

Table SI. Home-based supervised exercise vs "go home and walk advice": Outcome variable: Maximum walking distance

Author, year	Country	Study design	Number of Withdrawals- patients dropouts	Result			Comments	Directness*	Study limitations*	Precision*
				Intervention	Control	Number of patients				
Collins et al., 2011 (32)	USA	RCT	n=145 I=72 CI=73	MWD at 6 months: Δ +39.2 (SE 19.6) m +24.5 (se 19.6) m	MWD at 6 months: Δ +39.2 (SE 19.6) m ns between-groups	Patients with PAD + diabetes. HET vs "standard care" (=no formal training advice) Outcome retrieved by graded treadmill testing (Gardner protocol)	+	?/-	?/+	
Gardner et al., 2011 (17)	USA	RCT	n=79 I=40 CI=39	PWT at 3 months: Δ -10 (SD 176) s Δ +124 (SD 193) s	PWT at 3 months: Δ -10 (SD 176) s p<0.05 between-groups	Three study arms (SET, HET, "standard care") Outcome retrieved by during graded treadmill protocol (Gardner protocol)	+	+	-	
Manfredini et al., 2008 (31)	Italy	Non-randomized controlled study	n=143 I=74 CI=52	ACD at 6 months: Δ +83 m	ACD at 6 months: Δ +44 m p=0.0001, between-groups	Outcome: absolute claudication distance. Monthly check-ups at hospital in home-based SET Outcome retrieved during graded treadmill testing (constant speed)	?	?/-	?	

CI: comparison, "go home and walk advice"; I: intervention; ACD: absolute claudication distance; HET: home-based supervised exercise; MWD: maximum walking distance; PWT: peak walking time; SET: supervised hospital-based exercise; ns: not significant; PAD: peripheral atherosclerotic disease.

Table SII. Home-based supervised exercise vs "go home and walk advice": Outcome variable: pain-free walking distance

Author, year	Country	Study design	Number of patients dropouts	Result			Comments	Directness*	Study limitations*	Precision*
				Intervention	Control	Number of patients				
Collins et al., 2011 (32)	USA	RCT	n=145 I=72 CI=73	ICD at 6 months: Δ +66.7 (SE 12.0) m	ICD at 6 months: Δ +52.3 m (SE 23.6) ns between-groups	Patients with PAD + diabetes. HET vs "standard care" (=no formal training advice) Outcome retrieved by graded treadmill testing (Gardner protocol)	+	?/-	?/+	
Gardner et al., 2011 (17)	USA	RCT	n=79 I=40 CI=39	COT at 3 months: Δ -16 (SD 125) s +134 (SD 197) s	COT at 3 months: Δ -16 (SD 125) s p<0.05 between-groups	Three study arms (SET, HET, "standard care") Outcome retrieved by during graded treadmill protocol (constant speed)	+	+	-	
Manfredini et al., 2008 (31)	Italy	Non-randomized controlled study	n=143 I=74 CI=52	ICD at 6 months: Δ +51 m	ICD at 6 months: Δ +27 m p<0.001 between-groups	Monthly check-ups at hospital in home-based SET Outcome retrieved during graded treadmill testing (constant speed)	?	?/-	?	

CI: comparison, "go home and walk advice"; I: intervention; COT: claudication onset time; HET: home-based supervised exercise; ICD: initial claudication distance; SET: supervised hospital-based exercise; SE: standard deviation; SE: standard error; PAD: peripheral atherosclerotic disease.

Table SIII. Home-based supervised exercise vs "go home and walk advice": Outcome variable: health-related quality of life

Author, year	Country	Study design	Number of patients	Withdrawals-dropouts	Result			Directness*	Study limitations**	Precision**
					Intervention	Control	Comments			
Collins et al., 2011 (32)	USA	RCT	n=145 I=72 CI=73	19	SF-36 mental health domain at 6 months: $\Delta -2.4$ (SE 1.5)	SF-36 mental health domain at 6 months: $\Delta -2.4$ (SE 1.5)	Patients with PAD + diabetes. HET vs "standard care" (=no formal training advice) Outcome retrieved by graded treadmill testing (Gardner protocol)	?	?/-	?/+
Gardner et al., 2011 (17)	USA	RCT	n=79 I=40 CI=39	I=11 CI=9	SF-36 physical function score at 3 months: $\Delta -1$ (SD 17)	SF-36 physical function score at 3 months: $\Delta -1$ (SD 17)	Three study arms (SET, HET, "standard care"); ITT analysis Outcome retrieved by during graded treadmill protocol (constant speed)	+	+	-

CI: comparison, "go home and walk advice"; I: intervention; HET: home-based supervised exercise; SET: supervised hospital-based exercise; SD: standard deviation; SE: standard error; ns: not significant; ITT: intention to treat; PAD: peripheral atherosclerotic disease.

