

Author, Year PEDro Score, Country	Sample size	Intervention	Outcome and significance: (+) significant (-) not significant
Faulkner et al., 2015 PEDro: 7/10 Country: New Zealand	60 patients with acute transient ischaemic attack (TIA) or mild/non-disabling stroke	<p>Resistance exercise and education program (n=30)</p> <p>vs.</p> <p>Written educational material (n=30)</p> <p><u>Treatment details:</u></p> <p>90 minutes/exercise-session + 30 minute/education-session, 2 exercise-sessions/week + 1 education-session/week for 8 weeks.</p> <p><i>Exercise and education program:</i> incorporated 30mins of aerobic exercise (treadmill, cycle), 60mins of resistance training (alternate arms biceps curl, shoulder press, lateral raise, calf raise, and squats using a swiss ball or buso ball), core-stability and postural exercises. During the aerobic exercise, participants exercised between 50-85% of their age-predicted maximum heart rate during cycle and treadmill (walking) exercise of 15mins each. Exercise intensity was increased by 5% each week. Educational sessions involved a didactic group discussion focused on vascular risk factors, stroke prevention, nutrition, blood pressure, adherence to medication, stress management, and emotional and behavioural changes.</p>	<p>At post-treatment (8 weeks):</p> <ul style="list-style-type: none"> • (+) Short-Form 36 (SF-36): Physical component score • (-) SF-36: Mental component score • (-) SF-36: Mental health • (-) SF-36: Social functioning • (+) SF-36: Global health • (+) SF-36: Role physical • (-) SF-36: Role emotional • (+) SF-36: Vitality • (-) SF-36: Bodily pain • (+) SF-36: Physical functioning • (-) Hospital Anxiety and Depression Scale (HADS): Anxiety • (-) HADS: Depression • (-) Profile and Mood States (PMS): Vigour • (-) PMS: Depression • (-) PMS: Confusion • (-) PMS: Tension • (-) PMS: Anger • (-) PMS Fatigue • (-) International Physical Activity Questionnaire (IPAQ): Leisure time walk activity • (-) IPAQ: Leisure time moderate activity • (-) IPAQ: Leisure time vigorous activity • (-) IPAQ: Total leisure time activity • (-) IPAQ: Sitting time

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		<p><i>Written information:</i> standard secondary prevention and educational information from the hospital in form of leaflets from the Stroke Foundation on discharge.</p>	<ul style="list-style-type: none"> • (+) Stanford Medical Centre Stroke Awareness Questionnaire (SMCSAQ) <p>At follow-up (12 months):</p> <ul style="list-style-type: none"> • (-) SF-36: Physical component score • (-) SF-36: Mental component score • (-) SF-36: Mental health • (-) SF-36: Social functioning • (-) SF-36: Global health • (-) SF-36: Role physical • (-) SF-36: Role emotional • (-) SF-36: Vitality • (-) SF-36: Bodily pain • (-) SF-36: Physical functioning • (-) HADS: Anxiety • (-) HADS: Depression • (-) PMS: Vigour • (-) PMS: Depression • (-) PMS: Confusion • (-) PMS: Tension • (-) PMS: Anger • (+) PMS Fatigue • (-) IPAQ : Leisure time walk activity • (-) IPAQ: Leisure time moderate activity • (-) IPAQ: Leisure time vigorous activity • (-) IPAQ: Total leisure time activity • (-) IPAQ: Sitting time • (-) SMCSAQ

