Test name	Instructions	Validity
[PRIMARY OUTCOME] *The 6 minutes walk test (6MWT)*	To summarize, patients are instructed to walk, not run, as far as they could along a 20-m level surface track during a 6-minute period. This shorter distance has been validated for children in order to be more focused on the task. They could use their usual walking aids. After each minute, participants are told the elapsed time and standardized encouragement is provided. Patients are allowed to stop and rest during the test but are instructed to resume walking as soon as they feel able to do so. The stopwatch is not stopped during this time. The 6MWT distance (in meters) is registered. Measured 6MWT distance could be compared with normative values for children with CP. It is recommended to monitor heart rate during the 6MWT.	In population of children with CP, test/retest reliability is excellent for distance output (ICC=0.98). The 6MWT is poorly related to VO2 peak in ambulatory adolescents and young adults with CP. The 6MWT is a more suitable measure of walking capacity than peak cardiopulmonary fitness in children with CP. The 6MWT outcome appears to be more strongly influenced by potential limits to walking speed rather than cardiopulmonary fitness.
[SECONDARY OUTCOME] *Muscle power sprint test (MPST)*	The 15-m distance is marked by 2 lines taped to the floor. Cones are placed at the end of each of the lines. Participants are instructed to walk as fast as possible from one line to the other, and to be sure to cross each line. Between each run, participants are allowed to rest for 10 seconds before turning around to allow them to prepare for the following sprint. Children should be encouraged to give maximal effort. The following variables are calculated for each of the 6 sprints: velocity (m/s) = distance/time, acceleration (m/s2) = velocity/time, force (kg/s2) = body mass × acceleration, and power (watts) = force × velocity. Anaerobic performance is defined as peak and mean power. Peak power (PP) is the highest power of 6 sprints and mean power (MP) is the average over 6 sprints.	The MPST is a valid test to assess the anaerobic performance in children with CP, significant correlations between the performance on these tests for both PP and MP were found. (PP: r = 0.731 ; MP: r = 0.903). Standard error of measurement (SEM), minimal detectable change (MDC) and normative data are available in Verschuren et al. The children with CP had impaired anaerobic performance as it was lower than that of their peers.
[SECONDARY OUTCOME] *10-meters Shuttle Run Test (SRT)*	Description of the test is available here : “The course is 10 metres long; the end is marked with 2 cones and measuring tape. Subjects should wear regular sports clothing and shoes, and orthoses, if applicable. Each child should also wear a heart rate monitor. Children walk or run between the 2 markers at a set incremental speed. These runs are synchronised with a pre-recorded sound. (…) As the test proceeds, the interval between each successive beep reduces, forcing the child to increase speed over the course of the test, until it is impossible to keep in sync with the recording.” We have developed a mobile application that beeps at regular intervals, indicates the time spent and allows the assessor to increment the number of shuttles made by the child.	The SRT is a valid and reliable test. Test-retest is excellent (ICC=0.99) and high correlations were found for the relationship between data for both shuttle run tests and data for the treadmill test (r=0.96).
[SECONDARY OUTCOME] *Physical Activity Enjoyment Scale (PACES)*	This is a 5-point Likert scale (from 1- I totally disagree to 5- I totally agree). A translation procedure from English to French language has been made using guidelines (figure).	The PACES is a valid and reliable measure of physical activity enjoyment.