fisioterapia, con estrategias sistemáticas de evaluación del aprendizaje, a fin de investigar de manera más objetiva las contribuciones de las actividades prácticas al desarrollo de las competencias profesionales.

Palabras clave: Fisioterapia respiratoria, Enseñanza, Prueba de esfuerzo, Modalidades de fisioterapia.

Résumé: La formation en kinésithérapie nécessite des stratégies pédagogiques favorisant l'intégration des connaissances théoriques et de la pratique clinique, en particulier pour les matières impliquant l'évaluation fonctionnelle et le raisonnement clinique. Dans ce contexte, la présente étude vise à rendre compte de l'expérience vécue par des étudiants en kinésithérapie lors d'un cours pratique sur l'évaluation, dispensé dans le cadre de l'unité d'enseignement de kinésithérapie respiratoire, au moyen du test de montée de marche de six minutes (TD6). Il s'agit d'un récit d'expérience réalisé au Centre universitaire UNIFANOR WYDEN au cours du premier semestre 2026, avec la participation d'étudiants inscrits à ladite matière. L'activité a été structurée de manière collaborative : les étudiants ont été répartis en groupes chargés de la réalisation du test, de la surveillance des participants, de l'enregistrement des données et du respect du protocole. Le TD6 a été choisi car il s'agit d'un instrument simple, peu coûteux et largement utilisé pour évaluer la capacité fonctionnelle des personnes présentant des limitations cardio-respiratoires. Des données anthropométriques, des informations sur la pratique d'une activité physique, la présence de maladies chroniques, les signes vitaux ainsi que la perception subjective de l'effort (via l'échelle de Borg) ont été recueillis. Les résultats ont mis en évidence une participation active des étudiants à toutes les étapes de l'activité, favorisant le développement de compétences liées à l'évaluation kinésithérapique, à la surveillance clinique, à l'interprétation des données et au travail d'équipe. Une augmentation de la fréquence cardiaque et de la perception de l'effort a été observée chez tous les participants ; ces réponses physiologiques étaient cohérentes avec l'intensité du test, sans survenue d'incident clinique. Bien que certains étudiants aient rencontré des difficultés initiales dans l'application de la formule prédictive utilisée pour calculer les valeurs de référence du TD6, l'encadrement par les enseignants a permis une bonne compréhension du protocole. Concernant la performance fonctionnelle, tous les participants ont obtenu des résultats jugés satisfaisants, avec des valeurs proches ou supérieures à celles attendues compte tenu de leurs caractéristiques individuelles. L'expérience vécue a permis de mettre en pratique les connaissances théoriques relatives à l'évaluation de la capacité fonctionnelle et au suivi des réponses physiologiques à l'exercice, par le biais du test de marche de 6 minutes (TM6). Il est recommandé de mener de nouvelles expériences et études dans le cadre de la formation en kinésithérapie, en s'appuyant sur des stratégies systématiques d'évaluation de l'apprentissage, afin d'analyser plus objectivement l'apport des activités pratiques au développement des compétences professionnelles.

Mots-clés: Kinésithérapie respiratoire, Enseignement, Épreuve d'effort, Modalités de kinésithérapie.

1 Introduction

Teaching activities in higher education in Physiotherapy are complex and demand a multiplicity of methodological strategies (*World Physiotherapy*, 2021; 2022). For more effective educational actions, the literature points to the need for active methodologies that engage students, putting them in a “hands-on” role and accepting them as active collaborators in the construction of knowledge (Sanglard *et al.*, 2022). In the context of Respiratory Physiotherapy — a specialty recognized and regulated by COFFITO that covers cardiorespiratory prevention, treatment and rehabilitation (Resolution No. 188/1998) — this transition from theory to practice proves essential for the development of clinical reasoning.