Table SIV. Home-based supervised exercise vs "go home and walk advice": Outcome variable: Walking Impairment Questionnaire (WIQ)

Author, year	Country	Study design	Number of patients	Withdrawals-dropouts	Result			Directness*	Study limitations**	Precision**
					Intervention	Control	Comments			
Collins et al., 2011 (32)	USA	RCT	n=145 I=72 CI=73	19	WIQ subscale walking speed, at 6 months: $\Delta +5.7$ (SE 2.2)	WIQ subscale walking speed, at 6 months: $\Delta -1.9$ (SE 2.8) $p=0.034$ between-groups All other WIQ domain scores, ns between-groups	Patients with PAD + diabetes. HET vs "standard care" (=no formal training advice) Outcome retrieved by graded treadmill testing (Gardner protocol)	?	?/-	?/+
Gardner et al., 2011 (17)	USA	RCT	n=79 I=40 CI=39	I=11 CI=9	WIQ at 3 months Distance score (%): $\Delta 10$ (SD 25) Speed score (%): $\Delta 11$ (SD 22) Stair-climbing score (%): $\Delta 10$ (SD 22)	WIQ at 3 months Distance score (%): $\Delta 1$ (SD 34) ns between-groups Speed score (%): $\Delta 4$ (SD 25) ns between-groups Stair-climbing score (%): $\Delta 3$ (SD 25) ns between-groups	Three study arms (SET, HET, "standard care"); ITT analysis Outcome retrieved by during graded treadmill protocol (constant speed)	+	+	-

CI: comparison, "go home and walk advice"; I: intervention; HET: home-based supervised exercise; SET: supervised hospital-based exercise; WIQ: Walking Impairment Questionnaire; SD: standard deviation; SE: standard error; ns: not significant; ITT: intention to treat; PAD: peripheral atherosclerotic disease.

Table SV. Home-based supervised exercise vs hospital-based supervised exercise Outcome variable: maximum walking distance