Results Table
Aerobic exercise

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<p>Gordon, Wilks & McCaw-Binns, 2013 PEDro: 7/10 Country: Jamaica</p>	<p>128 patients with chronic stroke</p>	<p>Aerobic exercise (n=64) vs. Massage (n=64) <u>Treatment details:</u> 15-30 minutes/session, 3 sessions/week for 12 weeks <i>Aerobic exercise:</i> walking briskly along a prescribed course for 15mins, progressing 5mins/week up to 30mins, in home or the community. Target heart rate was 60-85% of age-predicted maximum heart rate. Training progression was carried out by increasing the speed. <i>Massage to the affected side:</i> 25mins, 3 times/week for 12 weeks at home.</p>	<p>At post-treatment (12 weeks):</p> <ul style="list-style-type: none"> • (+) Short Form 36 (SF-36): Physical health component • (-) SF-36: Mental health component • (-) Barthel Index (BI) • (-) Older Americans Resources and Services Scale (OARS) • (-) 6 Minute Walk Test (6MWT) • (-) Motricity Index (MI) – affected lower extremity • (-) MI – unaffected lower extremity • (-) Resting heart rate <p>At follow-up (3 months):</p> <ul style="list-style-type: none"> • (-) SF-36: Physical health component • (-) SF-36: Mental health component • (-) BI • (-) OARS • (-) 6MWT • (-) MI – affected lower extremity • (-) MI – unaffected lower extremity • (+) Resting heart rate
<p>Lee et al., 2015 PEDro: 7/10 Country: South Korea</p>	<p>30 patients with chronic stroke</p>	<p>Aerobic + resistance exercise training (n=15) vs. Light physical activity (n=15)</p>	<p>At post-treatment (16 weeks):</p> <ul style="list-style-type: none"> • (-) Systolic blood pressure (SBP): Peripheral • (-) SBP: Central • (-) Diastolic blood pressure (DBP): Peripheral

Results Table
Aerobic exercise

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Liu-Ambrose & Eng, 2015 PEDro: 8/10 Country: Canada	28 patients with chronic stroke	<p><u>Treatment details:</u></p> <p>60 minutes/session, 3 sessions/week for 16 weeks</p> <p><i>Aerobic + resistance exercise training:</i> 5mins warm-up, 10mins stretching exercise (10 movements of shoulder, trunk, and hips), 20mins resistance exercise (using resistance bands when performing lunges, squats, crunches, etc.), 20mins aerobic exercise (fast-walking on a sloping way, walking upstairs), 5mins cooldown period. Aerobic exercise targeted 50-60% of heart rate reserve for 8 weeks and then increased to 60-70% of heart rate reserve for the remaining 8 weeks.</p> <p><i>Light physical activity:</i> time-matched cycling, walking or Korean chess.</p> <p>Community-based Fitness and Mobility Exercise (FAME) program (n=12)</p> <p>vs.</p> <p>Usual care (n=16)</p> <p><u>Treatment details:</u></p> <p>60 minutes/session, 2 sessions/week (exercise) + 1 session/week (recreation/leisure) for 6 months.</p>	<ul style="list-style-type: none"> • (+) DBP: Central • (+) Pulse Wave Velocity (PWV) • (+) Augmentation Index (AIx@75) • (+) 6 Minute Walk Test • (+) 10 Meter Walk Test • (-) Timed Up and Go Test • (+) Grip strength • (+) 30-sec Chair Stand Test • (+) Chair Sit and Reach Test • (+) Functional Reach Test <p>At mid-treatment (3 months):</p> <ul style="list-style-type: none"> • (-) Stroop Test • (+) Trail Making Test (TMT) B – TMT A • (-) Digit Forward Test - Digit Backward Test • (-) 17-item Stroke Specific Geriatric Depression Scale • (-) 6-Minute Walk Test (6MWT) • (-) Berg Balance Scale (BBS) <p>At post-treatment (6 months):</p> <ul style="list-style-type: none"> • (+) Stroop Test

