NKR 50 Fald Pico 3 Konceptuelle bevægelseformer

Review information

Authors

Sundhedsstyrelsen[1]

[1][Empty affiliation]

Citation example: S. NKR 50 Fald Pico 3 Konceptuelle bevægelseformer. Cochrane Database of Systematic Reviews [Year], Issue [Issue].

Characteristics of studies

Characteristics of included studies

Choi 2005

Methods	**Study design:** quasi-experimental design with a non-equivalent control group **Study grouping:** Parallel group
Participants	**Included criteria:** We targeted ambulatory adults aged 60 years or over who had atleast one of the following fall-related risk factors: (1)impaired gait [score10 on the gait subscale (maximum12) of the Performance Oriented Assessment of Mobility(POAM; Tinettiet al.1986)]; (2) impaired balance [score14 on the POAM balance subscale (maximum of 16)]; (3)history of falling in the previous year; (4) postural hypoten-sion, as indicated by a drop in systolic blood pressure of‡20 mmHg from lying to standing; and (5) use of four ormore prescription medications that may affect balance. **Excluded criteria:** Exclusion criteria were (1) severe dementia (score20 onthe Folstein Mini-Mental State Examination); (2) inability tocomplete 12 weeks of Tai Chi exercise due to physical illness;and (3) current involvement in any type of regular exercise. **Pretreatment:**
Interventions	**Intervention Characteristics** Intervention 1 ● *Description*: The Tai Chi exercise programme consisted of 10 minutesof warming-up exercise, 20 minutes of 12 Tai Chi move-ments, and 5 minutes of cooling-down exercise. The warm-ing-up exercise comprised walking around with movinghands and greeting each other in the group, followed byexercises with two ranges of motion on each joint of the neck,shoulders, trunk, hip, knees, and ankles. Lam (2000) devel-oped forms of Tai Chi

	exercise specifically for patients witharthritis that consisted of slow and continuous movementswith a great deal of moving forward and backward. The 12forms of the Tai Chi exercise involved the bending of knees inwide steps. The cycle of 12 movements was repeated for20 minutes while listening to traditional instrumental musicin order to maintain slow and continuous movements, as wellas to provide a soothing effect. The exercise session wasalways completed with a cooling-down exercise involving thestretching of arm and leg muscles and breathing exercises ● *Duration (week)*: 12 weeks ● *Length of follow-up after end of intervention*:no FU ● Control ● *Description*: routine activities without participa-ting in any regular exercise classe ● *Duration (week)*: 12 weeks ● *Length of follow-up after end of intervention*: no FU
Outcomes	● *Dynamisk balance (Berg´s, BESTest, DGI, POMA) change* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Fully reported ● **Scale**: Balance standing on one leg -eyes open ● **Unit of measure**: sec ● **Direction**: Higher is better ● **Data value**: Endpoint ● **Notes**: Also information on Balance standing on one leg -eyes closed (sec), mean SD, higher is better, final *Mobilitet (DEMMI, TUG, Ganghastighed) change* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Fully reported ● **Scale**: 6 m walk ● **Unit of measure**: sec ● **Direction**: Lower is better ● **Data value**: Change from baseline ●

Identification	**Sponsorship source:** **Country:** South Korea **Setting:** Facility **Comments:** **Authors name:** CHOI J.H **Institution:** Department of Nursing, Chung Nam National University **Email:** songry@cnu.ac.kr **Address:** Department of Nursing,Chung Nam National University
Notes	

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	Judgement Comment: A quasi-experimental design using a non-equivalent control group.Two facilities with similar characterictics were selected and randomly assigned to either the experimetal or control group by coin tossing.
Allocation concealment (selection bias)	Unclear risk	Judgement Comment: No description
Blinding of participants and personnel (performance bias)	High risk	Judgement Comment: Participants and personnel were not blinded to the intervention
Blinding of outcome assessment (detection bias)	High risk	Judgement Comment: Blind measurements were not feasible.
Incomplete outcome data (attrition bias)	Low risk	Quote: "characteristics and baseline measures A total of 68 older adults participated in the study, and 29 people in the Tai Chi group and 30 controls completed the post-test measures, corresponding to dropout rates of 14.7% and 1.8%, respectively. The reasons for dropping out from the exercise group were hospitalization (n = 1), transfer to another facility (n = 2), and less than 70% attendance at the 36 exercise sessions (n = 2).
Selective reporting (reporting bias)	Low risk	Judgement Comment: Not refering to prespecified study protocol, but includes reporting of expected outcomes
Other bias	Low risk	Judgement Comment: The study appears free of other sources of bias

Day 2015

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group
Participants	**Baseline Characteristics** Intervention Kontrol Overall **Included criteria:** Fra Day 2012: Partic- ipants were 70 years and older, community residents, and preclinically disabled as defined by Fried et al **Excluded criteria:** Fra Day 2012:We excluded participants if they were already participating in tai chi or a vigorous exercise program (other physical activity was allowed), had an adjusted score greater than 4 on the Short Portable Mental Status Questionnaire,16 had major unstable cardiopulmonary disease, had a life-threatening illness, had a major psychiatric illness unless stable on treat- ment, or did not have approval to participate from their local doctor. **Pretreatment:** ingen angivne
Interventions	**Intervention Characteristics** Intervention ● *Intervention*: modified Sun style tai-chi 2x24 weeks Kontrol ● *Intervention*: a flexibility and stretching program, conducted primarily in the seated position (not affecting fall risk)
Outcomes	*Antal fald (uden bevidsthedstab)* ● **Outcome type**: DichotomousOutcome ● **Unit of measure**: antal fald ● **Direction**: Lower is better ● **Data value**: Endpoint *Antal af personer som falder (uden bevidsthedstab)* ● **Outcome type**: DichotomousOutcome ● **Direction**: Lower is better ● **Data value**: Endpoint *Dynamisk balance (Berg´s, BESTest, DGI, POMA)* ● **Outcome type**: ContinuousOutcome ● **Direction**: Higher is better ● **Data value**: Endpoint

	Mobilitet (DEMMI, TUG, Ganghastighed) ● **Outcome type**: ContinuousOutcome ● **Direction**: Higher is better ● **Data value**: Endpoint *Frygt for fald (FES-I)* ● **Outcome type**: ContinuousOutcome ● **Direction**: Lower is better ● **Data value**: Endpoint *Svimmelhed (DHI, VSS, VRBQ)* ● **Outcome type**: ContinuousOutcome ● **Direction**: Lower is better ● **Data value**: Endpoint *Dagligt aktivitetsniveau (accellerometer, PROM)* ● **Outcome type**: ContinuousOutcome ● **Direction**: Higher is better ● **Data value**: Endpoint *Livskvalitet* ● **Outcome type**: ContinuousOutcome ● **Direction**: Higher is better ● **Data value**: Endpoint *Utilsigtet fald under træning* ● **Outcome type**: AdverseEvent ● **Direction**: Lower is better ● **Data value**: Endpoint
Identification	**Sponsorship source:** **Country:** Australia **Setting:** Participants resided either in the community or in retirement villages. **Comments:** **Authors name:** Lesley Day **Institution:** **Email:** **Address:**

Notes	

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	Judgement Comment: Fra Day 2012: participants were random- ized by the study statistician (D.J.) by using a computerized random number generator and a minimization algorithm
Allocation concealment (selection bias)	Low risk	Judgement Comment: Fra Day 2012:The allocation list was e-mailed directly to the exercise program administrator who managed exercise class delivery, independent of the research staff in- volved in the data collection.
Blinding of participants and personnel (performance bias)	Low risk	Quote: "The control group received a flexibility and stretching program, conducted primarily in the seated position." Judgement Comment: som sham intervention. deltagerne er dermed blindede
Blinding of outcome assessment (detection bias)	Low risk	Quote: "Interviews were completed for 96.3% at reported falls. The interviewer was blind to group assignmcnt"
Incomplete outcome data (attrition bias)	Unclear risk	Judgement Comment: ca 10% drop out i begge grupper, men Intervention participants who withdrew from the exerdse dasseswere more likeiy to live ina retirement viliage (26.9% compared with4.7% of those who did flot withdraw, P < .001), have lower leftquadrireps srrength IdifferenCe 3.3 kg, 95% Confidence interval (0)0.15—635] and required longer to complete the timed up and go test(difference 1.7 seconds 95% Ci 022—3.17) than those who did not witdraw.
Selective reporting (reporting bias)	Low risk	Judgement Comment: ønsker kun at måle på fald. Man kunne også have målt på andet, men fald er "hard outcome" så ok
Other bias	Low risk	Judgement Comment: intet åbenlyst

Eyigor 2009

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group
Participants	**Included criteria:** Forty healthy adult volunteers over the age of 65 years participated in this study.All the subjects were physically active and able to performactivities of daily living (ADL) independently, but none had anyexperience in strength or regular exercise training. **Excluded criteria:** Exclusion criteria were: neurological impairment (stroke, Parkinson's disease, paresis), severe

	cardiovascular disease (acute myocardial infarction, congestive heart failure, uncontrolled hypertension),unstable chronic or terminal illness (diabetes mellitus, malig-nancies), major depression, severe cognitive impairment, or severe musculo-skeletal impairment (inability to participate in the trainings). **Pretreatment:** Marital status
Interventions	**Intervention Characteristics** Intervention 1 ● *Description*: Turkish folkloric danceexercise program 1 hour - 3 times per week ● *Duration (week)*: 8 weeks ● *Length of follow-up after end of intervention*: no FU Control ● *Description*: Did not have anyexercise. The participants were asked to continue their pre-studyphysical activities, but not to increase it. ● *Duration (week)*: 8 weeks ● *Length of follow-up after end of intervention*: no FU
Outcomes	● *Dynamisk balance (Berg´s, BESTest, DGI, POMA) final* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Fully reported ● **Scale**: BBS ● **Direction**: Higher is better ● **Data value**: Endpoint *Mobilitet (DEMMI, TUG, Ganghastighed) final* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Fully reported ● **Scale**: 6 m walk ● **Direction**: Lower is better ● **Data value**: Endpoint ●
Identification	**Sponsorship source:** Not reported **Country:** Turkey **Setting:** Volunteers were recruited among those who responded to advertisements in outpatient clinics **Comments:**

	Authors name: Sibel Eyigor **Institution:** Ege University, Faculty of Medicine, Physical Therapy and Rehabilitation Department **Email:** eyigor@hotmail.com **Address:** 35100 Bornova, Izmir, Turkey
Notes	

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Unclear risk	Quote: "Subjects were randomly allocated into one of two groups: Group 1 (folkloric dance-based exercise) and Group 2 (control). Nineteen subjects in Group 1 and 18 subjects in Group 2 completed the study protocol." Judgement Comment: No describtion of the method used for allocation
Allocation concealment (selection bias)	Unclear risk	Judgement Comment: Insufficient information
Blinding of participants and personnel (performance bias)	High risk	Quote: "Before starting the program, an expert Turkish folk dance- teacher was briefed for the physical characteristics of the elderly, their performances and possible difficulties. In the light of this information, she was asked to choose folkloric dance routines suitable for the subjects." Judgement Comment: No describtion of blinding of the participants
Blinding of outcome assessment (detection bias)	Low risk	Quote: "The following assessments were performed on all subjects before and after the study by the same physician, who was not informed about the treatment protocols:"
Incomplete outcome data (attrition bias)	High risk	Quote: "Thirty-seven subjects had completed the study. The dropouts were due to changes in address or deterioration in personal or a family member's health." Judgement Comment: No flow-chart or fully describtion of incompletness of data No information on the balance of dropouts in the two groups
Selective reporting (reporting bias)	Low risk	Judgement Comment: Study protocol unavailable, but no indication of selective reporting
Other bias	Low risk	Judgement Comment: Apears to be free of other sources of bias

Frye 2007

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group
Participants	**Included criteria:** To be eligible to participate in the study, individuals had to be at least 50years old, to have not regularly exercised for at least 3 months (less than 1hour of purposeful exercise per week), and to provide a note from their per-sonal physician stating that they were physically fit to participate in a low to moderate intensity exercise program. **Excluded criteria:** **Pretreatment:**
Interventions	**Intervention Characteristics** Intervention 1 ● *Description*: Tai Chi ● *Duration (week)*: 12 weeks ● *Length of follow-up after end of intervention*: No FU Intervention 2 ● *Description*: Low impact exercise ● *Duration (week)*: 12 weeks ● *Length of follow-up after end of intervention*: No FU Control ● *Description*: Non-exercise control ● *Duration (week)*: 12 weeks ● *Length of follow-up after end of intervention*: No FU
Outcomes	● *Mobilitet (DEMMI, TUG, Ganghastighed) mean SD* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Fully reported ● **Scale**: Up and go ● **Unit of measure**: seconds ● **Direction**: Lower is better ● **Data value**: Endpoint ●

