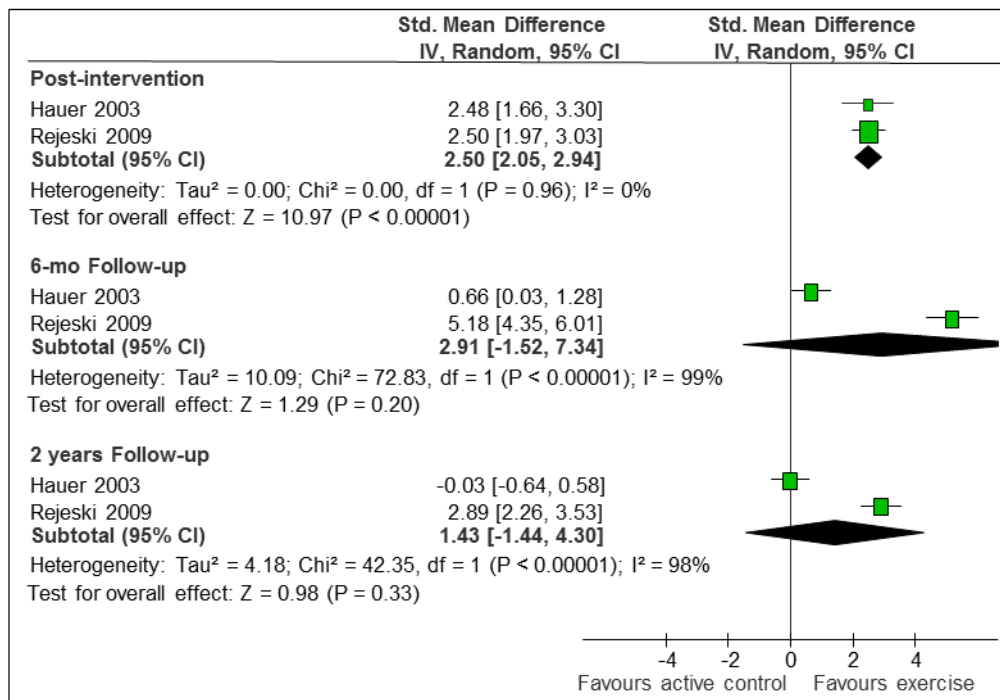
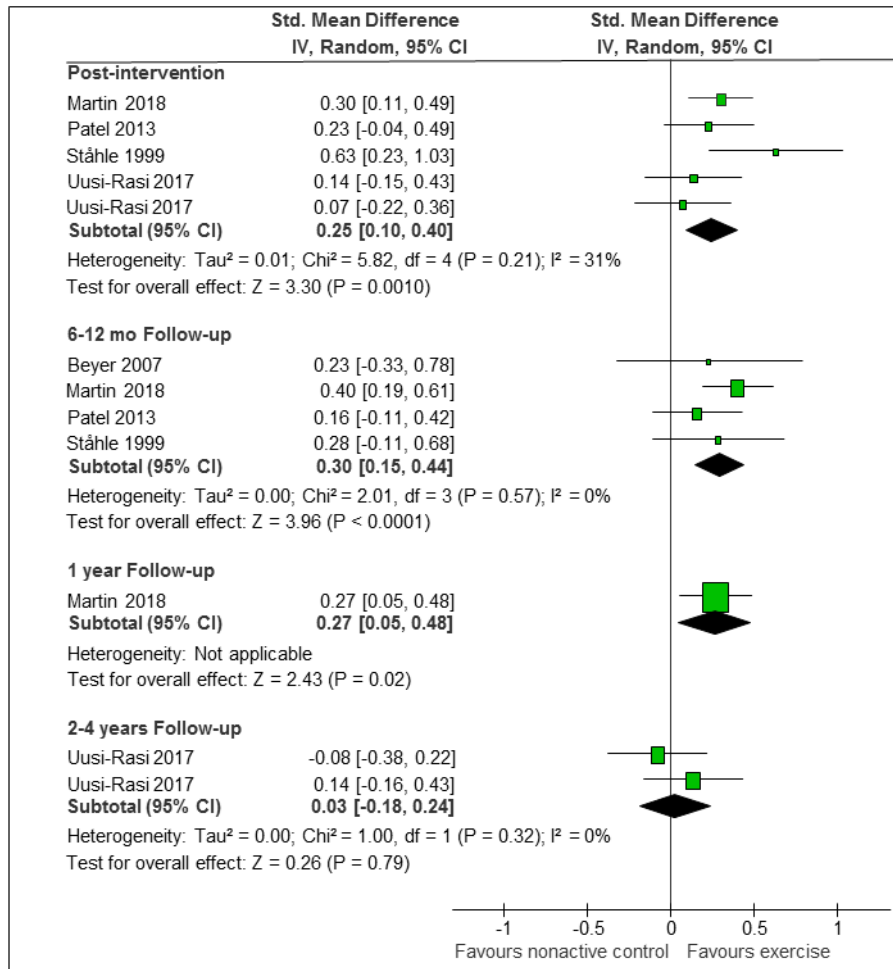