Author, year	Country	Study design	n =	Number of patients	With dropouts	Result	Intervention	Control	Comments	Directness*	Study limitations*	Precision*
Gardner et al., 2011 (17)	USA	RCT	n=80 I=40 C2=40	n=80 I=11 C2=7	-	Peak walking time: Baseline: 402 (SD 285) s Post-test: 526 (SD 374) s p<0.01, within-group At 3 months: Δ 124 (SD 193) s	Peak walking time (s): Baseline: 325 (SD 169) s with progressive graded treadmill protocol HET: 3 days/week, duration 20 min increasing 5 min biweekly until a total of 45 min, self-selected pace during 12 weeks. Step activity monitor, logbook feedback on exercise intensity SET: 3 days/week. Duration 15 min increasing 5 min biweekly until a total of 40 min, intermittent treadmill walking to near-maximal pain during 12 weeks. Step activity monitor Outcome variable: peak walking time evaluated ?	Outcome variable: peak walking time evaluated with progressive graded treadmill protocol HET: 3 days/week, duration 20 min increasing 5 min biweekly until a total of 45 min, self-selected pace during 12 weeks. Step activity monitor, logbook feedback on exercise intensity SET: 3 days/week. Duration 15 min increasing 5 min biweekly until a total of 40 min, intermittent treadmill walking to near-maximal pain during 12 weeks. Step activity monitor Outcome variable: peak walking time evaluated ?	+	+	-	
Gardner et al., 2014 (19)	USA	RCT	n=120	n=120	-	Peak walking time: Baseline: 380 (SD 274) s Post-test: 490 (SD 350) s p<0.001, within-group At 3 months: Δ 110 (SD 193) s	Peak walking time (s): Baseline: 356 (SD 222) s with progressive graded treadmill protocol HET: 3 days/week. Duration 20 min increasing 5 min biweekly until a total of 45 min, self-selected pace during 12 weeks. Step activity monitor, logbook feedback on exercise intensity SET: 3 days/week. Duration 15 min increasing 5 min biweekly until a total of 40 min, intermittent treadmill walking to near-maximal pain during 12 weeks. Step activity monitor Outcome variable: maximum walking time (MWT) evaluated with graded progressive maximal treadmill exercise test HET: 3 days/week, duration 20–40 min/ walking at home to tolerance during 12 weeks. Exercise logs review at weekly lectures	Outcome variable: peak walking time evaluated with progressive graded treadmill protocol HET: 3 days/week. Duration 20 min increasing 5 min biweekly until a total of 45 min, self-selected pace during 12 weeks. Step activity monitor, logbook feedback on exercise intensity SET: 3 days/week. Duration 15 min increasing 5 min biweekly until a total of 40 min, intermittent treadmill walking to near-maximal pain during 12 weeks. Step activity monitor Outcome variable: maximum walking time (MWT) evaluated with graded progressive maximal treadmill exercise test HET: 3 days/week, duration 20–40 min/ walking at home to tolerance during 12 weeks. Exercise logs review at weekly lectures	+	?	?	
Patterson et al., 1997 (26)	USA	RCT	n=60 I=30 C2=30	I=11 C=11	-	MWT at 6 months: Δ 70% p<0.001, within-group	MWT at 6 months: Δ 207% p<0.004, between-groups	Follow-up treadmill test at 6 months SET: 3 days/week, 1 h aerobic arm and leg ergometry + graded treadmill walking individually determined during 12 weeks. Weekly lectures. Control of adherence by a nurse Follow-up treadmill test at 6 months Outcome variable: peak walking time. Graded treadmill protocol. Stages increased 3,5% in grade every 3 min, with no change in speed to maximal claudication pain. Original data (time) calculated from min to s. HET: 3 days/week, duration 35 min, increasing to 50 min. Detailed walking prescription at as a rapid rate as possible for 3 months. Adherence controlled by nurse (weekly telephone call). SET: 3 days/week, duration 35 min, increasing to 50 min. Interval walking on graded treadmill on mild-moderate level until claudication pain for 3 months.	+	?	-	
Regensteiner et al., 1997 (27)	USA	RCT	n=20 I=10 C2=10	0	-	Peak walking time 3 months follow-up: Baseline: 372 (SD 216) s Exit: 390 (SD 252) s Δ 18 s ns within-group	Peak walking time 3 months follow-up: Baseline: 276 (SD 144) s Exit: 654 (SD 270) s Δ 378 s p<0.05, within-group p<0.05, between-groups	Follow-up treadmill test at 6 months SET: 3 days/week, 1 h aerobic arm and leg ergometry + graded treadmill walking individually determined during 12 weeks. Weekly lectures. Control of adherence by a nurse Follow-up treadmill test at 6 months Outcome variable: peak walking time. Graded treadmill protocol. Stages increased 3,5% in grade every 3 min, with no change in speed to maximal claudication pain. Original data (time) calculated from min to s. HET: 3 days/week, duration 35 min, increasing to 50 min. Detailed walking prescription at as a rapid rate as possible for 3 months. Adherence controlled by nurse (weekly telephone call). SET: 3 days/week, duration 35 min, increasing to 50 min. Interval walking on graded treadmill on mild-moderate level until claudication pain for 3 months.	+	?	?	