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		<p><i>Community-based structured program:</i> consisted of resistance, balance and aerobic exercise training based on the Fitness and Mobility Exercise program (FAME); and additional recreation and leisure activities.</p> <p><i>Usual care:</i> participants of this group received usual care for the first 6 months of the study and started the community-based structured program 6 months after the intervention group.</p>	<ul style="list-style-type: none"> • (-) TMT B – TMT A • (+) Digit Forward Test - Digit Backward Test • (-) 17-item Stroke Specific Geriatric Depression Scale • (+) 6MWT • (-) BBS
Lund et al., 2018 PEDro: 5/10 Country: Denmark	48 patients with chronic stroke	<p>Aerobic training (n=17)</p> <p>vs.</p> <p>Resistance training (n=14)</p> <p>vs.</p> <p>Upper extremity training (ST, n=17)</p> <p><u>Treatment details:</u></p> <p>60 minutes/session, 3 sessions/week for 12 weeks</p> <p><i>Aerobic training:</i> exercising on a cycle ergometer (Monark Ergomedic 828E, GIH, Stockholm, Sweden) 3x12 mins with resting periods of 5-10 mins between intervals; target</p>	<p>At post-treatment (12 weeks): <i>Aerobic training vs. Resistance training:</i></p> <ul style="list-style-type: none"> • (-) Berg Balance Scale (BBS) • (-) Muscle strength: knee extension non-paretic* • (-) Muscle strength: knee extension paretic • (-) 10-Meter Walk Test (10MWT) • (-) 6-Minute Walk Test (6MWT) • (-) Peak Oxygen Uptake • (-) Resting heart rate (HR) • (-) Maximal HR <p><i>Between Aerobic training and Upper extremity training:</i></p> <ul style="list-style-type: none"> • (-) BBS • (-) Muscle strength: knee extension non-paretic*

Results Table
Aerobic exercise

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Marsden et al., 2016 PEDro: N/A (quasi-experimental design) Country: Australia	20 patients with acute/subacute/chronic stroke	<p>exercise intensity was set at 75% of the heart rate reserve and at 14-16 when rating perceived exertion on the Borg Scale.</p> <p><i>Resistance training:</i> high-intensity resistance training of the lower extremities with 7 exercises (8 repetitions/set x 3 sets, target training load of 80%) of hip flexion/extension, knee flexion/extension, dorsal and plantar flexion and leg press using commercially available training machines and elastic bands or custom-built equipment.</p> <p><i>Upper extremity training:</i> low-intensity resistance training of the upper extremities (15 repetitions/set x 3 sets, target training intensity of 60%) including bilateral pull-down and rowing (machine), shoulder flexion/abduction (free weights), shoulder rotation (machine), bilateral elbow flexion/extension (machine).</p> <p>Exercise program (n=10) vs. Usual care (n=10)</p>	<ul style="list-style-type: none"> • (-) Muscle strength: knee extension paretic • (-) 10MWT • (-) 6MWT • (-) Peak Oxygen Uptake • (-) Resting HR • (-) Maximal HR <p><i>Between Resistance training and upper extremity training:</i></p> <ul style="list-style-type: none"> • (-) BBS • (-) Muscle strength: knee extension non-paretic • (-) Muscle strength: knee extension paretic • (-) 10MWT • (-) 6MWT • (-) Peak Oxygen Uptake • (-) Resting HR • (-) Maximal HR <p>NOTE: * refers to improvements favouring Resistance training and Upper extremity training vs. Aerobic training.</p> <p>At post-treatment (12 weeks):</p> <ul style="list-style-type: none"> • (+) 6 Minute Walk Test (6MWT) • (-) Shuttle Walk Test (SWT) • (+) Step Test: Right • (+) Step Test: Left

Results Table
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Author, Year PEDro Score, Country	Sample size	Intervention	Outcome and significance: (+) significant (-) not significant
		<p><u>Treatment details:</u></p> <p>30 minutes/session, 5 sessions/week for 12 weeks.</p> <p><i>Exercise program:</i> home exercises performed with the guidance of written information and weekly emails/telephone check-ins. Activities were performed at moderate physical intensity and progressed in numbers of repetitions and/or speed of performance: sit-to-stand, fast/self-selected paced walking, balance, stepping, squatting, side stepping around the table, high knee walking, and leg side raises.</p> <p><i>Usual care:</i> required medical or therapy appointments.</p>	<ul style="list-style-type: none"> • (-) 10 Minute Walk Test: Fast • (-) 10 Minute Walk Test: Self-selected speed • (-) Fatigue Assessment Scale • (-) Patient Health Questionnaire-9 • (-) Stroke and Aphasia Quality of Life-39 <p><i>Cardiorespiratory fitness measures:</i></p> <ul style="list-style-type: none"> • (+) 6MWT: VO_{2peak} absolute • (+) 6MWT: VO_{2peak} relative • (-) 6MWT: heart rate • (-) 6MWT: R-value • (-) SWT: VO_{2peak} absolute • (-) SWT: VO_{2peak} relative • (-) SWT: heart rate • (-) SWT: R-value • (-) Cycle Progressive Exercise Test (sPXT): Duration • (-) sPXT: Workload • (-) sPXT: VO_{2peak} absolute • (-) sPXT: VO_{2peak} relative • (-) sPXT: heart rate • (-) sPXT: R-value
Moore et al., 2015 PEDro: 7/10	40 patients with chronic stroke	Exercise (n=40)	At post-treatment (19 weeks):