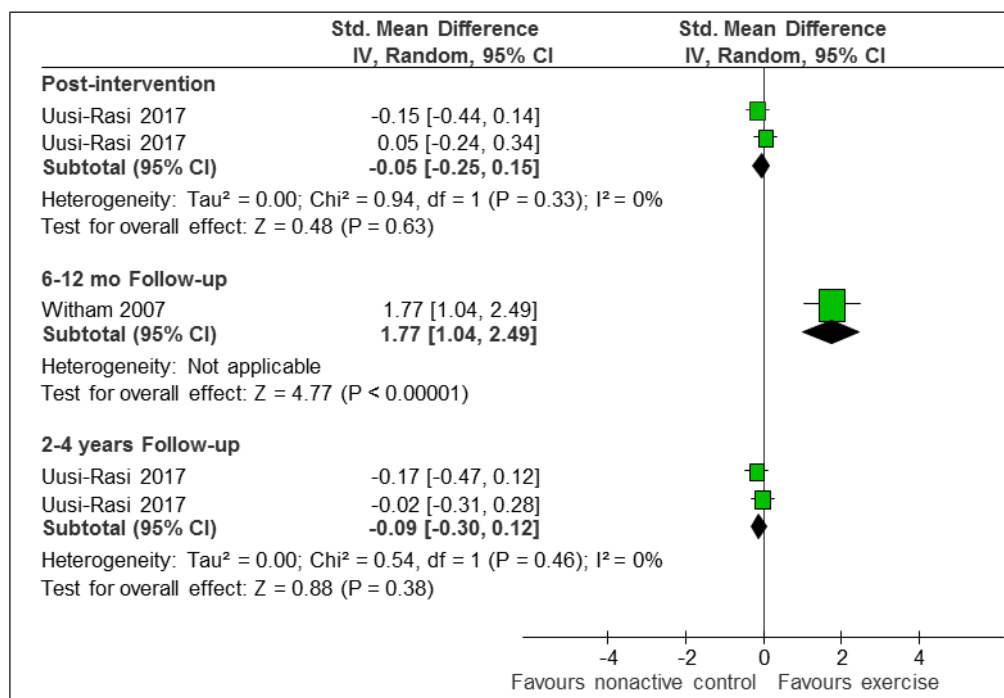
Supplementary figure 1. Exercise-based intervention vs active control (self-reported PA) restricted to studies with sustainability-enhancing strategies



Supplementary figure 2. Exercise-based intervention vs non-active control (self-reported PA) restricted to studies implementing sustainability-enhancing strategies



Supplementary figure 3. Exercise-based intervention vs non-active control (objective measures of PA) restricted to studies implementing sustainability-enhancing strategies



Supplementary Table S1

MEDLINE (PubMed)

January 2018

#1 “Aging”[MeSH Terms] OR “Nursing Homes”[MeSH] OR “Long-term care” [MeSH] OR “Caregivers” [MeSH] OR “Homebound Persons”[MeSH] OR “Home care services”[MeSH] OR old[Title/Abstract] OR olds[Title/Abstract] OR senior[Title/Abstract] OR seniors[Title/Abstract] OR ageing[Title/Abstract] OR aging[Title/Abstract] OR aged[Title/Abstract] OR nursing home*[Title/Abstract] OR community dwelling[Title/Abstract] OR care home*[Title/Abstract] OR carer[Title/Abstract] OR carers[Title/Abstract] OR long-term care[Title/Abstract] OR caregiver[Title/Abstract] OR care giver[Title/Abstract] OR caregivers[Title/Abstract] OR care givers[Title/Abstract] OR homebound[Title/Abstract] OR resident*[Title/Abstract] 1828945

