

The 3-m Backwards Walk (3MBW)

Purpose: measures the ability to walk backwards and assists in the evaluation of fall risk

Protocol

1. Measure a distance of 3 meters and mark with a black tape.
2. Ask patient to align their heels with the black tape.
3. Instruct patient to walk backwards as quickly, but as safely as possible when signaled to "go."
4. Stop patient when they reach 3 meters.
5. Tell patient they cannot run, and they are permitted to look behind them if they desire to.
6. The examiner walks backward with the participant to ensure safety.
7. Complete 3 trials, with the average of all 3 recorded.

Performance Standards

Values below 3.5 s suggest minimal risk, while exceeding 5.5 s could signal greater vulnerability, albeit with predictive limitations.

The optimal cut-off point was identified at 5.5 s (sensitivity: 59.5%; specificity: 68.6%), while a threshold of <3.5 s yielded high sensitivity (98%) but low specificity, supporting its use in fall risk screening.

A cut-off point below 3.5 s shows high sensitivity but low specificity, making it useful to identify individuals at higher risk of falling, despite the risk of false positives. In settings where it is crucial to detect the highest number of individuals at risk, a cut-off point of 3.5 s identifies 98% of positive cases, albeit with a high false positive rate.

Polo-Ferrero et al., 2025

References

Carter V, Jain T, James J, Cornwall M, Aldrich A, de Heer HD. The 3-m Backwards Walk and Retrospective Falls: Diagnostic Accuracy of a Novel Clinical Measure. *J Geriatr Phys Ther.* 2019 Oct/Dec;42(4):249-255. doi: 10.1519/JPT.000000000000149. PMID: 29095771.

Polo-Ferrero L, Torres-Alonso J, Sánchez-Sánchez MC, Puente-González AS, Barbero-Iglesias FJ, Méndez-Sánchez R. The Predictive Capacity of the 3-Meter Backward Walk Test for Falls in Older Adults: A Case-Control Analysis. *J Funct Morphol Kinesiol.* 2025 Apr 30;10(2):154. doi: 10.3390/jfmk10020154. PMID: 40407438; PMCID: PMC12101408.