Sanderoock et al., 2007 (28)	UK	RCT	$n=28$ $I=15$ $C2=13$	7	Maximum walking time 3 months follow-up: Baseline: 366 (SD 198) s Week 12: 432 (SD 312) s $\Delta 66$ s ns within-group	Maximum walking time 3 months follow-up: Baseline: 390 (SD 240) s Week 12: 726 (SD 378) s $\Delta 336$ s $p<0.001$ , within-group ns, between-groups	Outcome: maximal walking time. Graded treadmill test increased by 2% every 2 min until test termination. HET: 3 days/week, duration 30 min walking sessions at RPE 12–14. Contacted weekly by telephone to control adherence. SET: 2 days/week, duration 30 min treadmill walking at 70–75% of VO <sub>2</sub> peak. Exercise diary with instruction to undertake 1 additional weekly 30 min walking session. Outcome measure: maximal claudication distance. Symptom-limited treadmill exercise test. Constant walking speed of 2 miles/h, increasing grade by 2% every 2 min. HET: 3 days/week, duration 15 min, increasing to 40 min. Walking until claudication pain (resting and continuing). Evaluated after 12 and 24 weeks. SET: 3 days/week, duration 15 min, increasing 40 min. Graded treadmill walking constant pace of 2 miles/h at 60% of maximal grade. Readjusted monthly by repeating the maximal treadmill test. During exercise walking until claudication pain (resting and continuing). After 12 weeks the SET-group transitioned to the HET-programme.	?	+	-
Savage et al., 2001 (29)	USA	RCT	$n=21$ $I=10$ $C2=11$	0?	Maximal claudication distance at 3 months: $\Delta + 204$ m $p<0.009$ , within-group Maximal claudication distance at 6 months: $\Delta + 183$ m $p<0.01$ , within-group	Maximal claudication distance at 3 months: $\Delta + 312$ m $p<0.0001$ , within-group Maximal claudication distance at 6 months: $\Delta + 220$ m $p<0.05$ , within-group ns between-groups	Outcome measure: maximal claudication distance. Symptom-limited treadmill exercise test. Constant walking speed of 2 miles/h, increasing grade by 2% every 2 min. HET: 3 days/week, duration 15 min, increasing to 40 min. Walking until claudication pain (resting and continuing). Evaluated after 12 and 24 weeks. SET: 3 days/week, duration 15 min, increasing 40 min. Graded treadmill walking constant pace of 2 miles/h at 60% of maximal grade. Readjusted monthly by repeating the maximal treadmill test. During exercise walking until claudication pain (resting and continuing). After 12 weeks the SET-group transitioned to the HET-programme.	-	-	-
Fakhry et al., 2011 (30)	Netherlands	Non-randomized controlled study	$n=217$ $I=142$ $C2=75$	I=47	Mean relative improvement in MWD at 6 months: $\Delta 265$ (95% CI: 180–350) % Mean relative improvement in MWD at 12 months: $\Delta 268$ (95% CI: 140–396) % Adjusted* mean difference: $\Delta -433$ (95% CI: -665 to -200) %	Mean relative improvement in MWD at 6 months: $\Delta 750$ (95% CI: 599–901) % Adjusted* mean difference: $\Delta -433$ (95% CI: -665 to -200) % $p<0.01$ , between-groups Mean relative improvement in MWD at 12 months: $\Delta 666$ (95% CI: 523–809) % Adjusted* mean difference: $\Delta -361$ (95% CI: -604 to -118) % $p<0.01$ , between-groups	Outcome variable: MWD evaluated with treadmill walking, no graded incline (speed 3.5 km/h – max 30 min) HET: 1 session/day, duration 30 min near maximum pain in self-chosen environment, during 24 weeks Between-group differences (relative improvement). SET: 2 sessions/week, duration 30 min near maximum pain on treadmill constant speed, during 24 weeks. *Adjusted for confounders.	-	-	?

C2: comparison, SET; I: intervention; 95% CI: 95% confidence interval; HET: home-based supervised exercise; MWD: maximum walking distance; MWT: maximum walking time; SET: hospital-based supervised exercise; ns: not significant.

Table SVI. Home-based supervised exercise vs hospital-based supervised exercise. Outcome variable: pain-free walking distance (MPWD)