#2 (“Adult”[MeSH] OR “Middle Aged”[MeSH] OR “Young Adult”[MeSH] OR Child[MeSH] OR “Child, Preschool”[MeSH] OR Infant[MeSH] OR “Infant, Newborn”[MeSH] OR “Internship and Residency”[MeSH OR adolescent*[tiab] OR youth*[tiab] OR young[tiab] OR child*[tiab] OR pediatric[tiab] OR paediatric[tiab]) NOT "Aged"[MeSH] 1582329

#3 #1 NOT #2 1482560

#4 "Aged"[MeSH] OR “Geriatrics” [MeSH] OR older[tiab] OR oldest[tiab] OR elder[tiab] OR elderly[tiab] OR elders[tiab] OR eldership[tiab] 2929284

#5 #3 OR #4 3908325

#6 "Exercise"[Majr] 101919

#7 "Exercise Therapy"[Mesh] 39343

#8 "Physical Fitness"[Mesh] 24808

#9 exercise[ti] 92365

#10 physical activity[tiab] 81156

#11 physical train*[ti] 2088

#12 fitness[ti] 15182

#13 aerobic[ti] 15348

walking

#14 #6 OR #7 OR #8 OR #9 OR #10 OR #11 OR #12 OR #13 265270

#15 #5 AND #14 71955

#16 sustain*[tiab] 272669

#17 continued[ti] 4396

#18 continuation[ti] 1902

#19 maintained[ti] 4914

#20 maintenance[ti] 33877

#21 long term[ti] 171647

#22 intensity[ti] 33089

#23 follow up[ti] 84979

#24 #16 OR #17 OR #18 OR #19 OR #20 OR #21 OR #22 OR #23 580225

#25 #15 AND #24 4709

#28 systematic[sb] 328193

#29 #25 AND #28 123

#30 #25 NOT #29 4586

#31 (randomized controlled trial[pt] OR controlled clinical trial[pt] OR randomized[tiab] OR placebo[tiab] OR drug therapy[sh] OR randomly[tiab] OR trial[tiab] OR groups[tiab]) NOT (animals [mh] NOT humans [mh]) 3505571

#32 #30 AND #31 2146

#34 #25 NOT (#29 OR #32) 2440

#35 #34 AND 28648951[uid] 0

#36 28648951[uid] 1

#37 longitudinal[tiab] OR cohort*[tiab] 576315
#38 #15 AND #37 7562
#40 longitudinal[ti] OR cohort*[ti] 110398
#41 #15 AND #40 1923

OID Embase <1974 to 2017 November 16>

January 2018

1 aged/ (2671375)
2 older.ti,ab. (476520)
3 elderly.ti,ab. (295651)
4 1 or 2 or 3 (3015661)
5 *exercise/ (103420)
6 exp fitness/ (35889)
7 exercise.ti. (118971)
8 physical activity.ti,ab. (112787)
9 5 or 6 or 7 or 8 (275973)
10 sustain*.ti,ab. (369026)
11 continued.ti. (5147)
12 continuation.ti. (2440)
13 maintained.ti. (5703)
14 maintenance.ti. (43899)
15 long term.ti. (233163)
16 follow up.ti. (117109)
17 10 or 11 or 12 or 13 or 14 or 15 or 16 (737794)
18 4 and 9 and 17 (2692)
19 random:.tw. or placebo:.mp. or double-blind:.tw. (1507141)
20 18 and 19 (777)

The Cochrane Library <Cochrane Central Register of Controlled Trials : Issue 10 of 12, October 2017>

January 2018

#1	MeSH descriptor: [Aged] explode all trees	1180
#2	older:ti,ab	29155
#3	elderly:ti,ab	19950
#4	#1 or #2 or #3	45696
#5	MeSH descriptor: [Exercise] explode all trees	19952
#6	MeSH descriptor: [Exercise Therapy] explode all trees	11092
#7	MeSH descriptor: [Physical Fitness] explode all trees	2760
#8	exercise:ti	23253
#9	(physical next activity):ti,ab	12479
#10	#5 or #6 or #7 or #8 or #9	47148
#11	sustain*:ti,ab	25133
#12	continued:ti	472
#13	continuation:ti	517
#14	maintained:ti	546
#15	maintenance:ti	6675
#16	(long next term):ti	21386
#17	(follow next up):ti	12898
#18	#11 or #12 or #13 or #14 or #15 or #16 or #17	62408
#19	#4 and #10 and #18	384