At the higher education institution where the experience took place, the Respiratory Physiotherapy course adopts Problem-Based Learning (PBL), a pedagogical strategy that fosters students' active participation in the construction of knowledge based on problem situations related to professional training (Gonçalves; Gonçalves; Gonçalves, 2020; Lavres *et al.*, 2024). In this context, as a teaching strategy for the content of Assessment in Respiratory Physiotherapy, the instructor conducted a practical class with the resources needed to perform functional tests, including the Six-Minute Step Test (6MST), seeking to link theoretical knowledge to the students' practical experience.

This test covers the assessment of physical capacity, considered as important as the assessment of lung function alone in individuals with chronic dysfunctions (Andrade *et al.*, 2012). Traditionally, this capacity is assessed by maximal or submaximal exercise tests. Although incremental tests with gas exchange are the gold standard for determining training loads, financial and structural limitations often call for alternatives that are viable for both the clinic and the teaching environment.

Therefore, the use of a step as an ergometer emerges as a highly effective solution, combining ease of access with clinical relevance. Historically, the use of a step to assess physical capacity was first described in the early twentieth century by Master and Oppenheimer (1929) and, since then, several protocols have been developed (Andrade *et al.*, 2012). It is a readily available, inexpensive and portable field test. The relevance and robustness of this tool are evidenced by recent studies, such as the validation of the six-minute step test (6MST) in patients with interstitial lung disease, which showed it to be a reproducible, safe instrument that is sensitive to exercise-induced oxygen desaturation.

This research aims to report an experience with Physiotherapy students enrolled in the Respiratory Physiotherapy course, based on a practical class in which the 6-minute step test (6MST) was applied.

2 Methodology

This is a descriptive experience report, whose methodological organization was based on the description of the stages of the activity and on critical reflection about the contributions of the practice to the teaching-learning process.

The study was carried out at Centro Universitário FANOR WYDEN in the first semester of 2026, with 12 students present in the Respiratory Physiotherapy class, addressing learning topic 2 of the course syllabus, which emphasizes assessment tests in respiratory physiotherapy. Of this total, four students actually performed the Six-Minute Step Test (6MST), acting as participants undergoing functional assessment, while the others took part in the activity in related roles: four to time and monitor the test, and the remaining four to take notes and count the steps on the step.

In the Respiratory Physiotherapy course at this higher education institution, practical classes are developed with the active participation of the students and under the guidance of the instructor, together with the teaching assistant.

The 6MST was chosen because it is included in the course's theoretical material, available on the student's individual study platform (Virtual Classroom – SAVA), as a component of learning on this topic of assessing the patient with lung disease.

Before the practice began, the instructor explained to the students that the 6MST is a practical tool for monitoring exercise tolerance and functional capacity, planning rehabilitation programs and following the progress of patients with cardiorespiratory or musculoskeletal limitations. It is a simple, low-cost test that can be applied in clinics, hospitals and rehabilitation programs.

Performing the 6MST consists of stepping up and down a step for 6 minutes at a self-selected pace, counting the number of steps taken. It is a submaximal test with high metabolic demand, used both in healthy individuals and in patients with heart or lung diseases. The test must be stopped immediately if the patient presents chest pain, intolerable dyspnea, sweating, pallor, dizziness and/or cramps.

For this study, the instructor prepared an assessment form to be filled out on the day of the practice, containing: identification data (initials of the name, age); anthropometric measurements (abdominal circumference, height and weight); and two questions: the first, whether the participant has a chronic disease and, if so, which one; and the second, whether the participant practices physical activity and, if so, which one and how often, since these data are important to determine the reference value of the test and may influence test performance.

The assessment form also included a table for recording vital signs (Heart Rate, peripheral oxygen saturation – SatO₂, *Borg* for Dyspnea and *Borg* for lower limbs), and

two spaces: one to record the number of times the step was climbed during the test and another to describe observations (Figure 1).

Figure 1 – Research instrument for data collection in the Step Test (6 minutes)

TESTE DO DEGRAU 6'

Iniciais: _____ tem doença crônica? _____

Atividade física? () Não () Sim Se sim, Qual? _____

Frequência? _____

IDADE: _____ CIRCUNFERÊNCIA ABDOMINAL cm _____

Altura: _____

	FC	SpO2	BORG Dispneia	BORG MMII	Degrau
Basal					
1 min					
2 min					
3 min					
4 min					
5 min					
6 min					
5 min após					

Observações ☐

Source: Authors' own work, 2026.