Results Table
Aerobic exercise

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Country: United Kingdom		<p>vs.</p> <p>Stretching (n=40)</p> <p><u>Treatment details:</u></p> <p>45-60 minutes/session, 3 sessions/week for 19 weeks.</p> <p><i>Exercise:</i> adapted from the Fitness and Mobility Exercise (FAME) Program incorporating functional movements (balance, agility and fitness, cool down) trained at 40-50% of maximum heart rate with increments increases of 10% every 4 weeks up to 70-80%.</p> <p><i>Stretching:</i> time-matched home-stretching program in an instruction booklet and diary to record stretches and changes in status.</p>	<p><i>Clinical outcomes</i></p> <ul style="list-style-type: none"> • (+) 6-Minute Walk Test • (+) 10-Meter Walk Test • (+) Berg Balance Scale • (+) Addenbrooke’s Cognitive Examination Revised • (-) Stroke Impact Scale (SIS): Stroke recovery • (+) SIS: Mood • (-) SIS: Strength • (-) SIS: Memory • (-) SIS: Communication • (-) SIS: Activities of daily living • (-) SIS Community mobility • (-) SIS: Hand • (-) SIS: Participation • (-) SIS: Physical total <p><i>Metabolic risk factors</i></p> <ul style="list-style-type: none"> • (+) Peak oxygen consumption • (+) Peak work rate • (-) Systolic blood pressure • (+) Diastolic blood pressure • (-) Total cholesterol • (-) Low density lipoprotein cholesterol • (+) High density lipoprotein cholesterol

Results Table
Aerobic exercise

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<p>Moren et al., 2016 PEDro: 7/10 Country: Sweden</p>	<p>88 patients with acute TIA</p>	<p>Physical activity on Prescription (PaP, n=44) vs. No treatment (n=44) <u>Treatment details:</u> ~30 minutes/session, daily (duration not specified). <i>PaP:</i> provided in written form by a physical therapist based on the individual participant's health status, symptoms, diagnoses, potential risk factors, prior experiences and wishes. Included suitable physical activities (e.g. swimming, walking with or without poles, etc.) and strategies to improve motivation. The physical activity included details on intensity, frequency and duration. No target heart rate was provided but participants were encouraged to reach an intensity level of 12-13 on the Ratings of Perceived Exertion scale (i.e. warm and breathless). Both groups received usual care that consisted of oral and written information on the risk factors for stroke</p>	<ul style="list-style-type: none"> • (-) Homeostasis model of insulin sensitivity • (-) Two-hour glucose • (-) Body Mass Index • (-) Fat mass <p>At follow-up (3 months):</p> <ul style="list-style-type: none"> • (-) Physical Activity of Moderate to Higher Intensity (MVPA) • (-) Steps/day • (-) 6 Minute Walk Test (6MWT) • (-) EuroQoL 5 Dimension Visual Analogue Scale (EQ-5D VAS) <p>At follow-up (6 months):</p> <ul style="list-style-type: none"> • (-) MVPA • (-) Steps/day • (+) 6MWT • (-) EQ-5D VAS