Identification	**Sponsorship source:** Office of the Dean of the University of Medicine and Dentistry of New Jersey-School of Osteopathic Medicine (UMDNJ-SOM) **Country:** New Jersey, USA **Setting:** **Comments:** **Authors name:** Brian Frye **Institution:** University of Medicine and Dentistry of New Jersey **Email:** **Address:**
Notes	

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Unclear risk	Quote: "Within a week after their baseline assessments were completed, participants were randomized into one of three groups: TC, LIE, or non-exercise control." Judgement Comment: No description on how the randomization was performed.
Allocation concealment (selection bias)	Unclear risk	Judgement Comment: Insufficient information
Blinding of participants and personnel (performance bias)	High risk	Judgement Comment: Participants and instructors were not blinded
Blinding of outcome assessment (detection bias)	High risk	Judgement Comment: Not stated if the outcome asossors were blinded.
Incomplete outcome data (attrition bias)	Low risk	Quote: "Over the course of the 12-week intervention, 12 people withdrew from the study (14.3%), most for medical reasons (e.g., newly diagnosed illnesses, surgery, fall unrelated to study participation). Although more participants withdrew from the TC group than the LIE group or control group (8 TC, 2 LIE, and 2 controls), follow-up conversations indicated that none of the participants withdrew for any reason directly related to the study. There were no statistical differences in either demographic characteristics or study variables between people who dropped out of the study and those who completed it."
Selective reporting (reporting bias)	Unclear risk	Judgement Comment: Study protocol unavailable, but no indication of selective reporting
Other bias	Low risk	Judgement Comment: Appears to be free of other sources of bias.

Granacher 2012

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group
Participants	**Baseline Characteristics** Intervention Kontrol Overall **Included criteria:** The participants were capable of walking independently without any assistive device and they had no prior experience with the applied tests. **Excluded criteria:** None of the participants had any history of musculoskeletal, neurological or orthopaedic disorders that might have affected their ability to conduct a salsa dance programme or to perform balance and strength tests. **Pretreatment:** intet angivet
Interventions	**Intervention Characteristics** Intervention ● *Intervention*: Participants of the INT group conducted a salsa dance programmeover a period of 8 weeks (twice weekly) with a total of 16sessions. Kontrol ● *Intervention*: The participantsof the CON group maintained their normal physical activitiesthroughout the experimental period
Outcomes	*Antal fald (uden bevidsthedstab)* ● **Outcome type**: DichotomousOutcome *Antal af personer som falder (uden bevidsthedstab)* ● **Outcome type**: DichotomousOutcome *Dynamisk balance (Berg´s, BESTest, DGI, POMA)* ● **Outcome type**: ContinuousOutcome ● **Scale**: Stride velocity ● **Unit of measure**: cm per sec ● **Direction**: Higher is better *Mobilitet (DEMMI, TUG, Ganghastighed)* ● **Outcome type**: ContinuousOutcome ● **Scale**: Stride velocity ● **Unit of measure**: cm/s

	● **Direction**: Higher is better ● **Data value**: Endpoint *Frygt for fald (FES-I)* ● **Outcome type**: ContinuousOutcome *Svimmelhed (DHI, VSS, VRBQ)* ● **Outcome type**: ContinuousOutcome *Dagligt aktivitetsniveau (accellerometer, PROM)* ● **Outcome type**: ContinuousOutcome *Livskvalitet* ● **Outcome type**: ContinuousOutcome *Utilsigtet fald under træning* ● **Outcome type**: AdverseEvent
Identification	**Sponsorship source:** **Country:** Switzerland **Setting:** Community **Comments:** **Authors name:** Urs Ganacher **Institution:** Institute of Sport Science, Friedrich Schiller University Jena, Jena , Germany; b Department of Acute Geriatrics, Basel University Hospita **Email:** **Address:**
Notes	*Mette Leth* on 09/04/2017 21:34 **Outcomes** ANOVA analyse på ganghastighed, kan disse værdier pooles med intention to treat analyser?

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	Judgement Comment: Therandomization process was done using Research Randomizer, aprogramme published on a publicly accessible official website(www.randomizer.org)
Allocation concealment (selection bias)	Unclear risk	Judgement Comment: ikke beskrevet
Blinding of participants and personnel (performance bias)	High risk	Judgement Comment: ikke muligt
Blinding of outcome assessment (detection bias)	Unclear risk	Judgement Comment: ikke beskrevet
Incomplete outcome data (attrition bias)	Low risk	Judgement Comment: Ingen rapporterede drop outs og deltagelse på 92,5% for INT.
Selective reporting (reporting bias)	Low risk	Judgement Comment: samme outcome i method og results
Other bias	Low risk	Judgement Comment: ingen åbenlyse

Hartman 2000

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group
Participants	**Included criteria:** Criteria for inclusion in the study in- cluded written medical clearance from a physician and a documented diagnosis of symptomatic and/or radiographic osteoarthritis in the lumbar spine and/or one or more of the lower extremity joints, including the hips, knees, ankles, and joints of the foot. Patients with multiple joint involvement and those who had undergone major joint surgery were also eligible **Excluded criteria:** Individuals with previous T'ai Chi training of longer than 2 weeks were excluded from the study. **Pretreatment:** The groups were comparable on demo- graphic measures of age, gender, race, weight, and height
Interventions	**Intervention Characteristics** Intervention 1 ● *Description*: T'ai Chi training consisted of two 1-hour T'ai Chi classes per week, which included instruction in a 9-form Yang style routine. The forms included a gradual progression of slow, controlled movements which emphasized body and trunk rotation, flexion of hips and knees, weight shifting, reciprocal arm movements, and balance. ● *Duration (week)*: 12 weeks

	● *Length of follow-up after end of intervention*: No FU Control ● *Description*: Participants in the control group were instructed to continue their usual physical activities and routine care pro- cedures and were also invited to three group meetings to meet one another, enjoy a light meal, and share experiences. ● *Duration (week)*: 12 weeks ● *Length of follow-up after end of intervention*: No FU
Outcomes	● *Dynamisk balance (Berg´s, BESTest, DGI, POMA) change* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Fully reported ● **Scale**: One-leg balance ● **Data value**: Endpoint *Mobilitet (DEMMI, TUG, Ganghastighed) change* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Fully reported ● **Scale**: 50-foot Walk ● **Data value**: Endpoint
Identification	**Sponsorship source:** Supported, in part, by the Governor's Committee on Physical Firness and Sports, Department of Public Health, Bureau of Family and Community Health, Boston, Massachusetts **Country:** Boston, USA **Setting:** Allied Health Sciences Center at Springfield College, Springfield, MA **Comments:** na **Authors name:** Catherine A. Hartman **Institution:** Department of public health **Email:** na **Address:** 1475 Mas- sachusetts Ave., #459, Lexington, MA 02420
Notes	

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	Quote: "Following pretest measure- ments, participants were assigned randomly, using a table of random numbers, to either T'ai Chi training or the control group."
Allocation concealment (selection bias)	Unclear risk	Judgement Comment: Insufficient information
Blinding of participants and personnel (performance bias)	High risk	Quote: "At the orientation, the study was described," Judgement Comment: Participants and instructors where not blinded to the intervention.
Blinding of outcome assessment (detection bias)	Low risk	Quote: "Performance tests were administered by a physical therapist and an exercise physiologist who were blinded to the group assignments."
Incomplete outcome data (attrition bias)	Low risk	35 randomized and 33 were posttested
Selective reporting (reporting bias)	Low risk	None detected
Other bias	Unclear risk	Quote: "The groups were comparable on demo- graphic measures of age, gender, race, weight, and height" Quote: "Although participants were assigned randomly to T'ai Chi or control groups, significant differences in two of the pretest measures were observed between the groups. T'ai Chi participants reported more arthritis pain and less satisfaction with overall health status than the control group." Judgement Comment: There is the posibility of selection bias, because there were significant differences at pre-test.

Huang 2010

Methods	**Study design:** Cluster randomized controlled trial **Study grouping:** Parallel group
Participants	**Included criteria:** The criteria sampling were people aged over 65 years whocould walk and who lived in a non-organised community ofTaiwan city. **Excluded criteria:** In total, the population of the Taiwan City Districtinvestigated in this study consisted of 4695 older people;this excluded four villages in nearby mountain area, whichhad difficulty with access.esidents wholived elsewhere (in Taiwan, households and individuals areregistered with the government, but this does not mean thatthe person lives where they are registered) and resident whowere immobile were excluded based on the sample criteria ofthis study. **Pretreatment:** na

Interventions	**Intervention Characteristics** Intervention 1 ● *Description*: Tai Chi Chuan program. The exercise program consisted of13 simple Tai Chi Chuan movements. Coaches A and B werein charge of village B and C respectively. Tai Chi Chuantraining occurred three times per week for 40 minutes in theearly morning and the system was based on the coaches'previous experience ● *Duration (week)*: 5 months ● *Length of follow-up after end of intervention*: 12 months Intervention 2 ● *Description*: Education and Tai Chi Chuan programs. The exercise program consisted of13 simple Tai Chi Chuan movements. Coaches A and B werein charge of village B and C respectively. Tai Chi Chuantraining occurred three times per week for 40 minutes in theearly morning and the system was based on the coaches'previous experience. he content of educationprogram, which was based on earlier research (Huanget al.2003, Huang 2004), was discussed by the researcher and thetwo senior nurses involved; it consisted of the following:1Taking medicines safely. This included the metabolic andphysiological changes that occur in older people and theside effects of medication;2Appropriate nutrition for older people;3Maintaining a safe environment inside the home includingdeterioration of vision and hearing in older people, keepingthe kitchen and toilet well-lit and dry, keeping the stairswell-lit and clean, moving small rugs from the door risersand being careful when crossing a raised door saddle. Thepossibility of installing a railing in the bath and/or toilet, anight light in bedroom and a night light in the toilet werealso raised;4Maintaining a safe environment outside the home includ-ing avoiding dimly lit areas, avoiding slippery surfaces,removing the doormat and clutter from the front door,backyard and garage and installing an external ramp,better path or safe external steps;5Choosing correct and appropriate shoes including thebenefits of thin soled footwear that have a safely bondedinsole with mid-sole hardness and the dangers of footwearwith smooth soles;6Discussion of the above five topics.The teaching included photos and videos of the topics andexplained what was important and needed to maintain agood quality of life among older people. During the session,older people raised questions that were then discussed. ● *Duration (week)*: 5 months ● *Length of follow-up after end of intervention*: 12 months Control ● *Description*: Normal visiting care ● *Duration (week)*: 5 months ● *Length of follow-up after end of intervention*: 12 months
Outcomes	*Antal personer som falder* ● **Outcome type**: DichotomousOutcome ● Reported as OR

	Mobilitet (DEMMI, TUG, Ganghastighed) mean SE ● **Outcome type**: ContinuousOutcome ● **Reporting**: Fully reported ● **Scale**: Get-up and go test ● **Unit of measure**: seconds ● **Data value**: Endpoint
Identification	**Sponsorship source:** The National Science Council, Taiwan provided supportgrants for this study **Country:** Taiwan **Setting:** four villages in Taiwan City **Comments:** na **Authors name:** Huang, Hui-Chi **Institution:** Nursing Department, National Taipei College of Nursing, Taipei, Taiwan **Email:** huichi@ntcn.edu.tw **Address:** 365, MngTe Rd, Peitou Taipei11219, Taiwan
Notes	For risk of bias assessment details see: Gillespie LD, Robertson MC, Gillespie WJ, Sherrington C, Gates S, Clemson LM, Lamb SE. Interventions for preventing falls in older people living in the community. Cochrane Database of Systematic Reviews 2012, Issue 9. Art. No.: CD007146. DOI: 10.1002/14651858.CD007146.pub3.