In this practical class, the group of students was divided into four groups, and each group applied an assessment test covered in the course's theoretical material.

The 6MST group consisted of 12 students; of this total, four students actually performed the Six-Minute Step Test (6MST), acting as participants undergoing functional assessment, while the others took part in the activity in related roles: four to time and monitor the test, and the remaining four to take notes and count the steps on the step. In this way, the 12 students were involved in the didactic-pedagogical experience, although only four performed the test as assessed participants.

The following materials were required: printed *Borg* dyspnea scales (Figure 2), printed encouragement phrases for verbal *feedback* during the test and to keep the encouragement uniform, an EVA STEP with a 14 cm step, a scale, a measuring tape, an armless chair, a stopwatch (a *smartphone*) and a pulse oximeter.

Figure 2 – Borg scale for perceived exertion in an aerobic test



Source: BORG, 1998.

To estimate the predicted number of steps in the Six-Minute Step Test (6MST), predictive equations described by Arcuri *et al.* (2016) were used, which consider age and abdominal circumference, with specific equations for men and women.

For the general population

$$\text{Men} = 263.17 - (0.876 \times \text{age}) - (0.585 \times \text{abdominal circumference in cm})$$

$$\text{Women} = 222.09 - (0.876 \times \text{age}) - (0.585 \times \text{abdominal circumference in cm})$$

After calculating the reference value for each student who would take the test, the test began.

Based on the values found after the test, functional capacity was classified as satisfactory (greater than or equal to 80%), functional capacity with mild impairment (70 to 79%), functional capacity with moderate impairment (50 to 69%) and functional capacity with severe impairment (less than 50%).

The data for the results of this experience report were collected quantitatively according to the notes on the research instrument during the practical class.

For the use of the data in the preparation of the experience report, ethical principles related to voluntary participation, respect for autonomy, privacy and confidentiality of the students' information were considered. The use of the data for scientific purposes took place after the participants were informed about the objectives of the study and the pertinent consent was obtained, in addition to compliance with the ethical requirements applicable to research involving human beings. The data are presented without individual identification of the participants, preserving their privacy and avoiding any academic harm arising from the decision to take part or not in the research.

3 Results and discussion

As for the observed results, the 12 students participated actively in the practical activity, and the strategic division into specific roles favored the organization and efficient

execution of the activity. The four students who performed the test remained focused on the instructions given, while the other four took part in timing and monitoring the participants, ensuring greater control and precision during the application of the 6MST. The remaining four students, equipped with the printed assessment form, recorded the information collected, counted the steps on the step and delivered the motivational phrases at each minute of the test, contributing to the systematization of the data obtained and shown below in this section.

It was also noticed that the distribution of tasks promoted the development of competencies related to teamwork, clinical observation, data recording and the application of functional assessment instruments. In addition, the dynamic adopted favored the integration between theory and practice, allowing students to understand the importance of each stage of the assessment process and the need for collaborative action to obtain reliable results.

As a result of this experience report, Table 1 presents the results of the identification data, of the questions related to chronic disease, and of the physical activity of the 6MST participants.

Table 1 – Breakdown of the research instrument results for each participating student

PARTICIPANTS	GENDER	AGE	PHYSICAL ACTIVITY?	CHRONIC DISEASE?
P1	Female	21a	No	No
P2	Male	22 a	Yes (FitDance)	No
P3	Female	22a	No	No
P4	Female	19 a	Yes (resistance training)	No

Source: Research data, 2026.

It can be seen that 75% (N=3) were female, with a mean age of 21 years, of whom 50% (N=2) practiced physical activity (namely, resistance training and *FitDance*) and no participant had a chronic disease.

Table 2, in turn, shows the abdominal circumference values and the reference values calculated for each test participant after applying the equation: Men = $263.17 - (0.876 \times \text{age}) - (0.585 \times \text{abdominal circumference in cm})$; Women = $222.09 - (0.876 \times \text{age}) - (0.585 \times \text{abdominal circumference in cm})$.