Supplementary Table S2

	Random sequence generation (selection bias)	Allocation concealment (selection bias)	Adherence (performance bias)	Contamination (performance bias)	Self-reported assessment of PA (detection bias)	Incomplete outcome data (attrition bias)	Selective reporting (reporting bias)
Beyer 2007	+	?	+	?	-	+	?
Dohrn 2017	+	+	?	?	+	+	?
Hauer 2003	?	?	+	?	-	+	?
Karinkanta 2009	+	+	?	?	-	?	?
Martin 2018	+	+	+	?	-	+	+
McAuley 2007	+	+	+	?	-	+	?
McMahon 2017	+	+	+	+	+	+	+
Patel 2013	+	+	?	?	-	?	?
Rejeski 2009	+	?	?	?	-	+	+
Stähle 1999	?	?	+	?	-	+	?
Uusi-Rasi 2017	+	+	+	?	+	+	+
Witham 2007	+	+	+	?	+	-	?

Supplementary Table S3. Description of included studies

Study	N (% female)	Mean age (SD)	Inclusion/exclusion criteria	Setting	PA and physical function outcomes	Instruments (*Validated)	Time point measures
Stähle et al. 1999	109 (20)	IG: 71 (3.9) CG: 71 (4.7)	Inclusion: Patients ≥ 65 years admitted to Coronary Care Unit due to and acute coronary event, able to perform a pre-discharge exercise test at a workload ≥ 70W males and ≥ 50W females. For participants with unstable angina a ST depression > 1mm in two adjacent leads had to be documented at the exercise test.	Community	Self-reported PA level.	Six-point scale* (1 = sedentary and 6 = strenuous exercise comprising at least 3 h/week on such activities as jogging, skiing, tennis, swimming and aerobic training).	Baseline, 3 (end of intervention) and 12 months.
Hauer et al. 2003	57 (100)	84.3 (4.4)	Inclusion: Age ≥ 75 years, recent history of injurious falls, female gender, consent of their orthopaedic surgeon after injurious fall.	Geriatric hospital	1. Self-reported overall PA with sub scores of homework, leisure time activity, and sportive activity (including walking). 2. General mobility. 3. Maximal gait speed. 4. Balance. 5. Aerobic performance. 6. Lower-limb strength.	1. Modified Baecke Questionnaire for Older Adults*. 2. Timed Up and Go Test (TUGT) and Tinetti Performance Oriented Mobility Assessment. 3. Not standardized distance walking speed test. 4. Modified balance test. 5. Stair climbing test. 6. 10-time chair stand test and the step height test.	Baseline, 3 (end of intervention), 6 and 24 months.
Beyer et al. 2007	65 (100)	IG: 78.6 (5.1). CG: 77.6 (4.4).	Inclusion: Home-dwelling women aged 70-90 years, who had suffered a fall that consequently required attention in an emergency room but not hospitalization. Exclusion: Fractures of the lower extremities	Physical therapy gym	1. Self-reported PA level. 2. Maximal isokinetic and isometric contraction of knee extension and flexion. 3. Maximal isometric trunk extension and flexion force. 4. Habitual and maximal gait	1. Self-rated PA level in 4 categories: <2h/w=light PA for less than 2 h/week; 2-4h/w=light PA for 2-4 h/week, >4h/w=light PA for more than 4	Baseline, 6 (end of intervention) and 12 months.