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Unclear risk	See above
Allocation concealment (selection bias)	High risk	See above
Blinding of participants and personnel (performance bias)	High risk	See above
Blinding of outcome assessment (detection bias)	Unclear risk	See above
Incomplete outcome data (attrition bias)	High risk	See above
Selective reporting (reporting bias)	Unclear risk	See above
Other bias	Unclear risk	See above

Hui 2009

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group
Participants	**Included criteria:** The subjects fulfilled all of the following inclusion criteria: (1) aged 60–75 years. (2) Intact cognitive function, tested by an abbreviated Mini Mental Test with a score7(Hodkinson,1972). (3) Able to walk unaided with or without a walking stick. (4)Have not danced on a regular basis in the past 6 months. (5) Able to communicate in the Cantonese Chinese dialect. **Excluded criteria:** The exclusion criteria were: (1) Presence of uncontrolled cardiovascular disease or diabetes mellitus, pacemaker in situ, stroke, severe chronic obstructive pulmonary disease (COPD), recent healing or unhealed fracture(s), or significant musculo skeletal pain of the lower limbs or back in the past 6 months. (2) Excessive alcohol intake (more than two drinks per day). (3) Currently receiving physical therapy treatment. (4) Surgical intervention 6 months following the first data collection date. (5) House-bound due to physical disability. **Pretreatment:**
Interventions	**Intervention Characteristics** Intervention 1 ● *Description*: Low impact aerobic dance ● *Duration (week)*: 12 weeks ● *Length of follow-up after end of intervention*: No FU Control ● *Description*: No exercise ● *Duration (week)*: 12 weeks ● *Length of follow-up after end of intervention*: No FU
Outcomes	*Mobilitet (DEMMI, TUG, Ganghastighed) mean SD* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Fully reported ● **Scale**: TUG ● **Direction**: Lower is better ● **Data value**: Endpoint
Identification	**Sponsorship source:** Not reported **Country:** China **Setting:** **Comments:** **Authors name:** Elsie Hui

	Institution: Division of Geriatrics, The Chinese University of Hong Kong, 33 A Kung Kok Street, Shatin, New Territories, Hong Kong **Email:** huie@ha.org.hk **Address:** 33 A Kung Kok Street, Shatin, New Territories, Hong Kong
Notes	

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	High risk	Quote: "Due to recruitment needs, this study was not a true randomized controlled trial. The 111 eligible subjects were divided into two groups first and then randomly allocated to either a dance (IG) or in a CG. The initial division was made because many participants refused to join the study if their peers from the same social center were not recruited to the same dance group, potentially reducing the sample size of this study. Eligible"
Allocation concealment (selection bias)	Unclear risk	Judgement Comment: Insufficient information.
Blinding of participants and personnel (performance bias)	High risk	Judgement Comment: Asessors and participants were not blinded to the intervention.
Blinding of outcome assessment (detection bias)	Low risk	Quote: "The personnel who performed the assessments were not involved in the intervention and were blind to the subject's group status."
Incomplete outcome data (attrition bias)	Low risk	Quote: "Reasons for dropping out were: unrelated medical problems (n = 1), personal reasons unrelated to study participation (n = 2), noncompliance with study procedures (n = 2), and personal reasons (time commitment and inconvenience) (n = 4). Furthermore, two subjects in the IG and one in the CG sustained ankle or knee injuries unrelated to dancing just before the final assessment; and two individuals in the CG had engaged in other exercise training within the study period.
Selective reporting (reporting bias)	Low risk	None detected
Other bias	Low risk	Judgement Comment: Appears to be free of other sources of bias

Krampe 2013

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group
Participants	**Baseline Characteristics** Intervention Kontrol Overall **Included criteria:** Mini-Mental State Exam (MMSE) score of 23 or above was the cognitive level deemed necessary to follow the leader's instructions. the ability to stand up with or without assistance for short peri-ods of time. **Excluded criteria:** **Pretreatment:** Generelt højere funktionsniveau i kontrolgruppenfx. ganghastighed: 61.84 (31.10) (12) 67.80 (22.42) (11)
Interventions	**Intervention Characteristics** Intervention ● *Intervention*: 18 dance sessions, 3 times each for 6 weeks. Each session lasted 45 min.Dance steps were designed to improve balance by shifting the body and relocating the center of gravity. The same dance sequences were used throughout the 18-session intervention Kontrol ● *Intervention*: Usual activities
Outcomes	*Antal fald (uden bevidsthedstab)* ● **Outcome type**: DichotomousOutcome *Antal af personer som falder (uden bevidsthedstab)* ● **Outcome type**: DichotomousOutcome *Dynamisk balance (Berg´s, BESTest, DGI, POMA)* ● **Outcome type**: ContinuousOutcome *Mobilitet (DEMMI, TUG, Ganghastighed)* ● **Outcome type**: ContinuousOutcome ● **Scale**: Velocity (cm/s) ● **Direction**: Higher is better ● **Data value**: Endpoint ● **Notes**: OBS: kontrol er hurtige ved baseline, hvorfor det ser ud som om, at der er negativ effekt på interventionenDiff. angivet til intervention: 4.16 kontrol 3.97 (ikke angivet SD)

	Frygt for fald (FES-I) ● **Outcome type**: ContinuousOutcome *Svimmelhed (DHI, VSS, VRBQ)* ● **Outcome type**: ContinuousOutcome *Dagligt aktivitetsniveau (accellerometer, PROM)* ● **Outcome type**: ContinuousOutcome *Livskvalitet* ● **Outcome type**: ContinuousOutcome *Utilsigtet fald under træning* ● **Outcome type**: AdverseEvent
Identification	**Sponsorship source:** **Country:** USA **Setting:** **Comments:** **Authors name:** Jean Krampe **Institution:** Saint Louis University, School of Nursing, 3525 Caroline Mall, St. Louis **Email:** **Address:**
Notes	*Mette Leth* on 09/04/2017 23:06 **Outcomes** Jeg er lidt i tvivl om hvilke outcomes vi skal bruge for balance

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Unclear risk	Quote: "Those (n = 30) providing verbal consent were randomly allocated to either the treatment (dance plus usual routine) group or the control (no dance plus usual routine) group using a randomized complete block design method. Married couples were random- ized together." Judgement Comment: uklart hvordan randomiseret

Allocation concealment (selection bias)	Unclear risk	Judgement Comment: ikke beskrevet
Blinding of participants and personnel (performance bias)	High risk	Judgement Comment: ikke muligt
Blinding of outcome assessment (detection bias)	High risk	Quote: "To minimize bias, a doctoral prepared Physical Therapist (PT), Physical Therapy research assistant, and a student nurse completed the balance and mobility assessments for the study. As these raters were involved in other projects in the facility, they were not blinded to the treatment and control groups." Judgement Comment: ikke blindede
Incomplete outcome data (attrition bias)	Low risk	Judgement Comment: 3/27 drop out, ok lavt
Selective reporting (reporting bias)	Low risk	Judgement Comment: samme outcome i method og results
Other bias	High risk	Judgement Comment: kontrolgruppen har som udgangspunkt højere funktionsniveau ved baseline. Det kommer dermed til at fremgå som at interventionen har negativ effekt

Li 2004

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group
Participants	**Included criteria:** being 70 yr of age or older; being inactive (defined as not being involved in any regular, moderate, or strenuous physical activity program in the previous 3months); being an independent ambulator not flully dependent on an assistive device; being free of chronic medical problems that would limit participation in low-to moderate-intensity exercise; having a physician's clearance to participate; and having no cognitive impairments **Excluded criteria:** Not described **Pretreatment:** The two intervention groups were comparable with regard to demographic descriptors (e.g., age, gender, health status, medication use, past fall history, and fear of falling) and functional outcome variables at baseline
Interventions	**Intervention Characteristics** Intervention 1 ● *Description*: Sessions included 5–10 min of warm-up, 30 min ofTai Chi practice, and 5–10 min of cool-down. Instructioncovered learning new movements and reviewing movementslearned in previous sessions. Each practice sessionincluded musical accompaniment. 60-min exercise, 3 times weekly ● *Duration (week)*: 26 weeks ● *Length of follow-up after end of intervention*: 6 months

	Control ● *Description*: Consisted predominantlyof seated and standing stretches for the trunk andupper body, accompanied by deep abdominal breathing, andrelaxation. ● *Duration (week)*: 26 weeks ● *Length of follow-up after end of intervention*: 6 months
Outcomes	*Dynamisk balance (Berg´s, BESTest, DGI, POMA) final* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Fully reported ● **Scale**: Bergs Balance standard ● **Direction**: Lower is better ● **Data value**: Endpoint ● **Outcome type**: ContinuousOutcome *Mobilitet (DEMMI, TUG, Ganghastighed) final* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Fully reported ● **Scale**: Dynamic gait index ● **Direction**: Lower is better ● **Data value**: Endpoint
Identification	**Sponsorship source:** This project was funded by the National Institutes of Health, National Institute on Aging, Grant No. AG18394. **Country:** United State of America **Setting:** physically inactive older aduits aged 70—92 , recruited from a local health system in Portland **Comments:** na **Authors name:** Fuzhong Li, **Institution:** Oregon Research Institute, Eugene, OR **Email:** fuzhongl@ori.org **Address:** 1715 Franklin Boulevard, Eugene, OR 97403
Notes	For risk of bias assessment details see: Gillespie LD, Robertson MC, Gillespie WJ, Sherrington C, Gates S, Clemson LM, Lamb SE. Interventions for preventing falls in older people living in the community. Cochrane Database of Systematic Reviews 2012, Issue 9. Art. No.: CD007146. DOI: 10.1002/14651858.CD007146.pub3.

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	See above
Allocation concealment (selection bias)	Unclear risk	See above
Blinding of participants and personnel (performance bias)	Unclear risk	See above
Blinding of outcome assessment (detection bias)	Low risk	See above
Incomplete outcome data (attrition bias)	High risk	See above
Selective reporting (reporting bias)	Low risk	See above
Other bias	Low risk	See above

Lin 2006

Methods	**Study design:** Cluster randomized controlled trial **Study grouping:** Parallel group
Participants	**Baseline Characteristics** Intervention Kontrol Overall **Included criteria:** of 13 villages inShin-Sher, 6 villages with larger older populations wereselected for the study **Excluded criteria:** **Pretreatment:** Der er gruppeforskelle: Comparisons of baseline characteristics among the control villagers, tai chi villagers, and tai chi practitioners are shown in Table 1. Compared with the control villagers, the tai chi villagers and tai chi practitioners hadhigher percentages of younger people and women, higher educational levels, and more regular exercise, as well as lower percentages of comorbid conditions, impaired cognition, depression, fall history, and people using a walking aid.
Interventions	**Intervention Characteristics** Intervention ● *Intervention*: The tai chi exercise was scheduled for 1 hour per day inthe morning at 5:30 to 6:30 AM 6 days per week in eachvillage, and each 1-hour session consisted of a 10-minutewarm-up, 45 minutes of tai chi practice, and a 5-minutecool-down. Kontrol

	• *Intervention*: Information on fall preventionwas provided to the older people in all 6 study villagesthroughout the entire second year of the study byhanging posters in public places where older peopleoften congregated and by distributing pamphlets
Outcomes	*Antal fald (uden bevidsthedstab)* • **Outcome type**: DichotomousOutcome • **Direction**: Lower is better • **Data value**: Endpoint *Antal af personer som falder (uden bevidsthedstab)* • **Outcome type**: DichotomousOutcome *Dynamisk balance (Berg´s, BESTest, DGI, POMA)* • **Outcome type**: ContinuousOutcome • **Scale**: Tinetti Balance Scale Score • **Direction**: Higher is better • **Data value**: Endpoint • **Notes**: ikke angivet SD *Mobilitet (DEMMI, TUG, Ganghastighed)* • **Outcome type**: ContinuousOutcome *Frygt for fald (FES-I)* • **Outcome type**: ContinuousOutcome • **Unit of measure**: VAS. "No fear" and "Extremely fearful." • **Direction**: Lower is better • **Data value**: Endpoint • **Notes**: ikke angivet SD *Svimmelhed (DHI, VSS, VRBQ)* • **Outcome type**: ContinuousOutcome *Dagligt aktivitetsniveau (accellerometer, PROM)* • **Outcome type**: ContinuousOutcome *Livskvalitet* • **Outcome type**: ContinuousOutcome *Utilsigtet fald under træning* • **Outcome type**: AdverseEvent

Identification	**Sponsorship source:** **Country:** Taichung Country West Taiwan **Setting:** Community - public places **Comments:** **Authors name:** Mau-Roung Lin **Institution:** institute of Injury Prevention and Control, Taipei Medical University, 250 Wti-Hsing St, Taipei 110,Taiwan **Email:** **Address:**
Notes	