Table 2 – Reference values of the 6MST participants

PARTICIPANTS	ABDOMINAL CIRCUMFERENCE	INDIVIDUAL REFERENCE VALUE
P1	79 cm	157 steps
P2	122 cm	172 steps
P3	79 cm	156 steps
P4	67 cm	168 steps

Source: Authors' own work, 2026.

During the calculation of the 6MST reference value, it was observed that some of the students had difficulty applying the predictive equation, especially in correctly

substituting the variables for age and abdominal circumference, as well as in performing the mathematical calculations needed to obtain the final result. Doubts were identified regarding the interpretation of the equation and the sequence of mathematical operations, requiring additional guidance from the instructor and the teaching assistant to ensure the correct determination of the individual reference values.

Despite these initial difficulties, the students were able to perform the calculations after clarification and support, allowing the activity to proceed and the test to be carried out according to the established protocol. The situation highlighted the importance of reinforcing content related to the interpretation of equations and the analysis of quantitative data in the context of physiotherapeutic assessments.

Olsen *et al.* (2013) report that physiotherapy students, because they are still developing clinical reasoning and evidence-based practice, often have limitations in using and interpreting quantitative information and need guidance to apply theoretical concepts in practical situations. The authors emphasize that the support of instructors and supervisors is a fundamental element in consolidating these competencies.

Similarly, studies on barriers to evidence-based practice among physiotherapy students indicate that understanding statistical analyses, interpreting data and applying scientific knowledge are among the main difficulties encountered during undergraduate studies. In this context, supervised practical activities favor the development of these skills, allowing students to relate mathematical and statistical concepts to the physiotherapeutic assessments performed in clinical practice (Kumar *et al.*, 2021).

Table 3 presents the results of the vital signs collected during the 6MST: HR, SatO₂ and the *Borg* Scale measured during the 6MST.

Table 3 – Variation in vital signs and subjective measurement on the *Borg* Scale

PARTICIPANTS	▲HR	▲SatO ₂	▲Borg Lower limbs	▲Borg Dyspnea
P1	▲79- 128 bpm	▲98%- 99%	▲0-6	▲0-6
P2	▲81-122 bpm	▲99% - 91%	▲0-5	▲0-5
P3	▲67- 100 bpm	▲99% - 99%	▲0-7	▲0-7
P4	▲61 – 102 bpm	▲98% - 92%	▲0-5	▲0-5

Source: Research data, 2026.

An increase in HR was observed in all participants over the course of the test, showing the physiological response expected to physical exertion. Participant P1 showed a rise from 79 to 128 bpm, while P2 ranged from 81 to 122 bpm. Participants P3 and P4 showed an increase from 67 to 100 bpm and from 61 to 102 bpm, respectively.

Regarding SatO₂, participants P1 and P3 maintained stable values during the test, whereas participants P2 and P4 showed a reduction in SatO₂, from 99% to 91% and from 98% to 92%, respectively. A heterogeneous response was therefore observed among the participants. While P1 and P3 maintained stable values during the 6MST, P2 showed a reduction from 99% to 91% and P4 showed a reduction from 98% to 92%; these variations deserve attention, since reductions equal to or greater than four percentage points during exertion are described in the literature as compatible with exercise-induced desaturation (Carvalho *et al.*, 2024).

Although the final values of 91% and 92% are not, by themselves, sufficient to establish a diagnosis or determine the cause of the reduction, they highlight the

importance of monitoring SpO₂ during and after the test. The observed response may be related to the physiological demand of the exercise, but it must also be interpreted considering possible interference in the measurement, such as sensor movement, inadequate peripheral perfusion and oximeter signal quality. The Brazilian Guideline on Ergometry in the Adult Population recommends verifying the reliability of the measurements and correlating persistent changes with symptoms and other clinical parameters (Carvalho *et al.*, 2024).