			within the last six months, neurological diseases, inability to understand Danish, and cognitive impairment (MMSE < 24).		speed. 5. Balance.	h/week or vigorous PA for 2-4 h/week. 2. Dynamometer. 3. Strain-gauge force transducer. 4. 30-meter walking speed test. 5. Berg Balance Scale.	
McAuley et al. 2007	174 (72)	66.70 (5.35)	Inclusion: Aged 60 to 75 years, sedentary as defined by a lack of regular involvement in exercise during the previous 6 months, healthy and with personal physician's clearance for participation, adequate mental status as assessed by the Pfeiffer Mental Status Questionnaire and willingness to be randomly assigned to either treatment condition.	University setting and local indoor shopping mall. CG used a gymnasium	Self-report PA level in a 1-week period.	Physical Activity Scale for the Elderly*.	Baseline, 2 and 5 years.
Witham et al. 2007	82 (37)	80.5 (5.0)	Aged 70 years or older with a diagnosis of chronic heart failure. All patients had proven left ventricular systolic dysfunction on echocardiography, radionuclide ventriculography, or contrast ventriculography.	Local heart failure clinic and medicine for the elderly clinic	1. PA levels with counts/24h. 2. Aerobic performance.	1. Stayhealthy RT3 accelerometer*. 2. 6-minute walk test.	Baseline, 3 (end of intervention), 6 and 12 months.
Karinkanta et al. 2009	149 (100)	RES: 72.7 (2.5) BAL: 72.9 (2.3) COMB: 72.9 (2.2) CG: 72.0 (2.1)	Inclusion: 70-79-year-old home-dwelling women. Exclusion: History of illness contraindicating exercise, history of any illness affecting balance or bones, uncorrected vision problems, taking medication known to affect balance or bone metabolism (for 12 months before the enrolment), intense exercise more than twice a week or the T-score for femoral neck bone mineral density lower than -2.5.	Training center	1. Weekly self-reported PA level (type, frequency and duration). 2. Maximal isometric contraction of knee extension. 3. Dynamic balance and agility. 4. Self-rated physical function.	1. PA converted to MET-h/week. 2. Leg press dynamometer. 3. Standardized figure-of-eight running test. 4. Standardized Finnish Physical Functioning Scale of Rand 36-Item Health Survey.	Baseline, 12 (end of intervention) and 24 months.
Rejeski et al. 2009	106 (68.9)	Age range 70-89	Inclusion: Men and women aged 70-89 years, SPPB summary score less than 10, able to complete the 400-m walk in 15 minutes at baseline, and sedentary (<20 minutes	University setting	1. Self-report PA level (duration) across domains, and of different intensities (light, moderate, vigorous) in a 1-week period. 2. Aerobic performance.	1. CHAMPS PA questionnaire*. 2. 400-m walk. 3. SPPB.	Baseline, 6, 12 and 36 months.

			of exercise each week for the past month). Exclusion: Major medical or psychiatric condition or MMSE < 21.		3. Physical function (gait speed, balance, lower-limb strength).		
Patel et al. 2013	225 (55)	65-75 years= 78% ≥76 years= 22%	Inclusion: Aged ≥ 65 years, speak/write English, able to walk, no contraindications for PA, low PA levels (<150 min/w), reside in community in Auckland (NZ). Exclusion: Visual impairment.	Home	Self-report PA level (minutes of PA/week).	Auckland Heart Study PA Questionnaire*.	Baseline, 3 (end of intervention), and 9 months.
Dohrn et al. 2017	91 (98)	75.6 (5.4)	Inclusion: Community dwelling, aged ≥ 65 years, living in Stockholm county (Sweden), confirmed osteoporosis, impaired balance and fall related concerns. Exclusion: Fall related fracture within last year, MMSE < 24, other diseases that impact training ability, inability to walk indoors without aid.	Group setting (not stated)	1. PA level with counts per minute. 2. Number of sedentary bouts/day. 3. Steps per day.	1. Actigraph accelerometer*. 2. Actigraph accelerometer. 3. Pedometer.	Baseline, 3 (end of intervention), 9, and 15 months.
McMahon et al. 2017	102 (75.3)	79 (6.5)	Inclusion: Aged ≥ 70 years, speak English, ability to walk, no neurocognitive disorder, ≤ 21 telephone MMSE, PA level below national recommendations (strength <2times/week, M-V PA <150min/week).	Neighbourhood and home setting	1. Self-report PA duration (average minutes of total physical activity in a 1-week period). 2. Physical function (gait speed, balance, lower-limb strength).	1. Fitbit One Activity monitor and CHAMPS PA questionnaire*. 2. SPPB	Baseline, 2 (end of intervention) and 8 months.
Uusi-Rasi et al. 2017	409 (100)	74.1 (3)	Inclusion: No contraindication for exercise, with a fall in the previous 12 months. Exclusion: Use of Vitamin D, M-V PA >2hours/week.	Exercise hall and Gymnasium	1. Self-report PA level (duration) across domains, and of different intensities (light, moderate, vigorous) in a 1-week period. 2. Steps per day. 3. General mobility 4. Physical function (gait speed, balance, lower-limb strength). 5. Dynamic balance 6. Maximal isometric leg-extensor strength	1. CHAMPS PA questionnaire*. 2. Pedometer. 3. Timed Up and Go Test. 4. SPPB 5. Backwards walking test. 6. Strain gauge dynamometer.	Baseline, 24 (end of intervention), 36 and 48 months.
Martin-Borràs et al.	422 (60.1)	IG: 69.5 (8.4) CG: 68.2	Inclusion: Participants of both genders aged 18–85,	Primary Care setting/ outdoors	1. Self-report PA (number of metabolic equivalents × minutes of	1. IPAQ short version*.	Baseline, 3 (end of intervention),