Author, year	Country	Study design	Number of patients n =	With dropouts	Result		Comments	Directness*	Study limitations*	Precision*
					Intervention	Control				
Gardner et al., 2011 (17)	USA	RCT	n=80 I=40 C2=40	I=7 C2=11	Claudication onset time: Pre-test: 204 (SD 137) s Post-test: 337 (SD 250) s p<0.001, within-group At 3 months: Δ 134 (SD 197) s	Claudication onset time: Pre-test: 196 (SD 144) s Post-test: 361 (SD 264) s p<0.001, within-group At 3 months: Δ 165 (SD 173) s ns between-groups	Outcome variable: claudication onset time evaluated with a progressive graded treadmill protocol HET: 3 days/week, duration 20 min increasing 5 min biweekly until a total of 45 min, self-selected pace during 12 weeks. Step activity monitor, logbook feedback on exercise intensity. SET: 3 days/week, duration 15 min increasing 5 min biweekly until a total of 40 min, intermittent treadmill walking to near-maximal pain during 12 weeks. Step activity monitor.	+	+	-
Gardner et al., 2014 (19)	USA	RCT	n=120		Claudication onset time: Pre-test: 195 (SD 171) s Post-test: 300 (SD 242) s p<0.001, within-group At 3 months: Δ 104 (SD 162) s	Claudication onset time: Pre-test: 193 (SD 150) s Post-test: 363 (SD 292) s p<0.001, within-group At 3 months: Δ 170 (SD 182) s ns between-groups	Outcome variable: peak walking time evaluated with progressive graded treadmill protocol HET: 3 days/week. Duration 20 min increasing 5 min biweekly until a total of 45 min, self-selected pace during 12 weeks. Step activity monitor, logbook feedback on exercise intensity. SET: 3 days/week. Duration 15 min increasing 5 min biweekly until a total of 40 min, intermittent treadmill walking to near-maximal pain during 12 weeks. Step activity monitor.	?	?	?
Patterson et al., 1997 (26)	USA	RCT	n=60 I=30 C2=30	I=11 C2=11	CPT at 6 months: Δ 131% p<0.001, within-group	CPT at 6 months: Δ 337% p<0.001, between-groups	Outcome variable: claudication pain time (CPT) evaluated with graded progressive maximal treadmill exercise test. HET: 3 days/week, duration 20–40 min walking at home to tolerance during 12 weeks. Exercise logs review at weekly lectures. SET: 3 days/week, duration 1 hour aerobic arm and leg ergometry + treadmill walking individually determined during 12 weeks. Weekly lectures. Control of adherence by a nurse.	+	?	-
Regensteiner et al., 1997 (27)	USA	RCT	n=20 I=10 C2=10	I=0 C2=10	Pain-free walking time, 3 months follow-up: Entry: 138 (SD 120) s Exit: 174 (SD 84) s Δ 36 s ns within-group	Pain-free walking time, 3 months follow-up: Entry: 120 (SD 78) s Exit: 300 (SD 204) s Δ 180 s ns within-group p<0.05, between-groups	Outcome variable: pain-free walking time. Graded treadmill protocol. Stages increased 3.5% in grade every 3 min, with no change in speed to maximal claudication pain. Original data (time) calculated from min to s. HET: 3 days/week, duration 35 min, increasing to 50 min. Detailed walking prescription at as a rapid rate as possible for 3 months. Adherence controlled by nurse (weekly telephone call). SET: 3 days/week, duration 35 min, increasing to 50 min. Interval walking on treadmill on mild-moderate level until claudication pain for 3 months.	-	?	?/-

Savage et al., 2001 (29)	USA	RCT	<i>n</i> = 21 I = 10 C2 = 11	0?	Initial claudication distance at 3 months: $\Delta +43$ m ns within-group Initial claudication distance at 6 months: $\Delta +81$ m ns within-group	Initial claudication distance at 3 months: $\Delta +215$ (SD 150) m ns within-group <i>p</i> < 0.01 between-groups Initial claudication distance at 6 months: $\Delta +243$ m <i>p</i> < 0.003, within-group	Outcome measure: initial claudication distance. Symptom-limited treadmill exercise test. Constant walking speed of 2 miles/h, increasing grade by 2% every 2 min. HET: 3 days/week, duration 15 min, increasing to 40 min. Walking until claudication pain (resting and continuing). Evaluated after 12 and 24 weeks SET: 3 days/week, duration 15 min, increasing 40 min. Treadmill walking constant pace of 2 miles/h at 60% of maximal grade. Readjusted monthly by repeating the maximal treadmill test. During exercise walking until claudication pain (resting and continuing). After 12 weeks the SET-group transitioned to the HET-program.	-	-	-	-
Fakhry et al., 2011 (30)	Netherlands	Non-randomized controlled study	<i>n</i> = 217 I = 142 C2 = 75	I = 47	Mean relative improvement in MWPID at 6 months: $\Delta 308$ (95% CI: 139–478) % Adjusted* mean difference: $-953$ (95% CI: $-1596$ to $-341$ ) % Mean relative improvement in MWPID at 12 months: $\Delta 370$ (95% CI: 223–516) %	Mean relative improvement in MWPID at 6 months: $\Delta 1241$ (95% CI: 894–1587) % Adjusted* mean difference: $-938$ (95% CI: $-1495$ to $-381$ ) % <i>p</i> < 0.01, between-groups Mean relative improvement in MWPID at 12 months: $\Delta 1286$ (95% CI: 908–1663) % Adjusted* mean difference: $-953$ (95% CI: $-1565$ to $-341$ ) % <i>p</i> < 0.01, between-groups	Outcome variable: MPWD evaluated with treadmill walking, no graded incline (speed 3.5 km/h – max 30 min) HET: 1 session/day, duration 30 min near maximum pain in self-chosen environment, during 24 weeks SET: 2 sessions/week, duration 30 min near maximum pain on treadmill constant speed, during 24 weeks * Adjusted for confounders.	-	-	-	?