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Nave et al., 2019 PEDro: 5/10 Country: Germany	200 patients with acute/subacute stroke	<p>(hypertension, abnormal blood lipids, metabolic syndrome, and physical inactivity).</p> <p>Aerobic physical fitness training (n=105)</p> <p>vs.</p> <p>Relaxation (n=95)</p> <p><u>Treatment details:</u></p> <p>50 minutes/session, 5 sessions/week for 4 weeks</p> <p><i>Aerobic physical fitness training:</i> bodyweight supported treadmill training at a cardiorespiratory active (aerobic) level to reach a target heart rate for 25 minutes.</p> <p><i>Relaxation:</i> contraction and relaxation of muscle groups of the face, arms, shoulders, back, and abdomen for 25 minutes.</p>	<p>At post-treatment (4 weeks):</p> <ul style="list-style-type: none"> • (-) 6 Minute Walk Test (6MWT) • (-) Rivermead Mobility Index (RMI) • (-) RMI – Arm subtest • (-) Steps: no/day • (-) Steps: length • (-) Steps: cadence • (-) Use of walking aids • (-) Box and Block Test • (-) Medical Research Council (MRC) Scale • (-) Resistance to passive movement • (-) Functional Ambulation Category (FAC) • (-) Gait Energy Cost • (-) EuroQoL Quality of Life Questionnaire 5D (EQ-5D): 5L Index Score • (-) Centre for Epidemiological Studies Depression (CES-D) • (-) Pittsburgh Sleep Quality Score • (-) Montreal Cognitive Assessment (MOCA) • (-) Trail Making Test – A (TMT-A_) • (-) Trail Making Test – B (TMT-B) • (-) modified Rankin Scale (mRS) • (-) 10 meter Walk Test • (-) Barthel Index (BI): change score

Results Table
Aerobic exercise

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			<p>At follow-up (3 months)</p> <ul style="list-style-type: none"> • (-) 6MWT • (-) RMI • (-) RMI – arm score • (-) Steps – no/day • (-) Steps – length • (-)Step – cadence • (-)Use of walking aids • (-) BBT • (-) MRC Scale • (-) Resistance to passive movement • (-) FAC • (-) Gait Energy Cost • (-) EQ-5D – 5L Index Score • (-) CES-D • (-) Pittsburg Sleep Quality Score • (-) MOCA • (-) TMT-A • (-) TMT-B • (-) Regensburger Wort-Flüssigkeits-Test • (-) mRS • (-) 10 meter Walk Test • (-) BI: change score <p>At follow-up (6 months):</p> <ul style="list-style-type: none"> • (-) 6 Minute Walk Test • (-) Rivermead Mobility Index • (-) Number of steps daily

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			<ul style="list-style-type: none"> • (-) Steps length • (-) Use of walking aids • (-) Step cadence • (-) Box and Block Test • (+) Rivermead Mobility Index: Subtest arm • (-) Medical research Council Scale: Sum score • (+) Resistance to passive movement Scale: Sum score • (-) Functional Ambulation Category Score • (-) Gait Energy Cost • (-) EuroQoL Quality of Life Questionnaire 5D-5L Index Score • (-) Centre for Epidemiological Studies Depression • (-) Pittsburg Sleep Quality Score • (-) Montreal Cognitive Assessment • (-) Trail Making Test: A • (-) Trail Making Test: B • (-) modified Rankin Scale • (-) 10 Meter Walk Test • (-) Barthel Index: change in score
Pang et al., 2005 PEDro: 8/10 Country: Canada	63 patients with chronic stroke	Fitness and mobility exercise program (FAME, n=32) vs. Seated upper extremity program (n=31)	<p>At post-treatment (19 weeks):</p> <ul style="list-style-type: none"> • (+) Maximal oxygen consumption • (+) 6-Minute Walk Test • (+) Isometric knee extension strength: paretic