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	High risk	Quote: "Two adjacent villages (Ta-Nan and Shin-Sher) with the largest older populations were selected purposely to promote tai chi exercise, primarily because they had existing public places" Judgement Comment: ikke randomiserede
Allocation concealment (selection bias)	Unclear risk	Judgement Comment: Ikke beskrevet
Blinding of participants and personnel (performance bias)	High risk	Judgement Comment: ikke blindede. Deltagerne kendte til gruppeinddeling.
Blinding of outcome assessment (detection bias)	Low risk	Quote: "villagers and the control villagers, the research assistant who collected information on falls by telephone interviews every 3 months was unaware of which villages were participating in the tai chi intervention program. Furthermore, 6 of 9 clinics"
Incomplete outcome data (attrition bias)	Unclear risk	Judgement Comment: <30% drop out, lidt højt Of the 872 subjects who did not participate, 24 had died, 59 were hospitalized or bedridden, 252 had moved out of the area, 323 were not at home during the assessment period, and 214 declined to be interviewed. A flow diagram of the study population is shown in Figure 1. Compared with the participants, the nonparticipants had similar distributions of sex and educational level but tended to be older (data not shown). De er ældre, dem som ikke deltager omvendt ser frafaldet ud til at være jævnt fordelt i Figur 1.
Selective reporting (reporting bias)	Low risk	Judgement Comment: samme outcome i method og results

Other bias	Unclear risk	Judgement Comment: Gruppeforskelle: Some baseline differences were present between subjects in the control villages and those in the tai chi viilages, and these differences may have contributed to the marked reduction in injurious falls in the control villagers.Comparisons of baseline characteristics among the control villagers, tai chi villagers, and tai chi practitioners are shown in Table 1. Compared with the control villagers, the tai chi villagers and tai chi practitioners had higher percentages of younger people and women, higher educational levels, and more regular exercise, as well as lower percentages of comorbid conditions, impaired cognition, depression, fall history, and people using a walking aid.Men hvilken betydning har dette? Det kan gå begge retninger.

Logghe 2009

Methods	
Participants	
Interventions	
Outcomes	
Identification	
Notes	For details and risk of bias assessment see: Gillespie LD, Robertson MC, Gillespie WJ, Sherrington C, Gates S, Clemson LM, Lamb SE. Interventions for preventing falls in older people living in the community. Cochrane Database of Systematic Reviews 2012, Issue 9. Art. No.: CD007146. DOI: 10.1002/14651858.CD007146.pub3.

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	See above
Allocation concealment (selection bias)	Low risk	See above
Blinding of participants and personnel (performance bias)	High risk	See above
Blinding of outcome assessment (detection bias)	Low risk	See above
Incomplete outcome data (attrition bias)	Unclear risk	See above
Selective reporting (reporting bias)	Unclear risk	See above

Other bias	Unclear risk	See above

Merom 2016

Methods	**Study design:** Cluster randomized controlled trial **Study grouping:** Crossover
Participants	**Baseline Characteristics** Intervention Kontrol Overall **Included criteria:** Eligible participants had to be a resident of the village; be able to walk at least 50 m; agree toundergo physical and cognitive testing; plan to stay in the village for the next 12 mo; and obtainmedical clearance to participate in the study **Excluded criteria:** Participants were excluded if they planned to leave the village for three months or more during the trial period, or if they scored<24 on the Mini Mental State Examination (MMSE) in the baseline assessment indicating cognitiveimpairment **Pretreatment:** intet angivet
Interventions	**Intervention Characteristics** Intervention ● *Intervention*: Dance classes were offered for one hour, twice a week, for a total of 80 h over 12 mo (allowingfor short breaks). articipants in the 12 intervention villages were offered one of two major socialdancing styles: Folk dancing (five villages), which included dances from the United Kingdom,United States, France, Italy, Israel, and Greece; or ballroom dancing (seven villages), whichincluded dances such as Rock and Roll, Foxtrot, Waltz, Salsa, and Rumba. Kontrol ● *Intervention*: Participants in the 11 control villages were advised to continue with their regular activities, and asked not to join a dance class during the trial period. Controls were placed on a wait list for the dance classes at the end of 12 mo
Outcomes	*Antal fald (uden bevidsthedstab)* ● **Outcome type**: DichotomousOutcome ● **Direction**: Lower is better ● **Data value**: Endpoint *Antal af personer som falder (uden bevidsthedstab)*

	● **Outcome type**: DichotomousOutcome *Dynamisk balance (Berg´s, BESTest, DGI, POMA)* ● **Outcome type**: ContinuousOutcome ● **Scale**: Trail Making Test ● **Direction**: Lower is better ● **Data value**: Endpoint *Mobilitet (DEMMI, TUG, Ganghastighed)* ● **Outcome type**: ContinuousOutcome ● **Scale**: Gait speed ● **Direction**: Higher is better ● **Data value**: Endpoint ● **Notes**: the fastest time to walk 3 m from three trials. *Frygt for fald (FES-I)* ● **Outcome type**: ContinuousOutcome *Svimmelhed (DHI, VSS, VRBQ)* ● **Outcome type**: ContinuousOutcome *Dagligt aktivitetsniveau (accellerometer, PROM)* ● **Outcome type**: ContinuousOutcome *Livskvalitet* ● **Outcome type**: ContinuousOutcome ● **Scale**: SF-12 Quality of life Physical component ● **Direction**: Lower is better ● **Data value**: Endpoint *Utilsigtet fald under træning* ● **Outcome type**: AdverseEvent
Identification	**Sponsorship source:** **Country:** Australia **Setting:** In self-care retirement villages(clusters) around Sydney **Comments:** **Authors name:** Dafna Merom **Institution:** School of Science and Health, Western Sydney University, Penrith, Australia **Email:**

	Address:
Notes	

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	Quote: "Retirement villages were randomised by the trial statistician using a computer generated randomisation method, constrained using minimisation"
Allocation concealment (selection bias)	Low risk	Quote: "anticipated median) for each variable. The trial statistician (JMS) advised the study coordinator (EM) of the village's allocation, and the study coordinator arranged the delivery of the intervention. Allocation was thus concealed from the research team that were recruiting vil- lages and participants and performing the baseline assessments. Allocation to dance style was"
Blinding of participants and personnel (performance bias)	High risk	Judgement Comment: deltagere ikke blindede
Blinding of outcome assessment (detection bias)	Unclear risk	Quote: " During the trial, participants were asked not to reveal details about the program to research staff. The recording of falls from participant diaries was performed by research staff blind to allocation. However, research staff administering the 12-mo assessment were not blinded. Sta- tistical analysis of falls, Trail Making Tests (TMTs) and quality of life were undertaken blind to allocation. Primary Outcome Measures Number of" Judgement Comment: vigtigste outcomes blindede
Incomplete outcome data (attrition bias)	Low risk	Judgement Comment: 12.5 og 9.5% dropout. lavt ok (50% deltagelse af mulige, så selekteret gruppe af ældre som var interesserede - betyder at effekten måske var lidt større end hvis flere var med).
Selective reporting (reporting bias)	Low risk	Judgement Comment: samme outcomes i method og results The Australian New Zealand Clinical Trials Registry ACTRN12612000889853
Other bias	Low risk	Judgement Comment: intet åbenlyst

Nguyen 2012

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group
Participants	**Baseline Characteristics** Intervention Kontrol Overall **Included criteria:** community-dwelling participants were recruited at age 60–79 years **Excluded criteria:** Exclusion criteria included subjects with serious diseases, such as symptomatic coronary insufficiency, angina, arrhythmia, orthostatic hypotension, and dementia **Pretreatment:** intet angivet
Interventions	**Intervention Characteristics** Intervention ● *Intervention*: he version of Tai chi followed was the 24-form style, which incorporates elements of balance, postural alignment, and concentration.Participants in the Tai chi group attended a 60-minute Tai chi practice session twice a week for 6months. The session consisted of a 15-minute warm-up and a 15-minute cool-down period. Kontrol ● *Intervention*: Participants in the control group were instructed to maintain their routine daily activities.
Outcomes	*Antal fald (uden bevidsthedstab)* ● **Outcome type**: DichotomousOutcome *Antal af personer som falder (uden bevidsthedstab)* ● **Outcome type**: DichotomousOutcome *Dynamisk balance (Berg´s, BESTest, DGI, POMA)* ● **Outcome type**: ContinuousOutcome *Mobilitet (DEMMI, TUG, Ganghastighed)* ● **Outcome type**: ContinuousOutcome *Frygt for fald (FES-I)* ● **Outcome type**: ContinuousOutcome ● **Scale**: FES-I ● **Direction**: Lower is better ● **Data value**: Endpoint

	Svimmelhed (DHI, VSS, VRBQ) ● **Outcome type**: ContinuousOutcome *Dagligt aktivitetsniveau (accellerometer, PROM)* ● **Outcome type**: ContinuousOutcome *Livskvalitet* ● **Outcome type**: ContinuousOutcome *Utilsigtet fald under træning* ● **Outcome type**: AdverseEvent
Identification	**Sponsorship source:** **Country:** Vietnam **Setting:** Community **Comments:** **Authors name:** Manh Hung Nguyen **Institution:** Institute of Gerontology, Heidelberg University, Heidelberg, Germany **Email:** **Address:**
Notes	

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Unclear risk	Quote: "In a randomized, controlled trial, 102 subjects were recruited."
Allocation concealment (selection bias)	Unclear risk	Judgement Comment: ikke beskrevet
Blinding of participants and personnel (performance bias)	High risk	Judgement Comment: ingen sham intervention.Deltagerne er ikke blindet, og nogle outcomes er selvrapportert såsom FES, frygt for at falde.
Blinding of outcome assessment (detection bias)	Unclear risk	Judgement Comment: ikke beskrevet

Incomplete outcome data (attrition bias)	High risk	Quote: "Six subjects (6.2%) dropped out within 3 months (first phase). Seventeen subjects (17.7%) dropped out during the next 3 months." Judgement Comment: høj drop out rate
Selective reporting (reporting bias)	High risk	Judgement Comment: Kun mål for fear of falls, selvom conclusionen angiver at tai chi har effekt på balance
Other bias	Low risk	Judgement Comment: intet åbenlyst

Nick 2016

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group
Participants	**Baseline Characteristics** Intervention Kontrol Overall **Included criteria:** older adults who visited theJahandidegan Center in Shiraz, Iran. Inclusion criteria werebeing 60-74 years of age, having an MFES score<8[25]and a BBS score<45, and being willing to participate inthe study. **Excluded criteria:** Excluded persons whohad cognitive or neuromuscular diseases, advancedosteoporosis, or dizziness. We also excluded personswho were taking anticonvulsant, narcoleptic, or seda-tive drugs, used walking aids, attended yoga classesoutside the research study, or experienced acute painthat prevented them from doing the exercises **Pretreatment:** intet angivet
Interventions	**Intervention Characteristics** Intervention ● *Intervention*: e Hatha yoga style was usedwith an emphasis on Pavanamuktasana and balance movements. A certified yoga instructor led the 1-houryoga classes twice a week for 8 weeks. Kontrol ● *Intervention*: no intervention
Outcomes	*Antal fald (uden bevidsthedstab)* ● **Outcome type**: DichotomousOutcome *Antal af personer som falder (uden bevidsthedstab)* ● **Outcome type**: DichotomousOutcome

	Dynamisk balance (Berg´s, BESTest, DGI, POMA) ● **Outcome type**: ContinuousOutcome ● **Scale**: Berg ● **Direction**: Higher is better ● **Data value**: Endpoint *Mobilitet (DEMMI, TUG, Ganghastighed)* ● **Outcome type**: ContinuousOutcome *Frygt for fald (FES-I)* ● **Outcome type**: ContinuousOutcome *Svimmelhed (DHI, VSS, VRBQ)* ● **Outcome type**: ContinuousOutcome *Dagligt aktivitetsniveau (accellerometer, PROM)* ● **Outcome type**: ContinuousOutcome *Livskvalitet* ● **Outcome type**: ContinuousOutcome *Utilsigtet fald under træning* ● **Outcome type**: AdverseEvent
Identification	**Sponsorship source:** **Country:** Iran **Setting:** Jahandidegan Center in Shiraz, southern Iran **Comments:** This study was done in partial fulfillment of the requirementsfor the MSc degree awarded to Narjes Nick **Authors name:** Narjes Nick **Institution:** Shiraz University of Medical Sciences, Shiraz, Iran **Email:** **Address:** N.N.Community Health Department, Fatemeh (P.B.U.H) School of Nursing &Midwifery, Shiraz University of Medical Sciences, Namazi Square, Shiraz, Iran
Notes	