As for perceived exertion, a progressive increase in *Borg* Scale scores for the lower limbs and for dyspnea was observed in all participants. Participant P3 showed the highest perceived exertion, reaching a score of 7 at the end of the test. Participant P1 reached a score of 6, while P2 and P4 reached a score of 5 for both lower-limb fatigue and dyspnea.

Overall, the results show that the 6MST was able to elicit cardiorespiratory and perceptual responses compatible with moderate- to high-intensity exercise, without relevant clinical complications during its execution.

These findings corroborate the results described by Costa *et al.* (2017), who identified a significant increase in heart rate during the 6MST in healthy individuals, showing that the test imposes a considerable cardiorespiratory demand while remaining within safe limits of submaximal exertion.

In addition, the systematic review conducted by Boening *et al.* (2024) concluded that the 6MST is a safe and well-tolerated instrument for assessing functional capacity, with no relevant adverse events reported in the studies analyzed. The authors emphasize that the test produces cardiorespiratory responses suitable for functional assessment and has satisfactory measurement properties for use in clinical and research contexts.

Thus, the increases observed in HR and in *Borg* scores reinforce the ability of the 6MST to provoke the physiological adaptations expected from physical exercise, making it a safe and effective method for assessing functional capacity.

Table 4 shows the reference values, the number of steps taken in the 6MST and the percentage classification after the application of the 6MST.

Table 4 – Breakdown of reference values, number of steps taken in the 6MST and percentage classification

PARTICIPANTS	INDIVIDUAL REFERENCE VALUE	STEPS IN THE 6MST	FUNCTIONAL CAPACITY CLASSIFICATION % of predicted
P1	157 steps	165	105.1% satisfactory
P2	172 steps	170	98.8% satisfactory
P3	156 steps	162	103.8% satisfactory
P4	168 steps	176	104.7% satisfactory

Source: Research data, 2026.

Based on the data shown in the table above, most participants performed above the reference value predicted for their individual characteristics in the 6MST. Participant P2 performed slightly below the reference value, taking 170 steps against the 172 steps predicted, which corresponded to 98.8% of the expected value. However, this result remained within the range considered satisfactory.

Overall, all participants obtained a satisfactory classification, with percentages ranging from 98.8% to 105.1% of the predicted value. These findings suggest adequate

functional capacity and good performance of the students assessed during the execution of the 6MST, with results close to or above the reference values estimated for the group.

4 Final considerations

It is considered that the experience with Physiotherapy students during the practical class on Assessment in Respiratory Physiotherapy allowed the application of theoretical knowledge on the assessment of functional capacity and the monitoring of physiological responses to exercise through the Six-Minute Step Test (6MST).

During the activity, stages related to measuring vital signs, applying the protocol, recording the data and interpreting the results were carried out. The initial difficulties observed in performing the predictive calculations and in analyzing some parameters showed the need for faculty support and guidance during the execution of the test. The organization of tasks among the participants also provided an opportunity to practice teamwork and clinical reasoning in the context of practical teaching.

As for the quantitative data, an increase in heart rate and in perceived exertion was observed in the participants assessed. Regarding peripheral oxygen saturation (SpO₂), two participants showed a reduction between pre- and post-test values, reaching final values of 91% and 92%, respectively, which reinforces the importance of monitoring and carefully interpreting physiological responses to exertion. Considering the classification based on predicted values, all participants assessed showed functional performance corresponding to more than 80% of the predicted value. However, these findings should be interpreted with caution, owing to the small number of participants and the characteristics of the population assessed.

It is concluded that the activity was an opportunity to integrate theory and practice in the teaching of Respiratory Physiotherapy, allowing students to experience stages of the functional assessment process and to identify aspects that require attention in the application and interpretation of the 6MST. Further experiences and studies in the context of Physiotherapy education are recommended, with systematic strategies for assessing learning, in order to investigate more objectively the contributions of practical activities to the development of professional competencies.

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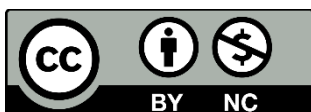
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