Results Table
Aerobic exercise

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Shaughnessy, Michael & Resnick, 2012 PEDro: 5/10 Country: United States of America	113 patients with chronic stroke	<p><u>Treatment details:</u></p> <p>60 minutes/session, 3 sessions/week for 19 weeks</p> <p><i>FAME</i>: community-based program that comprised cardiorespiratory fitness and mobility exercises (brisk walking, sit-to-stand) starting at 40-50% of heart rate reserve with increments of 10% every 4 weeks up to 70-80% of heart rate reserve; mobility and balance exercises; and leg muscle strengthening exercises.</p> <p><i>Seated upper extremity program</i>: shoulder muscle strength exercises (flexion/extension, abduction, external rotation); elbow and wrist muscle strength and range of motion (using dumbbell and wrist cuffs), hand activities (using putty and grippers), playing cards, picking up objects of various sized and shapes, and electrical stimulation to wrist extensors (100 H, for 10-15mins); the program included no aerobic exercise.</p> <p>Task-oriented treadmill training (n=57) vs. Stretching (n=56)</p> <p><u>Treatment details:</u></p>	<ul style="list-style-type: none"> • (-) Isometric knee extension strength: non-paretic • (-) Berg Balance Scale • (-) Physical Activity Scale for Individuals with Physical Disabilities • (-) Femoral neck bone mineral density: paretic • (-) Femoral neck bone mineral density: non-paretic <p>At post-treatment (6 months):</p> <ul style="list-style-type: none"> • (-) Short Self-Efficacy and Outcomes Expectations for Exercises: Outcome expectations • (-) Short Self-Efficacy and Outcomes Expectations for Exercises: Self-efficacy • (-) Yale Physical Activity Survey (YPAS): Housework

Results Table
Aerobic exercise

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		<p>40 minutes/session, 3 sessions/week for 6 months.</p> <p><i>Task-oriented treadmill training:</i> performed at an aerobic capacity intensity of 60% heart rate reserve.</p> <p><i>Stretching:</i> 13 supervised stretching movements of major muscle groups on a raised mat table.</p>	<ul style="list-style-type: none"> • (-) YPAS: Yard work • (-) YPAS: Caretaking • (-) YPAS: Moderate physical activity • (-) YPAS: Recreational activities • (-) Stroke Impact Scale (SIS): Strength • (-) SIS: Hand function • (-) SIS: Activities of daily living • (-) SIS: Mobility • (-) SIS: Communication • (-) SIS: Emotion • (-) SIS: Memory and thinking • (-) SIS: Participation • (-) SIS: Overall sum • (-) SIS: Recovery Visual Analogue Scale
<p>Sandberg et al., 2016 PEDro: 7/10 Country: Sweden</p>	<p>56 patients with acute/subacute stroke</p>	<p>Aerobic exercise program (n=29) vs. No exercise program (n=27)</p> <p><u>Treatment details:</u></p> <p>60 minutes/session, 2 sessions/week for 12 weeks.</p> <p><i>Aerobic exercise program:</i> 15-min warm-up (sitting, standing, walking); 8-min high intensity aerobic exercise on an ergometer cycle; 10-min lower-intensity mixed exercises targeting flexibility of large muscle groups while</p>	<p>At post-treatment (12 weeks):</p> <ul style="list-style-type: none"> • (+) Symptom-limited graded cycle ergometer test: Peak work rate • (+) 6 Minute Walk Test • (+) 10 Meter Walk Test • (+) Timed Up and Go Test • (+) Single Leg Stance Test (SLS): Right leg, eyes open • (+) SLS: Right leg, eyes closed • (+) SLS: Left leg, eyes open • (-) SLS: Left leg, eyes closed • (-) European Quality of Life Scale (EQ-5D) • (+) EQ-5D: Visual Analogue Scale