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	Quote: "They were then randomly assigned to either the intervention (yoga) or control group, using the block randomization method size 4. The block randomization was used only on the basis of 2 groups (yoga and con- trol)." Judgement Comment: 40 participants were ..randomly assigned to either the intervention (yoga) or control Group, using the block randomization method size 4Flow diagram is shown
Allocation concealment (selection bias)	Unclear risk	Judgement Comment: ikke angivet
Blinding of participants and personnel (performance bias)	High risk	Judgement Comment: ikke muligt uden sham intervention
Blinding of outcome assessment (detection bias)	High risk	Quote: "After 8 weeks, participants of both groups completed the MFES questionnaire, and the research assistant also measured the postural balance of each participant using the BBS." Judgement Comment: Når de beskriver at "a research assistent.." så kunne de lige så godt have skrevet "blindet to allocation groups.." og når ikke skriver det må det være fordi ikke var tilfældet
Incomplete outcome data (attrition bias)	Low risk	Judgement Comment: kun én drop out (5%)
Selective reporting (reporting bias)	High risk	Judgement Comment: kun Berg som outcome for balance. Det er et effektmål, som påvirkes for meget af assessor
Other bias	Low risk	Judgement Comment: intet andet åbenlyst

Pliske 2015

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group **3 arms:** **KG, FG, CG:** Karate Group **Fitness Group:** **Control Group:**

Participants	**Baseline Characteristics** Intervention Kontrol Overall **Included criteria:** ældre hjemmeboende **Excluded criteria:** Severe chronic diseases: DM, non adjustable. CHD w signs of instab. Myocard. infrction or stroke. Artif. jointsExperience in karate sports or other martial arts for last 20 y. **Pretreatment:** ingen angivne
Interventions	**Intervention Characteristics** Intervention ● *Intervention*: Kvalificeret karatetræning 2 x 1 time ugtl. i 5 mdr. Afpasset efter alder (ref. svær at vurdere) Kontrol ● *Intervention*: continue regular actuvities
Outcomes	*Antal fald (uden bevidsthedstab)* ● **Outcome type**: DichotomousOutcome *Antal af personer som falder (uden bevidsthedstab)* ● **Outcome type**: DichotomousOutcome *Dynamisk balance (Berg´s, BESTest, DGI, POMA)* ● **Outcome type**: ContinuousOutcome *Mobilitet (DEMMI, TUG, Ganghastighed)* ● **Outcome type**: ContinuousOutcome ● **Scale**: walking speed ● **Direction**: Higher is better ● **Data value**: Endpoint *Frygt for fald (FES-I)* ● **Outcome type**: ContinuousOutcome *Svimmelhed (DHI, VSS, VRBQ)* ● **Outcome type**: ContinuousOutcome *Dagligt aktivitetsniveau (accellerometer, PROM)* ● **Outcome type**: ContinuousOutcome *Livskvalitet*

	● **Outcome type**: ContinuousOutcome *Utilsigtet fald under træning* ● **Outcome type**: AdverseEvent
Identification	**Sponsorship source:** **Country:** Germany **Setting:** **Comments:** Low risc population, small + 3 arms **Authors name:** Gerald Pliske et al. **Institution:** 2 departments at Magdeburg University **Email:** gerald.pliske@med.ovgu.de **Address:** Leipziger Strasse 44, 39120 Magdeburg, Germany
Notes	

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Unclear risk	Judgement Comment: ikke beskrevet
Allocation concealment (selection bias)	Unclear risk	Judgement Comment: ikke beskrevet
Blinding of participants and personnel (performance bias)	High risk	Judgement Comment: Agree that shame intervention was possible, and missed: HIGH
Blinding of outcome assessment (detection bias)	Unclear risk	Judgement Comment: ikke beskrevet
Incomplete outcome data (attrition bias)	Unclear risk	Judgement Comment: ingen beskrivelse af drop out eller flowchart.I agree,My assessment did not appear (?)/ST
Selective reporting (reporting bias)	High risk	Judgement Comment: Man kan godt enes om, at surrogatmål ikke er nok at redegøre for dvs HIGH/ ST
Other bias	Low risk	Judgement Comment: intet åbenlyst

Shigematsu 2002

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group
Participants	**Included criteria:** The eligibility criteria included (a) aged 70 orolder, (b) living independently in a community, (c) beingwithout contraindications to cardiorespiratory fitnessassessment (i.e., unstable angina, uncontrolled ventriculararrhythmia, resting diastolic blood pressure)115 mmHg, resting systolic blood pressure)200 mm Hg) ,and (d) not having a regular exercise habit. **Excluded criteria:** na **Pretreatment:** The baseline characteristics of the exercisers were very similar to those of the control group
Interventions	**Intervention Characteristics** Intervention 1 ● *Description*: Exercise classes were held three times a week withat least 1 day of rest between classes. Each 60-minuteclass began with 10 minutes of warm-up activitiesconsisting of calisthenics and stretching. The class wasfollowed by 35 minutes of dance-based aerobic exercise,finishing with 10–15 minutes of cool-down activities. Inthe first 2 weeks of exercise, participants were initiatedto the basic movements and choreography of dance-based aerobic exercise. After the initiation of the pro-gram, the exercise intensity during the dance-basedexercise was set at the individual's HR ("15 b/min)and rating of perceived exertion [15] corresponding tothe lactate threshold. This intensity was considered astargeting cardiorespiratory fitness [10], although thechange in this fitness was not measured. HR monitoringequipment (Accurex plus, Polar Electro Oy, Finland) was used to monitor and keep records during exercise. Mostof the activities were accompanied by music played ona cassette player that could change tempos. In order tocontinue dance-activities, the tempos were arranged forparticipants. A hall at the community centre for seniorcitizens that was the nearest to the participants' resid-ences was selected in order to keep high attendancerate to the exercise. The area of this hall was approxi-mately 150 m2with Japanese tatami mats that weremade of rush. These mats could absorb the excessiveshock of the gravitational impact of the participants'lower body. An exercise specialist, whose areas ofexpertise were exercise gerontology and aerobic-dance instruction, conducted the exercises. Throughoutthe 3-month trial, movements and choreography wereeffectively modified for participants with the aid ofthis instructor.The dance-based aerobic exercise involved contin-uous movement of the legs and trunk and intermittentmovement of the arms. These included movementsthat extend, flex, abduct, adduct, and rotate the leg andfoot, such as side-stepping, fast walking, forward andbackward stepping, leg lifts, placing foot to the front,side, and behind, knee bends, forward and side-lunging,and heel rises. The attendance of participants wasrecorded at each exercise class. ● *Duration (week)*: 3 months ● *Length of follow-up after end of intervention*: No FU ● Control

	• *Description*: Not attending exercise class • *Duration (week)*: 3 months • *Length of follow-up after end of intervention*: No FU
Outcomes	*Dynamisk balance (Berg´s, BESTest, DGI, POMA) final* • **Outcome type**: ContinuousOutcome • **Reporting**: Fully reported • **Scale**: Leg stand eyes open • **Unit of measure**: sec • **Direction**: Higher is better • **Data value**: Endpoint *Mobilitet (DEMMI, TUG, Ganghastighed) final* • **Outcome type**: ContinuousOutcome • **Reporting**: Fully reported • **Scale**: 3-minute walk • **Unit of measure**: meters • **Direction**: Higher is better • **Data value**: Endpoint
Identification	**Sponsorship source:** This research was supported partly by the Tanaka Projectof TARA (Tsukuba Advanced Research Alliance),the University of Tsukuba, and by a Grant-in-Aid forScientific Research from the Japan Ministry ofEducation, Science, Sports and Culture (1997–1999Tanaka Project #09480011). **Country:** Japan **Setting:** an exercise hall at a community centre for senior citizens. **Comments:** na **Authors name:** Shigematsu, R. **Institution:** Kinesiology Science, Mie University **Email:** rshige@edu.mie_u.ac.jp **Address:** 1515 Kamihama, Tsu Mie 514-8507, Japan
Notes	

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Unclear risk	Quote: "The leader of one randomly selected Silver Club was contacted and asked to participate in this study as an exercise intervention group." Quote: "Controls (n=18, 79.8"5.0 years) were collected from a different Silver Club; that was also randomly selected from the other 31 Silver Clubs in the same city." Judgement Comment: Randomization not described
Allocation concealment (selection bias)	Unclear risk	Judgement Comment: Insufficient information
Blinding of participants and personnel (performance bias)	High risk	Quote: "The control group was instructed not to attend the exercise" Judgement Comment: Blinding not feasible
Blinding of outcome assessment (detection bias)	Unclear risk	Quote: "Data were collected by technicians at two sites (a division of cardiology, Higashi Toride Hospital and a hall at the community centre for senior citizens)."
Incomplete outcome data (attrition bias)	Low risk	Quote: "No participants terminated participation in the program."
Selective reporting (reporting bias)	Low risk	None detected
Other bias	Low risk	Quote: "The baseline characteristics of the exercisers were very similar to those of the control group" Judgement Comment: The groups seems comparable and therefor no other source of bias

Taylor 2012

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group
Participants	**Included criteria:** Participants were included if theywere aged 65 and older (55 years if Ma¯ori or Pacific Islan-der to account for ethnic disparities in health)5and hadexperienced at least one fall in the previous 12 months or were considered to be at risk of falling. Risk of falling wasidentified using the Falls Risk Assessment Tool (FRAT) **Excluded criteria:** Participants were excluded if they were unable toambulate independently (with or without walking aid),had a chronic medical condition that would limit partici-pation in low- to moderate-intensity exercise, had severecognitive limitations (score23 on the Telephone Mini-Mental State Examination)7, had participated in tai chiwithin the last year, or were currently participating in anorganized exercise program aimed at improving strengthand balance **Pretreatment:** na

Interventions	**Intervention Characteristics** Intervention 1 ● *Description*: Tai Chi once a week ● *Duration (week)*: 20 weeks ● *Length of follow-up after end of intervention*: 12 months Intervention 2 ● *Description*: Tai chi two times a week ● *Duration (week)*: 20 weeks ● *Length of follow-up after end of intervention*: 12 months Control ● *Description*: Low-level exercise program ● *Duration (week)*: 20 weeks ● *Length of follow-up after end of intervention*: 12 months
Outcomes	*Fald (uden bevidsthedstab)* ● **Outcome type**: Falls pr person year ● **Reporting**: Fully reported ● **Notes**: Follow-up time, 14.8 months (mean) from start *Antal personer som falder, %* ● **Outcome type**: DichotomousOutcome ● **Scale**: % events ● **Direction**: Lower is better ● **Data value**: Endpoint *Mobilitet (DEMMI, TUG, Ganghastighed) final* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Fully reported ● **Scale**: Timed Up and go ● **Direction**: Lower is better ● **Data value**: Endpoint
Identification	**Sponsorship source:** This study was funded and supportedby the ACC, Wellington, New Zealand **Country:** New Zealand **Setting:** Eleven sites throughout New Zealand. **Comments:** Trial registration number: The Australia and New Zealand Clinical TrialsRegister number is

	ACTRN12607000018415. **Authors name:** Taylor, Denise **Institution:** Health and Rehabilitation Research Institute, Faculty of Health and Environmental Sciences, AUT University **Email:** denise.taylor@aut.ac.nz **Address:** Private Bag 92006, Auckland 1142, New Zealand.
Notes	

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	Quote: "Participants were randomly allocated (1:1:1 ratio) to one of three groups: tai chi once a week, tai chi twice a week, or the control group (LLE class delivered once a week). The" Quote: "After baseline assessment, participants were randomly assigned to one of the three study arms using a central, Web-based, computer-generated blocked random number system (generated by the study biostatistician; PS)."
Allocation concealment (selection bias)	Low risk	Quote: "At the end of the baseline assessment, each participant was given a sealed opaque envelope containing group allocation details and was instructed to open the envelope after leav- ing the assessment venue and not to discuss the assignment with any of the assessors." Quote: "The allocation list was placed in a locked cabinet for the duration of the study."
Blinding of participants and personnel (performance bias)	High risk	Judgement Comment: Blinding not feasible
Blinding of outcome assessment (detection bias)	Low risk	Quote: "not to discuss the assignment with any of the assessors."
Incomplete outcome data (attrition bias)	Low risk	82% provided fall data one year after end of treatment
Selective reporting (reporting bias)	Low risk	None detected
Other bias	Low risk	Judgement Comment: Appears to be free of other sources of bias