2018		(8.9)	with at least one chronic disease, independent in rising from a chair and walking with or without a technical aid, self-reported being insufficiently active as determined by one question screening tool. Exclusion: Had a diagnosis of severe dementia (not able to understand and/or follow verbal commands), or had had a stroke, hip fracture, myocardial infarction or had undergone hip or knee replacement surgery within the previous 6 months.	(e.g. public parks)	activity × events per week). attitude towards the 2. PA practice stage of change using the Prochaska scale. 3. Social support for PA practice.	2. Stages of change. 3. Social Support for Physical Activity Scale.	9 and 15 months.
------	--	-------	--	---------------------	---	--	------------------

IG: Intervention Group; CG: Control Group; PA: Physical Activity; TGUT: Timed Get Up and Go Test; MMSE: Mini Mental State Examination; RES: Progressive resistance training; BAL: Balance jumping training; COMB: combination of RES+BAL trainings; MET: Metabolic Equivalents; SPPB: Short Physical Performance Battery; CHAMPS: Community Healthy Activities Model Program for Seniors; NZ: New Zealand; PT: Physical Therapist; LASA: Longitudinal Aging Study Amsterdam; M-V: moderate-vigorous; IPAQ: International Physical Activity Questionnaire.

Supplementary Table S4. Description of the interventions and strategies to enhance long-term adherence of PA levels

Study	Intervention description	Control description	Frequency, duration and intensity	Compliance to intervention	Person delivering the intervention	Strategies to enhance long-term sustainability of PA levels	Strategies related to individual behavior change based on the Social Cognitive Theory
Stähle et al. 1999	Aerobic outpatient group-training program. The training was followed by 10 min of music-supported relaxation.	Verbal and written information about the importance of regular PA. Recommendation to take a daily walk at a comfortable speed, and to gradually increase this effort as soon as they felt able to do so. Invitation to monthly information meetings at the department.	12 weeks (3 months). 3 times/week of 50 min sessions. Music was used to guide the intensity of the performance during the sessions.	Average compliance in IG: 87% (range 64-100).	Specialized physiotherapist.	IG: After the initial 12 weeks, patients were offered to participate in the program once a week for another 12 weeks. CG: After the 12-week follow-up, participants were encouraged to contact the local National Association for Heart and Lung Patients to take part in its training program.	Behavior Capability (Behavioral Strategy)
Hauer et al. 2003	High-intensity progressive resistance training of functionally relevant muscle groups and a progressive functional and balance training program.	Motor placebo activities such as stretching or playing ball games while in a predominantly sitting position.	IG: 12 weeks (3 months). 3 times/week. Intensity of strength training was adjusted between 70% and 90% of each individual's maximal workload. Basic training in functions such as walking, stepping, or balancing was progressive and training tasks with increasing complexity were introduced in the training regimen and protocol. CG: 12 weeks. 3 times/week of 60 min sessions. Both groups received identical physiotherapy twice a week for 25 minutes. Strength and balance training was excluded during physiotherapy and control group sessions.	Drop out at baseline n=13. IG: Drop out follow-up testing n=2. CG: Drop out follow-up testing n=0. No data on attendance.	Not reported.	Not reported.	Not reported.
Beyer et al. 2007	Flexibility-warm up 15 min, resistance exercise 30 min,	Usual care. No exercise-related activities were provided for the	24 weeks (6 months). 2 times/week of 60 min sessions. The training program was personalized	Training compliance was on	Supervised by a physiotherapist.	Participants were given information about health benefits of being physically	Self-efficacy (Cognitive Strategy)