C2: comparison, SET; I: intervention; 95% CI: 95% confidence interval; SD: standard deviation; RCT: randomized controlled trial; HET: home-based supervised exercise; SET: hospital-based supervised exercise; ns: not significant.

Table SVIII. Home-based supervised exercise vs hospital-based supervised exercise. Outcome variable: health-related quality of life (HRQoL)

Author, year	Country	Study design	Number of patients n	With dropouts	Result		Comments	Directness*	Study limitations*	Precision*
					Intervention	Control				
Gardner et al., 2011 (17)	USA	RCT	n=80 I=40 C2=40	I=11 C2=7	Physical function score: Baseline: 40 (SD 22) % Post-test: 48 (SD 23) % p<0.01, within-group At 3 months: Δ 8 (SD 15) %	Physical function score: Baseline: 37 (SD 17) % Post-test: 46 (SD 21) % p<0.01, within-group At 3 months: Δ 9 (SD 16) % ns between-groups	Outcome variable: physical function score according to SF-36 HET: 3 days/week. Duration 20 min increasing 5 min biweekly until a total of 45 min, self-selected pace during 12 weeks. Step activity monitor, logbook feedback on exercise intensity SET: 3 days/week. Duration 15 min increasing 5 min biweekly until a total of 40 min, intermittent treadmill walking to near-maximal pain during 12 weeks. Step activity monitor	+	+	-
					Data not shown Physical function score according to SF-36 p<0.05, within-group Implying no significant difference between-groups	Data not shown Physical function score according to SF-36 p<0.05, within-group Implying no significant difference between-groups	Outcome variable: physical function score according to SF-36. HET: 3 days/week. Duration 20 min increasing 5 min biweekly until a total of 45 min, self-selected pace during 12 weeks. Step activity monitor, logbook feedback on exercise intensity. SET: 3 days/week. Duration 15 min increasing 5 min biweekly until a total of 40 min, intermittent treadmill walking to near-maximal pain during 12 weeks. Step activity monitor.	?	?	?
Patterson et al., 1997 (26)	USA	RCT	n=60 I=30 C2=30	I=11 C2=11	SF-36 at 12 weeks: Physical function: 53 (24.4)* p<0.01, within-group Pain index: 61 (21.6)* p<0.01, within-group Physical component: 38 (12)* p<0.01, within-group SF-36 at 6 months: Physical function: 54 (23.5)* p<0.01, within-group Pain index: 64 (19.3)* p<0.01, within-group Physical component: 38 (11.1)* p<0.01, within-group	SF-36 at 12 weeks: Physical function: 52 (22.2)* p<0.01, within-group Pain index: 64 (23.6)* p<0.01, within-group Physical component: 38 (8.3)* p<0.01, within-group SF-36 at 6 months: Physical function: 56 (14.4)* p<0.01, within-group Pain index: 62 (20.6)* p<0.01, within-group Physical component: 38 (8.6)* p<0.01, within-group ns between-groups for all SF-36 domains	Outcome variable: SF-36. HET: 3 days/week, duration 20–40 min walking at home to tolerance during 12 weeks. Exercise logs review at weekly lectures. SET: 3 days/week, duration 1 hour aerobic arm and leg ergometry + graded treadmill walking individually determined during 12 weeks. Weekly lectures. Control of adherence by a nurse. *Not specified whether se or SD.	+	?	-

Regensteiner et al., 1997 (27)	USA	RCT	$n=20$ $I=10$ $C2=10$	0	SF-20, 3 months follow-up: Baseline: 61 (SD 25) % Exit: 71 (SD 29) % $\Delta$ 10% ns within-group	SF-20, 3 months follow-up: Baseline: 52 (SD 19) % Exit: 72 (SD 18) % $\Delta$ 20% $p < 0.05$ , within-group ns within, and between-groups for all other SF-20 domains	Outcome variable: SF-20 No significant inter-group differences. HET: 3 days/week, duration 35 min, increasing to 50 min. Detailed walking prescription at as a rapid rate as possible for 3 months. Adherence controlled by nurse (weekly telephone call). SET: 3 days/week, duration 35 min, increasing to 50 min. Interval walking on graded treadmill on mild-moderate level until claudication pain for 3 months.	-	?	?/-
Savage et al., 2001 (29)	USA	RCT	$n=21$ $I=10$ $C2=11$	0?	SF-36 at 3 and 6 months: ns within-group ns between-groups	SF-36 at 3 and 6 months: ns within-group ns between-groups	Outcome measure: SF-36. HET: 3 days/week, duration 15 min, increasing to 40 min. Walking until claudication pain (resting and continuing). Evaluated after 12 and 24 weeks. SET: 3 days/week, duration 15 min, increasing 40 min. Graded treadmill walking constant pace of 2 miles/h at 60% of maximal grade. Readjusted monthly by repeating the maximal treadmill test. During exercise walking until claudication pain (resting and continuing). After 12 weeks the SET-group transitioned to the HET-programme.	-	-	-