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		<p>sitting, standing, and walking; 8-min of high-intensity aerobic exercise on an ergometer cycle; 15-min cool down in different positions. Participants aimed to reach 50%-75% of the estimated maximum oxygen uptake and 60%-80% of the maximum heart rate during sessions.</p> <p><i>No exercise program:</i> participants received usual care, i.e. general advice about physical training and activity, and encouragement to aim to return to previous physical activity level as soon as possible.</p>	<ul style="list-style-type: none"> • (-) Stroke Impact Scale (SIS): participation • (+) SIS: Recovery visual analogue scale <p>At follow-up (6 months):</p> <ul style="list-style-type: none"> • (-) EQ-5D • (-) EQ-5D: Visual Analogue Scale • (-) SIS: participation • (-) SIS: Recovery visual analogue scale
<p>Severinsen et al., 2014 PEDro: 5/10 Country: Denmark</p>	<p>48 patients with chronic stroke</p>	<p>Aerobic training (n=17)</p> <p>vs.</p> <p>Resistance training (n=14)</p> <p>vs.</p> <p>Upper extremity training (n=17)</p> <p><u>Treatment details:</u></p> <p>60 minutes/session, 3 sessions/week for 12 weeks</p> <p><i>Aerobic training:</i> a cycle ergometer (Monark) was used 3 times x 15 minutes per session, reaching a pulse rate of 75% of the heart rate reserve.</p>	<p>At post-treatment (12 weeks):</p> <p><i>Aerobic training vs. Resistance training:</i></p> <ul style="list-style-type: none"> • (-) 6-Minute Walk Test (6MWT) • (-) 10-Meter Walk Test (10MWT) • (+) Peak aerobic capacity: VO₂ peak • (+) Isometric knee strength extension: paretic* • (+) Isometric knee strength extension: non-paretic* • (-) Fugl-Meyer Test (FMT)*** • (-) modified Ashworth Scale (mAS)*** • (-) Short-Form-36 (SF-36)*** • (-) Physical Activity Scale (PAS)*** <p><i>Aerobic training vs. Upper extremity training:</i></p> <ul style="list-style-type: none"> • (-) 6MWT • (-) 10MWT • (+) Peak aerobic capacity: VO₂ peak

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		<p><i>Resistance training:</i> 3 sets of 8 repetitions of exercises using both lower extremities targeted at an intensity of 80% of one-repetition maximum (i.e. load that can be lifted at once), using resistance training machines (Nordic Gym).</p> <p><i>Sham exercise:</i> low-intensity resistance training of the arms in 3 sets of 15 repetitions less than 60% of one-repetition maximum (i.e. load that can be lifted at once).</p>	<ul style="list-style-type: none"> • (-) Isometric knee strength extension: paretic • (-) Isometric knee strength extension: non-paretic • (-) FMT*** • (-) mAS*** • (-) SF-36*** • (-) PAS*** <p><i>Resistance training vs. Upper extremity training:</i></p> <ul style="list-style-type: none"> • (-) 6MWT • (-) 10MWT • (-) Peak aerobic capacity: VO₂ peak • (-) Isometric knee strength extension: paretic • (+) Isometric knee strength extension: non-paretic* • (-) FMT*** • (-) mAS*** • (-) SF-36*** • (-) PAS*** <p>At follow-up (6 months):</p> <p><i>Aerobic training vs. Resistance training:</i></p> <ul style="list-style-type: none"> • (-) 6MWT • (+) 10MWT* • (-) Peak aerobic capacity: VO₂ peak

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			<ul style="list-style-type: none"> • (+) Isometric knee strength extension: paretic* • (+) Isometric knee strength extension: non-paretic* • (-) FMT*** • (-) mAS*** • (-) SF-36*** • (-) PAS*** <p><i>Aerobic training vs. Upper extremity training:</i></p> <ul style="list-style-type: none"> • (-) 6MWT • (+) 10MWT** • (-) Peak aerobic capacity: VO₂ peak • (-) Isometric knee strength extension: paretic • (-) Isometric knee strength extension: non-paretic • (-) FMT*** • (-) mAS*** • (-) SF-36*** • (-) PAS*** <p><i>Resistance training vs. Upper extremity training:</i></p> <ul style="list-style-type: none"> • (-) 6MWT • (-) 10MWT