	balance training 10 min, stretching 5 min.	control group.	because of heterogeneity of participants regarding physical symptoms	average 79% (42-100%). IG drop out n=8. CG drop out n=1.		active. Physiotherapists applied the principles of self-efficacy, regular performance feedback and positive reinforcement to enhance the motivation for exercise progression.	Expectancies (Cognitive Strategy)
McAuley et al. 2007	Walking program.	Stretching and toning program.	24 weeks (6 months). 3 times/week (length of each session not reported).	Drop out follow up at year 5: 21%.	Trained exercise specialists.	Participants were paid \$30 for completion of measures at both time points. Researchers used self-efficacy as the guiding theoretical construct. Participants were sent their measures' feedback in a postage-paid envelope.	Self-efficacy (Cognitive Strategy) Reinforcement
Witham et al. 2007	Progressive, seated exercise using small wrist and ankle weights to augment the aerobic component of the exercise.	Usual care. No exercise-related activities were provided for the control group.	12 weeks (3 months). 2 times/week (length of each session not reported).	Not reported.	Supervised by a physiotherapist.	Patients kept an activity diary and agreed to weekly goals for increased activity with the physiotherapist. After the initial 3-month phase, patients in the exercise group continued to exercise at home for an additional 3 months with weekly telephone contact by the physiotherapist.	Self-efficacy (Cognitive Strategy) Self-control (activity diary and weekly goals) (Behavioral Strategy)
Karinkanta et al. 2009	Progressive Resistance Training (RES): exercises for large muscle groups. Balance jumping training (BAL): modified aerobics and step aerobics, including a variety of balance, agility, and impact exercises. RES+BAL (COMB).	Usual care. No exercise-related activities were provided for the control group. Participants were asked to maintain their pre-study level of PA during the 12-month trial.	12 months. 3 times/week (length of each session not reported). RES: intensity increased from 50-60% of 1RM to 75-80% of 1RM. BAL: the degree of difficulty of movements, steps, impacts and jumps was gradually increased.	Training compliance was 74.4 (23.1) in group RES; 59.2 (29.3) in group BAL; and 67 (24.8) in group COMB.	Trained exercise leaders.	Not reported.	Not reported.
Rejeski et al.	Aerobic walking	Active control group with	12 months.	Not reported.	Not reported.	Each participant received a 45-	Self-efficacy

2009	exercise, along with strength, balance, and flexibility training.	health education workshops on a variety of health topics relevant to older adults and also involved a short instructor-led program (5-10 minutes) of upper extremity stretching exercises.	<p>IG: the intervention was divided into three phases: adoption (weeks 1-8) with 3 center-based exercise sessions (40–60 min) per week; transition (weeks 9-24) with 2 sessions/week and home-based endurance/ strengthening/ flexibility exercises (≥ 3/week); and maintenance (week 25 to the end of the trial) with home-based intervention, optional once-to-twice-per-week center-based sessions, and monthly telephone contacts. During the first 12 weeks the PA intervention focused on walking. The goal was walking for at least 150 minutes over the course of the week, attained in a progressive and individualized manner. Participants also completed lower extremity strengthening and stretching exercises. Balance training was introduced during the adoption phase. The intensity of training was gradually increased over the first 2-3 weeks. Perceived exertion assessed by the Borg scale was used to regulate the intensity of exercise; moderate intensity exercise was promoted.</p> <p>CG: participants met in small groups once/week for the first 26 weeks and then monthly.</p>	<p>minute individualized, introductory session to describe the intervention and to provide individual counselling to optimize safety and participation. Once a week for the first 10 weeks, participants engaged in group mediated behavioral counselling sessions that focused on self-regulatory skills central to promoting PA and on the role of PA in disability prevention.</p>	<p>(Cognitive Strategy) Behavioral Capability (Behavioral Strategy)</p>		
Patel et al. 2013	<p>Green prescription* pedometer-based.</p> <p>Green prescription traditional time-based.</p> <p>Both options with 3 counselling calls, and daily logs.</p>	Time-based goals for PA, plus 3 phone calls.	<p>12 weeks (3 months). No frequency or duration was provided in the present article or the two previous papers^{49,50}.</p>	<p>N=330 started, n=270 completed. This study used the first 225 that completed.</p>	Patient-support counsellor.	<p>1 phone call/month during the 12 weeks of intervention to counsel PA practice. Physician prescribed PA. Step and time-based goals were individualized and encouraged to increase over the course of time.</p>	<p>Self-efficacy (Cognitive strategy) Self-control (Behavioral Strategy)</p>