Tiedemann 2013

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group **Strength / dimension of study accounted for:**
Participants	**Baseline Characteristics** Intervention Kontrol Overall **Included criteria:** Participants were eligible if they were community dwell-ing, aged 59 years or older, were cognitively intact (defined as a score of ≥ 7 on the Short Portable Mental Status Questionnaire) (12), and were willing and able to attend 12 weeks of group-based yoga classes **Excluded criteria:** Exclusion criteria included having a medical condition that precludes exercise (13) (eg, unstable cardiac disease, uncontrolled hypertension, uncontrolled metabolic diseases, and large abdominal aortic aneurysm), minimal English language skills, hostel or nursing home resident, and/or cur-rent participation in yoga or tai chi **Pretreatment:** intet angivet
Interventions	**Intervention Characteristics** Intervention ● *Intervention*: education booklet about fall risk factors and prevention, and participated in a 12-week, twice-weekly group-based program of Iyengar-style yoga. Class sizes ranged from 12 to 15 people per class and the yoga sessions lasted for 1 hour each. The specific poses included are listed. Participants were also instructed to practice the poses at home for 10–20 minutes on at least 2 days per week.An experienced and Iyengar-certified yoga instructor (R.S.) conducted the classes, and in conjunction with the lead researcher (A.T.), developed the 12-week program of yoga postures to be practiced and adhered to. The balance challenge increased over time by gradually increasing the difficulty of the postures performed Kontrol ● *Intervention*: Control group participants received the same fall preven-tion education booklet that intervention group participants received and were also instructed not to take part in any yoga classes or tai chi during the study period
Outcomes	*Antal fald (uden bevidsthedstab)* ● **Outcome type**: DichotomousOutcome *Antal af personer som falder (uden bevidsthedstab)* ● **Outcome type**: DichotomousOutcome

	Dynamisk balance (Berg´s, BESTest, DGI, POMA) ● **Outcome type**: ContinuousOutcome *Mobilitet (DEMMI, TUG, Ganghastighed)* ● **Outcome type**: ContinuousOutcome ● **Scale**: 4 meter walk time (maximal) ● **Direction**: Lower is better ● **Data value**: Endpoint *Frygt for fald (FES-I)* ● **Outcome type**: ContinuousOutcome ● **Unit of measure**: FES-I short ● **Direction**: Lower is better ● **Data value**: Endpoint *Svimmelhed (DHI, VSS, VRBQ)* ● **Outcome type**: ContinuousOutcome *Dagligt aktivitetsniveau (accellerometer, PROM)* ● **Outcome type**: ContinuousOutcome *Livskvalitet* ● **Outcome type**: ContinuousOutcome *Utilsigtet fald under træning* ● **Outcome type**: AdverseEvent
Identification	**Sponsorship source:** This study was funded by The Trust Company and The Australian Association of Gerontology. A.T. and C.S. are supported by fellowships from the Australian National Health and Medical Research Council. **Country:** Australia **Setting:** **Comments:** **Authors name:** Anne Tiedemann **Institution:** The George Institute for Global Health **Email:** mailto:atiedemann@georgeinstitute.org.au **Address:** PO Box M201, Missenden Road, Camperdown, NSW 2050, Australia

Notes	*Steen Telmer* on 24/04/2017 04:04 **Outcomes** Ganghastighed valgt, idet man har anvendt minitest i stedet for TUG (Sit to stand)Utilsigtede hændelser under træning vel beskrevetSelve fald risiko kan ikke adresseres her, kun surrogat mål

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	Quote: "recruitment using a computer-generated random number schedule with randomly permuted blocks sizes of four and six. Randomization"
Allocation concealment (selection bias)	Low risk	Quote: "Randomization to study groups occurred after com- pletion of baseline questionnaires and assessment. The research assistant (S.O.) who collected and entered study data remained blinded to group allocation throughout the study. The"
Blinding of participants and personnel (performance bias)	High risk	Judgement Comment: ingen sham intervention
Blinding of outcome assessment (detection bias)	Low risk	Judgement Comment: Man kan sige, at man ikke havde en sham terapi at blinde på, og dermed bliver kontrol gruppens resultater velså ok. Resultatvurd. var blindet. Kan godt gå med til LOW
Incomplete outcome data (attrition bias)	Low risk	Judgement Comment: kun 2 drop out fra kontrol 0 var intervention High adherence to study + Intension to treat principle
Selective reporting (reporting bias)	Low risk	Judgement Comment: samme outcomes i method og results
Other bias	Low risk	Judgement Comment: intet åbenlystOutcome relevans for os ikke relevant, ok.

Trombetti 2011

Methods	
Participants	
Interventions	
Outcomes	
Identification	

Notes	For details and risk of bias assessment see: Gillespie LD, Robertson MC, Gillespie WJ, Sherrington C, Gates S, Clemson LM, Lamb SE. Interventions for preventing falls in older people living in the community. Cochrane Database of Systematic Reviews 2012, Issue 9. Art. No.: CD007146. DOI: 10.1002/14651858.CD007146.pub3.

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	See above
Allocation concealment (selection bias)	Low risk	See above
Blinding of participants and personnel (performance bias)	High risk	See above
Blinding of outcome assessment (detection bias)	Unclear risk	See above
Incomplete outcome data (attrition bias)	High risk	See above
Selective reporting (reporting bias)	Unclear risk	See above
Other bias	Unclear risk	See above

Ullmann 2010

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group
Participants	**Baseline Characteristics** Intervention Kontrol Overall **Included criteria:** Participants were relatively healthy independently living older adults (age65) **Excluded criteria:** ikke specificeret **Pretreatment:** Table 2: Kun BMI signif. forskelligt ml. de 2 grp.
Interventions	**Intervention Characteristics** Intervention ● *Intervention*: One (1)-hour Feldenkrais sessions were held 3 times perweek for 5 weeks (total of 15 sessions) using the techniqueATM. The content of the sessions included sitting, reaching,walking, turning, transfers (lying

	to sitting, sitting to standing,and vice versa) and relaxation. Kontrol ● *Intervention*: "kontrol"
Outcomes	*Antal fald (uden bevidsthedstab)* ● **Outcome type**: DichotomousOutcome *Antal af personer som falder (uden bevidsthedstab)* ● **Outcome type**: DichotomousOutcome *Dynamisk balance (Berg´s, BESTest, DGI, POMA)* ● **Outcome type**: ContinuousOutcome *Mobilitet (DEMMI, TUG, Ganghastighed)* ● **Outcome type**: ContinuousOutcome ● **Scale**: TUG ● **Direction**: Lower is better ● **Data value**: Endpoint *Frygt for fald (FES-I)* ● **Outcome type**: ContinuousOutcome *Svimmelhed (DHI, VSS, VRBQ)* ● **Outcome type**: ContinuousOutcome *Dagligt aktivitetsniveau (accellerometer, PROM)* ● **Outcome type**: ContinuousOutcome *Livskvalitet* ● **Outcome type**: ContinuousOutcome *Utilsigtet fald under træning* ● **Outcome type**: AdverseEvent
Identification	**Sponsorship source:** This study was supported by the Esther Thelen Researchand Education Fund. **Country:** USA **Setting:** **Comments:** **Authors name:** Gerhild Ullmann, Ph.D. **Institution:** Exercise Science, Arnold School of Health, University of South Carolina

	Email: ullmann@sc.edu **Address:** University of South Carolina1300 Wheat StreetColumbia, SC 29208
Notes	

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Unclear risk	Quote: "screening TUG score and age were used to complete the stratified randomization of participants. In"
Allocation concealment (selection bias)	Unclear risk	Judgement Comment: ikke beskrevet
Blinding of participants and personnel (performance bias)	High risk	Quote: "The investigator, a certified Feldenkrais teacher, taught all Feldenkrais classes." Judgement Comment: ikke blindet og interesseret i godt outcome!!
Blinding of outcome assessment (detection bias)	High risk	Quote: "Confidence Scale (ABC), respectively. 46,47 The investigator conducted the gait assessment with the GAITRite Walkway System; all other tasks and scales were administered by trained staff and are described in Table 1." Judgement Comment: ikke blindet
Incomplete outcome data (attrition bias)	High risk	Judgement Comment: over 20% dropout i intervention og flere i crossover fra kontrol More dropouts in Cohort I and in control Group + "crossovers" from control to active Group and also they went to Cohort II
Selective reporting (reporting bias)	High risk	Quote: "persons who expressed a desire to attend the same class (couples, friends, and carpool) were allowed to do so in or- der to facilitate participation. Members of these units were assigned to the same treatment." Judgement Comment: bryder randomisering og kan forstørre effekten
Other bias	High risk	Quote: "persons who expressed a desire to attend the same class (couples, friends, and carpool) were allowed to do so in or- der to facilitate participation. Members of these units were assigned to the same treatment." Judgement Comment: bryder randomisering og kan forstørre effekten

Voukelatos 2007

Methods	
Participants	
Interventions	
Outcomes	
Identification	
Notes	For details and risk of bias assessment see: Gillespie LD, Robertson MC, Gillespie WJ, Sherrington C, Gates S, Clemson LM, Lamb SE. Interventions for preventing falls in older people living in the community. Cochrane Database of Systematic Reviews 2012, Issue 9. Art. No.: CD007146. DOI: 10.1002/14651858.CD007146.pub3.

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	See above
Allocation concealment (selection bias)	Unclear risk	See above
Blinding of participants and personnel (performance bias)	Unclear risk	See above
Blinding of outcome assessment (detection bias)	Low risk	See above
Incomplete outcome data (attrition bias)	Low risk	See above
Selective reporting (reporting bias)	Unclear risk	See above
Other bias	Unclear risk	See above

Vrantsidis 2009

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group
Participants	**Included criteria:** To be eligible, participants had to be age 55 years or over; living at home, in a retirement village, or in a low-care residential aged-care facility; and have at least one functional impairment (based on Questions 1–11 on the Frenchay Activ-ity Index) or have a history of one or more falls in the preceding 6 months. Partici-pants were also required to be able to stand unsupported for at least 1 min and walk short distances indoors (at least 5 m) without a walking aid. **Excluded criteria:** The exclusion criteria included cognitive impairment (7 on the Abbreviated Mental Test Score), inability to understand English (the program was conducted in English), and a marked mobility impairment (unable to walk at least 5 m indoors without a walk-ing aid) **Pretreatment:** na
Interventions	**Intervention Characteristics** Intervention 1 ● *Description*: The intervention group participated in the Getting Grounded Gracefully pro-gram, which involved two 40- to 60-min sessions per week over an 8-week period (16 sessions in all). The classes were conducted at a community-library meeting room by the program designer, an experienced Feldenkrais practitioner. Handouts were provided at each class covering the basic elements of the day's session. When appropriate (e.g., had access to a CD player), an audio CD covering any class missed was provided to participants. ● *Duration (week)*: 8 weeks ● *Length of follow-up after end of intervention*: No FU Control ● *Description*: Members of the control group were asked to continue with their usual activity for the next 8–10 weeks during the study. No intervention was provided to the control group during the control phase of the study, but they were offered the Getting Grounded Gracefully program at the completion of the control phase of the study. ● *Duration (week)*: 8 weeks ● *Length of follow-up after end of intervention*: No FU
Outcomes	*Dynamisk balance (Berg´s, BESTest, DGI, POMA) final* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Fully reported ● **Scale**: CTSIB Sway velocity ● **Direction**: Lower is better ● **Data value**: Endpoint *Mobilitet (DEMMI, TUG, Ganghastighed) final*

	• **Outcome type**: ContinuousOutcome • **Reporting**: Fully reported • **Scale**: Up and go • **Direction**: Lower is better • **Data value**: Endpoint
Identification	**Sponsorship source:** na **Country:** Australia **Setting:** na **Comments:** na **Authors name:** Freda Vrantsidis **Institution:** Preventive and Public Health Division, National Ageing Research Institute **Email:** na **Address:** Preventive and Public Health Division, National Ageing Research Institute, Parkville, Victoria, Australia 3052.
Notes	

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	Quote: "Participants were randomized to the intervention group or control group by the use of randomly ordered opaque envelopes by a research officer not involved in the assessments. Assessors"
Allocation concealment (selection bias)	Low risk	Judgement Comment: Participants were randomized to the intervention group or control group by the use of randomly ordered opaque envelopes by a research officer not involved in the assessments.
Blinding of participants and personnel (performance bias)	High risk	Quote: "Assessors were blinded to participant-group allocation." Judgement Comment: Participants not blinded
Blinding of outcome assessment (detection bias)	Low risk	Quote: "Assessors were blinded to participant-group allocation. All baseline assessments were conducted in the 3-week period before the classes commenced."
Incomplete outcome data (attrition bias)	Low risk	Quote: "Sixty-two eligible people were recruited (written consent obtained) and assessed at baseline (Figure 1). Seven (11%) people withdrew from the project before the postintervention assessment (4 from the control group and 3 from the intervention group). One additional person was assessed but found to be ineligible (because of a marked mobility impair- ment). Reasons for withdrawing from both groups included medical problems not related to the study (n = 3), prior commitments (n = 1), health issues in the family (n = 1), and no longer being interested (n = 2). Fifty-five people completed both the

		baseline and follow-up assessments (26 from the intervention group and 29 from the control group)."
Selective reporting (reporting bias)	Low risk	None detected
Other bias	Low risk	Quote: "A conflict of interest might have been present in that the designer (and supplier) of the Getting Grounded Gracefully program was the Feldenkrais practitioner in this study and that CDs of the program were purchased by interested participants at the end of the study." Judgement Comment: Appears to be free of bias, however report on conflict of interest.