Fakhry et al., 2011 (30)	Netherlands	Non-randomized controlled study	n=217 I=142 C2=75	I=47	<p>Mean change in SF-36 at 6 months:</p> <p>Physical functioning: <math>\Delta 5.74</math> (95% CI: 2.06–9.42)</p> <p>Physical role functioning: <math>\Delta 6.78</math> (95% CI: -0.68–14.24)</p> <p>Bodily pain: <math>\Delta 3.51</math> (95% CI: -0.55–7.57)</p> <p>General health: <math>\Delta -0.79</math> (95% CI: -3.64–2.10)</p> <p>Mean change in SF-36 at 12 months:</p> <p>Physical functioning: <math>\Delta 6.88</math> (95% CI: 2.85–10.91)</p> <p>Physical role functioning: <math>\Delta 8.89</math> (0.57–17.21)</p> <p>Bodily pain: <math>\Delta 6.55</math> (1.54–11.56)</p> <p>General health: <math>\Delta -1.19</math> (-4.45–2.07)</p>	<p>Mean change in SF-36 at 6 months:</p> <p>Physical functioning: <math>\Delta 12.20</math> (95% CI: 6.78–17.62)</p> <p>Physical role functioning: <math>\Delta 13.93</math> (95% CI: 3.49–24.38)</p> <p>Bodily pain: <math>\Delta 6.56</math> (95% CI: 0.96–12.16)</p> <p>General health: <math>\Delta 5.13</math> (95% CI: 0.81–9.46)</p> <p>Adjusted* mean difference</p> <p>at 6 months:</p> <p>General health: <math>\Delta -8.39</math> (95% CI: -16.11 to -0.68) p=0.03,</p> <p>between-groups</p> <p>ns between-groups for all other SF-36 domains</p> <p>Mean change in SF-36 at 12 months:</p> <p>Physical functioning: <math>\Delta 12.68</math> (95% CI: 7.33–18.03)</p> <p>Physical role functioning: <math>\Delta 5.93</math> (-4.74–16.61)</p> <p>Bodily pain: <math>\Delta 9.67</math> (3.85–15.49)</p> <p>General health: <math>\Delta 4.88</math> (0.81–8.95)</p> <p>Adjusted* mean difference</p> <p>at 12 months:</p> <p>ns between-groups for all SF-36 domains</p>	<p>Outcome variable: SF-36</p> <p>HET: 1 session/day, duration 30 min near maximum pain in self-chosen environment, during 24 weeks.</p> <p>SET: 2 sessions/week, duration 30 min near maximum pain on treadmill constant speed, during 24 weeks.</p> <p>*Adjusted for confounders</p>	-	-	?
--------------------------	-------------	---------------------------------	-------------------------	------	--	--	--	---	---	---

C2: comparison, SET; I: intervention; 95% CI: 95% confidence interval; SD: standard deviation; RCT: randomized controlled trial; HET: home-based supervised exercise; SET: hospital-based supervised exercise; PF: physical functioning; PRF: physical role functioning; BP: bodily pain; GH: general health.

Table SVIII. Home-based supervised exercise vs hospital-based supervised exercise. Outcome variable: Walking Impairment Questionnaire (WIQ)