Dohrn et al. 2017	Balance and walking. There were 2 intervention groups, one did balance training only and the other did balance training + Nordic walking but both groups were collapsed for data analysis.	Usual care. No exercise-related activities were provided for the control group. Participants were asked to continue with their usual activity. The control group was offered the balance training following the 12-week period.	12 weeks (3 months). 3 times/week of 45 minutes' sessions	Dropout rate: 42%. Only those who completed 24 sessions or more were included.	2-3 Physiotherapists	Not reported.	Not reported.
McMahon et al. 2017	3 intervention groups: OTAGO+PA monitor+ interpersonal behavioral strategies. OTAGO+PA monitor+ intrapersonal behavioral strategies. OTAGO+PA monitor+ interpersonal behavioral strategies+ intrapersonal behavioral strategies.	OTAGO+PA monitor	8 weeks' duration, 90min/week. Small groups (4-6 participants).	With Fitbit One and Intervention workbook End of intervention: 95%. 6 month FU: 93%. Control: 6.9 meetings of 8.	Board-certified gerontological nurse practitioner.	Participants were given thank you cards and \$20 following each of the three data collection sessions. They were also invited to keep their physical activity monitors after the study to control their activity.	Reinforcement (Behavioral Strategy) Self-control (Behavioral Strategy)
Uusi-Rasi et al. 2017	2 intervention groups: VitD with Exercise. No VitD with Exercise.	2 control groups: No Exercise with VitD. No exercise without VitD. Participants were asked to	2 years intervention: 0-12 months: 2 times/week of 60 minutes sessions (10 min warm-up and stretching). 12-24 months: 1 time/week + house exercising. Training sessions carried out in 8 week	Not reported	Supervised by a physiotherapist.	After the intervention, participants were followed for two years, and during this time period they continued to keep the falls diaries and pedometers. In addition, all women were invited to continue with the	Self-control (pedometers and fall diaries) (Behavioral Strategy)

	Exercise: strength large muscle groups, balance, agility and mobility.	continue with their usual activity.	<p>periods in groups of 10-20 participants.</p> <p>1st year intervention: home program the days they don't participate in supervised sessions.</p> <p>2nd year intervention: home training sessions at least 3 times a week.</p> <p>One home session requires 5-10 minutes.</p> <p>Exercise intensity was individually progressive, estimated in metabolic equivalent tasks every 8 weeks with heart rate monitor (Firstbeat technologies).</p>			exercise training, or to participate in any other exercise training they preferred.	Behavior Capability (Behavioral Strategy)
Martin-Borràs et al. 2018	<p>Primary care based ERS linked to municipal resources and social support and social participation enhancement.</p> <p>Sessions included aerobic activities, upper and lower body strength-based exercises and balance exercises.</p>	<p>Usual care.</p> <p>No exercise-related activities were provided for the control group.</p> <p>Participants were asked to continue with their usual activity.</p>	<p>12 weeks (3 months).</p> <p>2 times/week of 60 minutes' sessions.</p> <p>Groups of 10–15 participants.</p> <p>Participants were instructed to perform strength training at a perceived exertion intensity of 4–6 (somewhat hard) during the first 2 weeks of training. Training intensity was individually calculated by the 4–8 repetition maximum method for each exercise using elastic bands and body weight (loaded sit to stand movement). After the familiarization stage, preferred intensity was established at 6–8 (hard to really hard) of the Borg's scale.</p>	<p>Compliance (attendance) 156/220</p> <p>participants in the IG attended ≥ 19 of the total sessions.</p> <p>There were no adverse events during the study period.</p>	Trained exercise specialists.	<p>The exercise specialist encouraged all participants to conduct a third session each week on their own such as brisk walking to enhance the autonomy of the participants.</p> <p>The PA specialist detected a leader in each group to organize these extra sessions.</p> <p>All participants were offered a personalized exercise program with exercises that were performed during the sessions.</p> <p>During the last two sessions, visits with all participants were made to the nearest community resources (e.g., sport facilities) where the regular PA practice could be continued.</p> <p>The PA program included the following mechanisms to enhance social support during the cool-down phase of each session: social influence/social comparison, social control, self-esteem, sense of control and</p>	<p>Self-efficacy (Cognitive Strategy)</p> <p>Behavior Capability (Behavioral Strategy)</p> <p>Expectations (Cognitive Strategy)</p>

belonging and companionship.

*Green Prescription is a prescription for PA administered by a physician in the same format that drug treatment is administered: type, intensity, and frequency.

PA: Physical Activity; IG: Intervention Group; CG: Control Group; RM: Repetition Maximum; FU: Follow Up; ERS: Exercise referral Scheme.