Wolf 1997

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group
Participants	**Included criteria:** All subjects had to live independently and have access to a central site where all interventions were scheduled. Subjects were at least 70 years of age; free from and capable of walking across a room independently or with a cane. **Excluded criteria:** Progressively debilitating processes such as Alzheimer's or Parkinson's disease, metastatic cancer, or severe arthritis. **Pretreatment:** There were no differences in fear-of-falling status between the groups at baseline.
Interventions	**Intervention Characteristics** Intervention 1 ● *Description*: For the purpose of this study, these forms were synthe- sized to 10 forms so that the intervention could be successfully completed by cohorts of 12 subjects each over 15 weeks. Each cohort of the TC group met twice a week for 1 hour. The first meeting of the week was to acquaint the group with the form. The second meeting permitted individualized attention to practice and facil- itate accurate movement technique. The movement elements contributing to each form became progres sively more complex and required gradual increases in head, neck, and trunk rotation, with a sim~iltaneous reductiori in base of support. ● *Duration (week)*: 15-week training sessions, the TC group met twice a week for 1 hour. ● *Length of follow-up after end of intervention*: 4 months Control ● *Description*: An education group was also included as a control for exercise. This group also consisted of two cohorts of 12 members each. Meetings were arranged so that a variety of topics were discussed, including polypharmacy, memory loss, bereavement, sleep disturbances, falls, and other issues of importance to each group. ● *Duration (week)*: 15-week training session, receiving 1 hour of instruction each week. ● *Length of follow-up after end of intervention*: 4 months

Outcomes	● No relevant outcome reported
Identification	**Sponsorship source:** Grant No. AGO9 124 fi-or11 the National Institute on Aging, National Institutes on Health, US Public Health Service, as past of the FICSIT (Frailly and Injuries: Cooperative Studies on Intenendon Techniques) Cooperative Study. **Country:** USA **Setting:** Subjects were deliberately recruited from the independent living center at Wesley Woods, a facility about 1.6 km (1 mile) from the Emory University (Atlanta, Ga) campus **Comments:** na **Authors name:** Steven L Wolf **Institution:** Enrory University School of Medicine, Center for Rehabilitation Medicine **Email:** steve@spinal.emory.edu **Address:** Center for Rehabilitation Medicine, 1441 Clifton Rd NE, Allanta, G,4 30522 (USA)
Notes	Conflict of interest or funding source have not been reported

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Unclear risk	Quote: "24 subjects randomly assigned to each group."
Allocation concealment (selection bias)	Unclear risk	Judgement Comment: Nothing mentioned about allocation concealment
Blinding of participants and personnel (performance bias)	High risk	Judgement Comment: No blinding is described
Blinding of outcome assessment (detection bias)	High risk	Judgement Comment: Insufficient information
Incomplete outcome data (attrition bias)	High risk	Quote: "Fifty-two subjects had complete data for the fear-of- lateral motion (COB-'t immediately after the interven- falling questionnaire and covariate values." Judgement Comment: no reasons for missing data provided
Selective reporting (reporting bias)	Low risk	None detected
Other bias	Low risk	No other biases detected

Wolf 2003

Methods	
Participants	
Interventions	
Outcomes	
Identification	
Notes	For details and risk of bias assessment see: Gillespie LD, Robertson MC, Gillespie WJ, Sherrington C, Gates S, Clemson LM, Lamb SE. Interventions for preventing falls in older people living in the community. Cochrane Database of Systematic Reviews 2012, Issue 9. Art. No.: CD007146. DOI: 10.1002/14651858.CD007146.pub3.

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	See above
Allocation concealment (selection bias)	Unclear risk	See above
Blinding of participants and personnel (performance bias)	Unclear risk	See above
Blinding of outcome assessment (detection bias)	Unclear risk	See above
Incomplete outcome data (attrition bias)	Unclear risk	See above
Selective reporting (reporting bias)	Unclear risk	See above
Other bias	Unclear risk	See above

Wolf 2006

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group
Participants	**Included criteria:** Age 70 years old or more, and had fallen at least once within the past year.Details regarding the design, methodology, and inclusion exclusion criteria have been reported previously in: Wolf SL, Sattin RW, O'Grady M, et al. A study design to investigate the effect of intense tai chi in reducing falls among older adults transitioning to frailty.Control Clin Trials.2001;22:689–704. **Excluded criteria:** Details on exclusion have been reported previously:Wolf SL, Sattin RW, O'Grady M, et al. A study design to investigate the effect of intense tai chi in reducing falls among older adultstransitioning to frailty.Control Clin Trials.2001;22:689–704. **Pretreatment:** TC participants used fewer assistive devices (p=.02)
Interventions	**Intervention Characteristics** Intervention 1 ● *Description*: The Tai Chi (TC) intervention consisted of 1-hour group exercise conducted twice weekly. Participants were asked tocomplete and return weekly exercise logs and were taughtbehavioral skills and strategies relevant to each move-ment form. Six of the 24 simplified TC forms were used.All TC exercise was standardized by having the two instructors practice with one another until their executionof the movement forms to be taught in each class were identical. ● *Duration (week)*: 48 weeks ● *Length of follow-up after end of intervention*: No FU Control ● *Description*: The wellness education (WE)program was given at participating facilities foran hour each week and consisted of prepared lectures onfalls prevention; exercise and balance; diet and nutrition;pharmacological management; legal issues relevant tohealth; age-related changes in body function; and mentalhealth (stress, depression). The total time for individualattention from each instructor to participants in each groupwas comparable. ● *Duration (week)*: 48 weeks ● *Length of follow-up after end of intervention*: No FU
Outcomes	*Mobilitet (DEMMI, TUG, Ganghastighed) final* ● **Outcome type**: ContinuousOutcome ● **Scale**: Gait speed m/sec ● **Direction**: Higher is better ● **Data value**: Endpoint

Identification	**Sponsorship source:** This study was supported by National Institutes of Health Grant AG14767 from the National Institute on Aging and coupons for redeemable products from the Kroger Corporation and CVS Pharmacies for each participant upon completion of participation **Country:** USA **Setting:** Participants recruited from 20 independent congregate living facilities in the greater Atlanta area **Comments:** na **Authors name:** Wolf, Steven L. **Institution:** Department ofRehabilitation Medicine, Emory University School of Medicin **Email:** swolf@emory.edu **Address:** 212 C Rehabilitation Center, 1441 Clifton Rd. NE, Atlanta, GA 30322
Notes	

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	High risk	Quote: "Sites were randomized in pairs with each pair receiving either the TC or WE intervention and enrolled 15–19 participants. All"
Allocation concealment (selection bias)	High risk	Judgement Comment: Insufficient information
Blinding of participants and personnel (performance bias)	High risk	Judgement Comment: Insufficient information
Blinding of outcome assessment (detection bias)	Low risk	Quote: "All testing was undertaken by evaluators who were not involved in either the TC or WE interventions and who were blinded to intervention allocation. Participants were instructed not to disclose the intervention they received to the evaluators."
Incomplete outcome data (attrition bias)	Low risk	Quote: "Dropouts were defined as participants who missed more than 8 consecutive weeks of the intervention. Of 311 participants randomized, 12 individuals randomized to TC and 12 randomized to WE chose not to participate after randomization. One individual with Parkinson's did not contribute data beyond baseline. The remaining 286 participants (92%) provided longitudinal data, but 69 participants did not complete the 48-week intervention"
Selective reporting (reporting bias)	Low risk	Judgement Comment: No study protocol available, but reports on all expected outcomes
Other bias	Low risk	No other apparent biases

Woo 2007

Methods	
Participants	
Interventions	
Outcomes	
Identification	
Notes	For details and risk of bias assessment see: Gillespie LD, Robertson MC, Gillespie WJ, Sherrington C, Gates S, Clemson LM, Lamb SE. Interventions for preventing falls in older people living in the community. Cochrane Database of Systematic Reviews 2012, Issue 9. Art. No.: CD007146. DOI: 10.1002/14651858.CD007146.pub3.

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	See above
Allocation concealment (selection bias)	Unclear risk	See above
Blinding of participants and personnel (performance bias)	Unclear risk	See above
Blinding of outcome assessment (detection bias)	High risk	See above
Incomplete outcome data (attrition bias)	Low risk	See above
Selective reporting (reporting bias)	Unclear risk	See above
Other bias	Unclear risk	See above

Zhang 2006

Methods	**Study design:** **Study grouping:**
Participants	**Baseline Characteristics** Intervention Kontrol Overall **Included criteria:** **Excluded criteria:** **Pretreatment:**
Interventions	**Intervention Characteristics** Intervention ● *Intervention*: Kontrol ● *Intervention*:
Outcomes	*Mobilitet (DEMMI, TUG, Ganghastighed)* ● **Outcome type**: ContinuousOutcome ● **Scale**: 10 m walking ● **Direction**: Lower is better ● **Data value**: Endpoint ● **Notes**: Subjects were instructed to walk from a standing still position as quickly as possible (Kimet al., 1997). Each test was repeated twice, and the highest score was recorded.
Identification	**Sponsorship source:** **Country:** China **Setting:** **Comments:** **Authors name:** **Institution:** **Email:** **Address:**
Notes	

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	Quote: "last, remaining 14 women and 19 men without exercise habit and experience of falling were divided into 16 pairs according to their sex. Then we randomly assigned one of each pair to the TCC training group by tossing a coin." Judgement Comment: ok
Allocation concealment (selection bias)	Unclear risk	Judgement Comment: ikke beskrevet
Blinding of participants and personnel (performance bias)	High risk	Judgement Comment: ingen sham intervention
Blinding of outcome assessment (detection bias)	Unclear risk	Judgement Comment: ikke beskrevet
Incomplete outcome data (attrition bias)	Low risk	Judgement Comment: Few dropauts and mesures accounted for (1 fra hver gruppe)
Selective reporting (reporting bias)	Low risk	Judgement Comment: samme outcomes i method og results
Other bias	Low risk	Intet påfaldende

Footnotes

Characteristics of excluded studies

Binns 2011

Reason for exclusion	abstract

Dunlop 2011

Reason for exclusion	abstract

Gatts 2008

Reason for exclusion	Wrong comparator

Glickman Simon 2017

Reason for exclusion	letter

Hars 2014

Reason for exclusion	Wrong study design

Holmerova 2010

Reason for exclusion	Wrong patient population

Hwang 2016

Reason for exclusion	Wrong comparator

Nowalk 2001

Reason for exclusion	Wrong patient population

Oken 2006

Reason for exclusion	Wrong outcomes

Song 2003

Reason for exclusion	Wrong outcomes

Trombetti 2011a

Reason for exclusion	Wrong study design

Xiao 2014

Reason for exclusion	letter

Footnotes

Characteristics of studies awaiting classification

Footnotes

Characteristics of ongoing studies

Footnotes

Summary of findings tables

Additional tables

References to studies

Included studies

Choi 2005

Choi, J. H.; Moon, J. S.; Song, R.. Effects of Sun-style Tai Chi exercise on physical fitness and fall prevention in fall-prone older adults. Journal of advanced nursing 2005;51(2):150-157. [DOI: JAN3480 [pii]]

Day 2015

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Studies awaiting classification