Results Table
Aerobic exercise

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<p>Tang et al., 2014; 2016 PEDro: 8/10 Country: Canada</p>	<p>50 patients with chronic stroke</p>	<p>Aerobic training (n=25) vs. Balance and flexibility (n=25)</p> <p><u>Treatment details:</u></p> <p>60 minutes/session, 3 sessions/week for 6 months</p> <p><i>Aerobic training:</i> warm-up, aerobic component (brisk level and inclined over ground walking, upright and recumbent cycle ergometry, functional movements [marching on spot, repeated sit to stand, step-ups on platform steppers]) and cool down period with intensity</p>	<ul style="list-style-type: none"> • (-) Peak aerobic capacity: VO₂ peak • (-) Isometric knee strength extension: paretic • (+) Isometric knee strength extension: non-paretic* • (-) FMT*** • (-) mAS*** • (-) SF-36*** • (-) PAS <p>* in favour of Resistance training ** in favour of Upper extremity training *** results not reported</p> <p>At post-treatment (6 months):</p> <ul style="list-style-type: none"> • (-) VO₂ peak • (-) 6-Minute Walk Test • (-) Verbal Digit Span Test: Forward • (-) Verbal Digit Span Test: Backward • (-) Trail Making Test B • (-) Colour-Word Stroop Test

Results Table
Aerobic exercise

Author, Year PEDro Score, Country	Sample size	Intervention	Outcome and significance: (+) significant (-) not significant
<p>Wang et al., 2014 PEDro: 6/10 Country: People’s Republic of China</p>	<p>54 patients with subacute/chronic stroke</p>	<p>progressing from 40% to 70-80% of the heart rate reserve with increments of 10% every 4 weeks.</p> <p><i>Balance and flexibility:</i> non-aerobic exercises (stretching, weight bearing, postural awareness and balance exercises) at an intensity of less than 40% of the heart rate reserve.</p> <p>Low-intensity aerobic training (n=27) vs. No aerobic training (n=27)</p> <p><u>Treatment details:</u></p> <p>40 minutes/session, 3 sessions/week for 6 weeks.</p> <p><i>Low-intensity aerobic training:</i> performed using an ergometer with targeted intensity training for 30 minutes. Target heart rate was calculated as ((peak heart rate in baseline exercise test – resting heart rate) x 50% - 70%) + resting heart rate.</p> <p>Both groups received a <i>conventional rehabilitation</i> program that consisted of physical therapy (3x40mins/day), occupational therapy (2x15mins/day), acupuncture/traditional Chinese manipulation</p>	<p>At post-treatment (6 weeks):</p> <ul style="list-style-type: none"> • (+) Fugl-Meyer Assessment (FMA): Total motor score • (+) FMA: Lower extremity score • (-) FMA: Upper extremity score • (+) Barthel Index • (+) Exercise test time • (-) Resting heart rate • (-) Peak heart rate

Results Table
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Author, Year PEDro Score, Country	Sample size	Intervention	Outcome and significance: (+) significant (-) not significant
<p>Wijkman et al., 2017 PEDro: 6/10 Country: Sweden</p>	<p>56 patients with acute stroke</p>	<p>(1x30mins/day) and physical agents therapy (1x30mins/day), 5 days/week for 6 weeks.</p> <p>Low-intensity aerobic training replaced 1x40min physical therapy session 3 days/week (total 3x40mins/week).</p> <p>Aerobic exercise (n=29) vs. No scheduled physical exercise (n=27)</p> <p><u>Treatment details:</u></p> <p>60 minutes/session, 2 sessions/week for 12 weeks.</p> <p><i>Aerobic exercise:</i> included warmup (15 mins), aerobic exercise on an ergometer cycle (8mins), low-intensity mixed exercises (10mins), aerobic exercise on an on an ergometer cycle (8mins), and cooldown (15mins), with the goal to reach a light-moderate training level (50%-75% estimated maximum oxygen uptake and 60%-80% maximum heart rate). Intensity was increased by adjusting the load or cycling speed.</p> <p><i>No scheduled physical exercise:</i> general advice about physical exercise and activity, but no specific exercise program.</p>	<p>At post-treatment (12 weeks):</p> <ul style="list-style-type: none"> • (-) Resting diastolic blood pressure (DBP) • (-) Resting systolic blood pressure (SBP) • (-) Resting heart rate • (-) Peak SBP • (-) Peak heart rate • (-) Difference in SBP (peak - resting) • (-) Difference in heart rate (peak - resting) <p>(-) Aerobic capacity work rate</p>