Author, year	Country	Study design	Number of patients <i>n</i> =	With drawals -dropouts	Result		Comments	Directness*	Study limitations*	Precision*
					Intervention	Control				
Gardner et al., 2011 (17)	USA	RCT	<i>n</i> =80 I=40 C2=40	I=11 C2=7	WIQ distance score: Baseline: 32 (SD 29) % Post-test: 42 (SD 33) % <i>p</i> <0.05, within-group At 3 months: Δ 10 (SD 25) %	WIQ distance score: Baseline: 25 (SD 26) % Post-test: 38 (SD 31) % <i>p</i> <0.05, within-group At 3 months: Δ 13 (SD 28) %	Outcome variable: WIQ. HET: 3 days/week. Duration 20 min increasing 5 min biweekly until a total of 45 min, self-selected pace during 12 weeks. Step activity monitor, logbook feedback on exercise intensity. SET: 3 days/week. Duration 15 min increasing 5 min biweekly until a total of 40 min, intermittent treadmill walking to near-maximal pain during 12 weeks. Step activity monitor.	+	+	-
					WIQ speed score: Baseline: 30 (SD 22) % Post-test: 41 (SD 22) % <i>p</i> <0.05, within-group At 3 months: Δ 11 (SD 22) %	ns between-groups WIQ speed score: Baseline: 27 (SD 19) % Post-test: 36 (SD 24) % <i>p</i> <0.01, within-group At 3 months: Δ 9 (SD 15) %				
Gardner et al., 2014 (19)	USA	RCT	<i>n</i> =120 I=60 C2=60	-	Data not shown WIQ distance, speed, and stair-climbing <0.01, within-group	Data not shown WIQ distance, speed, and stair-climbing <0.01, within-group Implying no significant difference between-groups	Outcome variable: physical function score ? according to SF-36. HET: 3 days/week. Duration 20 min increasing 5 min biweekly until a total of 45 min, self-selected pace during 12 weeks. Step activity monitor, logbook feedback on exercise intensity. SET: 3 days/week. Duration 15 min increasing 5 min biweekly until a total of 40 min, intermittent treadmill walking to near-maximal pain during 12 weeks. Step activity monitor.	?	?	?

Regensteiner et al., 1997 (27)	USA	RCT	n=20 I=10 C2=10	0	WIQ, 3 months follow-up: Distance: Baseline: 31 (SD 33) % Exit: 44 (SD 34) % Δ 13% ns within-group Speed: Baseline: 32 (SD 17) % Exit: 38 (SD 14) % Δ 6% ns within-group Claudication severity score: Baseline: 38 (SD 26) % Exit: 40 (SD 25) % Δ 2% ns within-group	WIQ, 3 months follow-up: Distance: Baseline: 31 (SD 21) % Exit: 55 (SD 31) % Δ 24% p<0.05, within-group ns between-groups Speed: Baseline: 36 (SD 20) % Exit: 51 (SD 29) % Δ 15% p<0.05, within-group ns between-groups Claudication severity score: Baseline: 33 (SD 22) % Exit: 48 (SD 25) % Δ 2% p<0.05, within-group ns between-groups	Outcome variable: WIQ HET: 3 days/week, duration 35 min, increasing to 50 min. Detailed walking prescription at as a rapid rate as possible for 3 months. Adherence controlled by nurse (weekly telephone call). SET: 3 days/week, duration 35 min, increasing to 50 min. Interval walking on treadmill on mild-moderate level until claudication pain for 3 months.	-	?	?/-
--------------------------------	-----	-----	-----------------------	---	---	--	--	---	---	-----

C2: comparison, SET; I: intervention; SD: standard deviation; RCT: randomized controlled trial; HET: home-based supervised exercise; SET: hospital-based supervised exercise; WIQ: Walking Impairment Questionnaire.

Table SIX. Home-based supervised exercise vs hospital-based supervised exercise. Outcome variable: 6-min walk test

Author, year	Country	Study design	Number of patients n =	With dropouts	Result		Control	Comments	Directness*	Study limitations*	Precision*
					Intervention	Control					
Gardner et al, 2014 (19)	USA	RCT	n = 120 I = 60 C2 = 60	-	6-min walk test (m): Baseline: 328 (SD 108) m Post-test: 372 (SD 119) m p<0.05, within-group At 3 months: Δ 45 (SD 53) m	6-min walk test (m): Baseline: 326 (SD 97) m Post-test: 341 (SD 87) m p<0.05, within-group At 3 months: Δ 15 (SD 52) m p<0.05, between-groups	Outcome variable: 6-min walk test (distance). HET: 3 days/week. Duration 20 min increasing 5 min biweekly until a total of 45 min, self-selected pace during 12 weeks. Step activity monitor, logbook feedback on exercise intensity. SET: 3 days/week. Duration 15 min increasing 5 min biweekly until a total of 40 min, intermittent treadmill walking to near-maximal pain during 12 weeks. Step activity monitor.	?	?	?	

C2: comparison, SET; I: intervention; SD: standard deviation; RCT: randomized controlled trial; HET: home-based supervised exercise; SET: hospital-based supervised exercise; WIQ: Walking Impairment Questionnaire.