Ongoing studies

Other references

Additional references

Other published versions of this review

Data and analyses

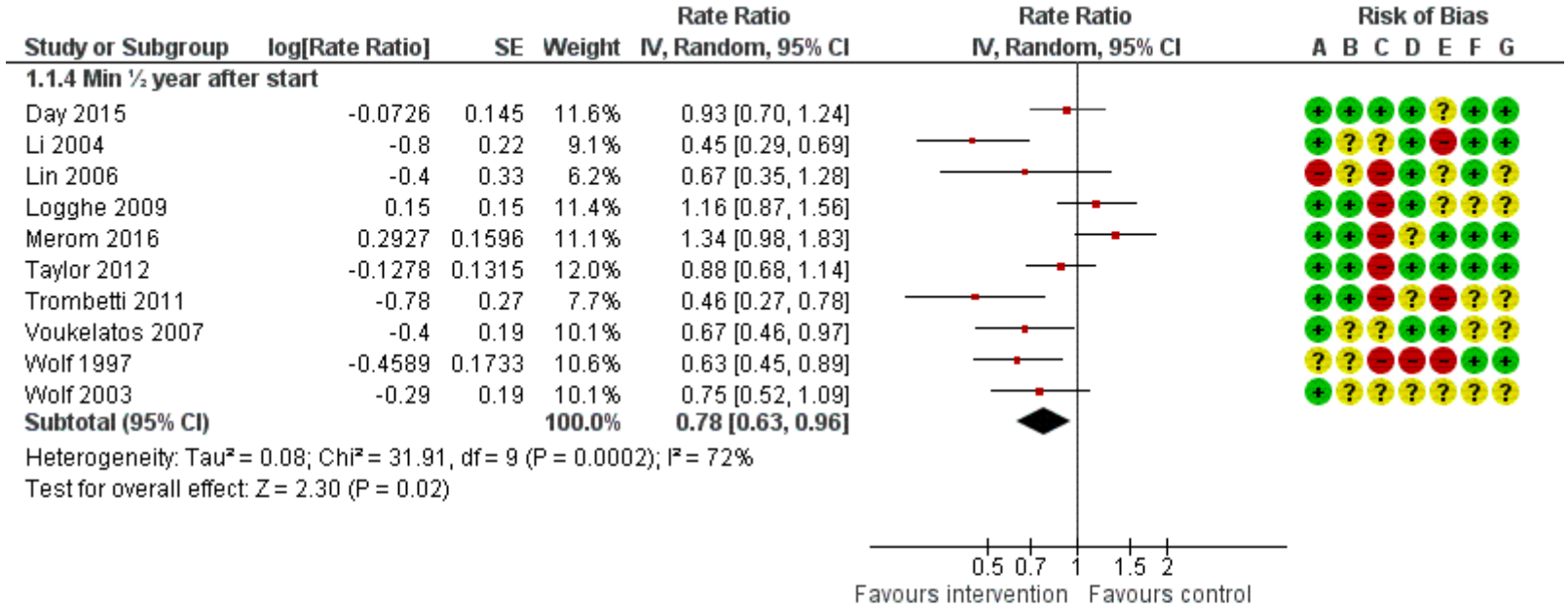
1 Konceptuelle bevægelsesformer vs kontrol

Outcome or Subgroup	Studies	Participants	Statistical Method	Effect Estimate

1.1 Rate of falls	10		Rate Ratio (IV, Random, 95% CI)	Subtotals only
1.1.4 Min ½ year after start	10		Rate Ratio (IV, Random, 95% CI)	0.78 [0.63, 0.96]
1.2 Number of fallers	9		Risk Ratio (IV, Random, 95% CI)	Subtotals only
1.2.4 Min ½ year after start	9		Risk Ratio (IV, Random, 95% CI)	0.76 [0.65, 0.89]
1.3 Svimmelhed (DHI, VSS, VRBQ)	0	0	Mean Difference (IV, Fixed, 95% CI)	Not estimable
1.5 Dynamisk balance	9	1388	Std. Mean Difference (IV, Random, 95% CI)	-0.47 [-0.73, -0.20]
1.5.1 Kort efter afslutning af intervention	9	1388	Std. Mean Difference (IV, Random, 95% CI)	-0.47 [-0.73, -0.20]
1.7 Mobilitet	17	2281	Std. Mean Difference (IV, Random, 95% CI)	-0.32 [-0.48, -0.16]
1.7.1 Kort efter afsluttet intervention	17	2281	Std. Mean Difference (IV, Random, 95% CI)	-0.32 [-0.48, -0.16]
1.8 Dagligt aktivitetsniveau	1		Mean Difference (IV, Fixed, 95% CI)	Subtotals only
1.8.1 Dagligt aktivitetsniveau (accellerometer, PROM) (Efter 1 års intervention)	1	202	Mean Difference (IV, Fixed, 95% CI)	4.80 [-6.47, 16.07]
1.9 Frygt for fald	3		Std. Mean Difference (IV, Random, 95% CI)	Subtotals only
1.9.1 Frygt for fald (Efter min ½ års intervention)	3	531	Std. Mean Difference (IV, Random, 95% CI)	1.01 [0.09, 1.92]
1.10 Frygt for fald	1	114	Risk Ratio (M-H, Fixed, 95% CI)	0.90 [0.65, 1.24]
1.12 Utilsigtet fald under træning	3		Risk Ratio (IV, Fixed, 95% CI)	No totals
1.12.1 Under træning	3		Risk Ratio (IV, Fixed, 95% CI)	No totals
1.19 Livskvalitet	1		Mean Difference (IV, Fixed, 95% CI)	Subtotals only
1.19.1 Livskvalitet (efter 1 års intervention)	1	522	Mean Difference (IV, Fixed, 95% CI)	1.00 [-0.86, 2.86]
1.20 Antal personer som falder MELLEMREGNING	2		Risk Ratio (IV, Fixed, 95% CI)	No totals
1.20.1 1 år efter afsluttet intervention	2		Risk Ratio (IV, Fixed, 95% CI)	No totals

Figures

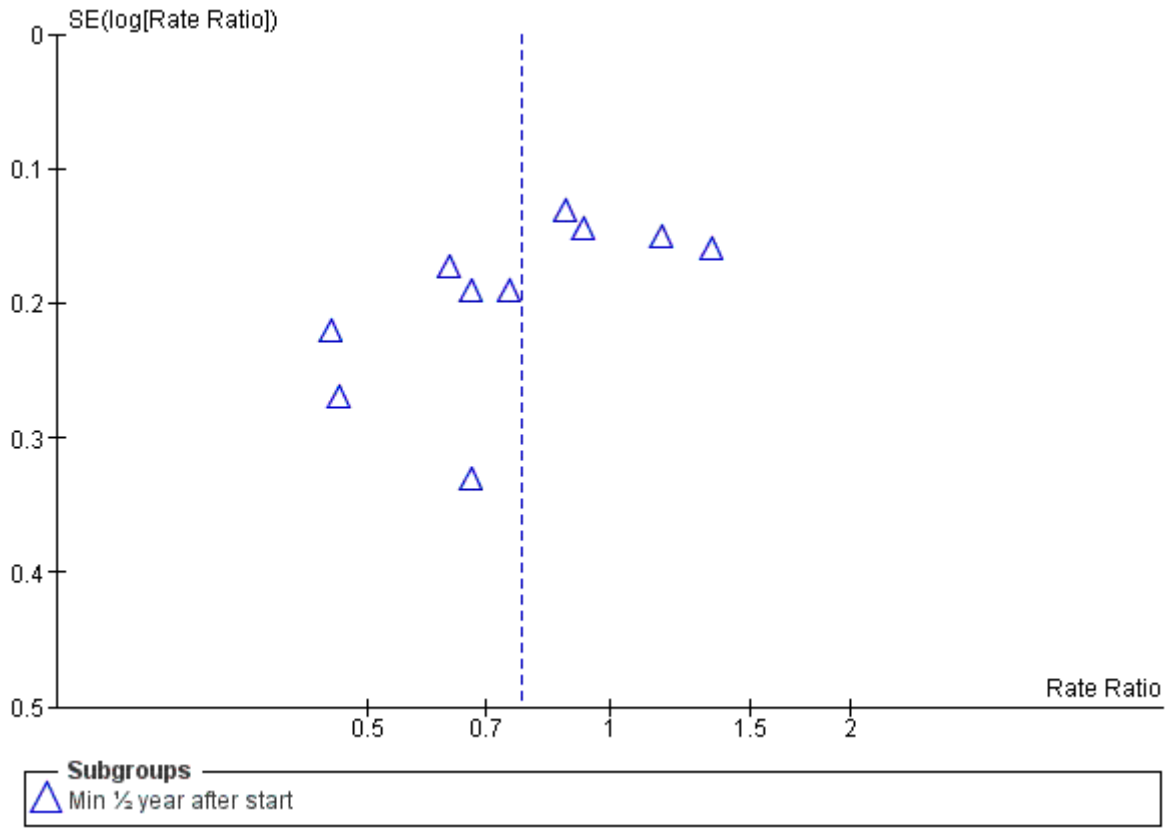
Figure 1 (Analysis 1.1)



Risk of bias legend
(**A**) Random sequence generation (selection bias)
(**B**) Allocation concealment (selection bias)
(**C**) Blinding of participants and personnel (performance bias)
(**D**) Blinding of outcome assessment (detection bias)
(**E**) Incomplete outcome data (attrition bias)
(**F**) Selective reporting (reporting bias)
(**G**) Other bias

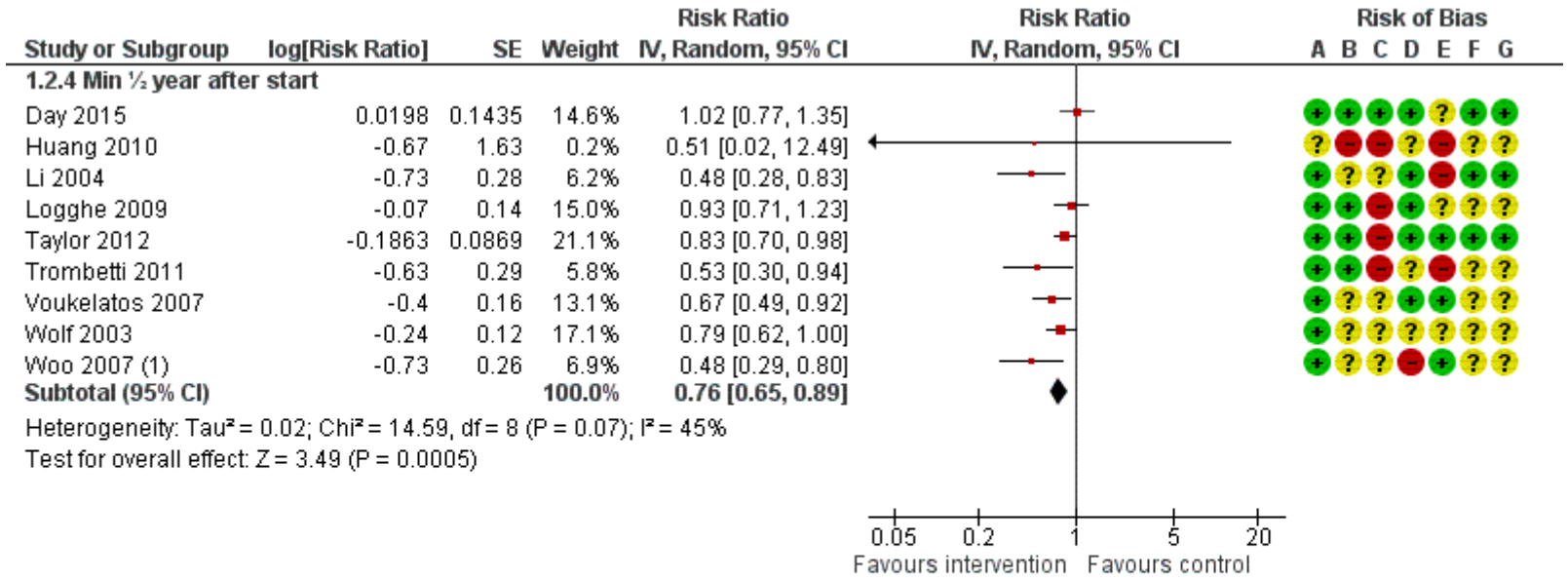
Forest plot of comparison: 1 Konceptuelle bevægelsesformer vs kontrol, outcome: 1.1 Rate of falls.

Figure 2 (Analysis 1.1)



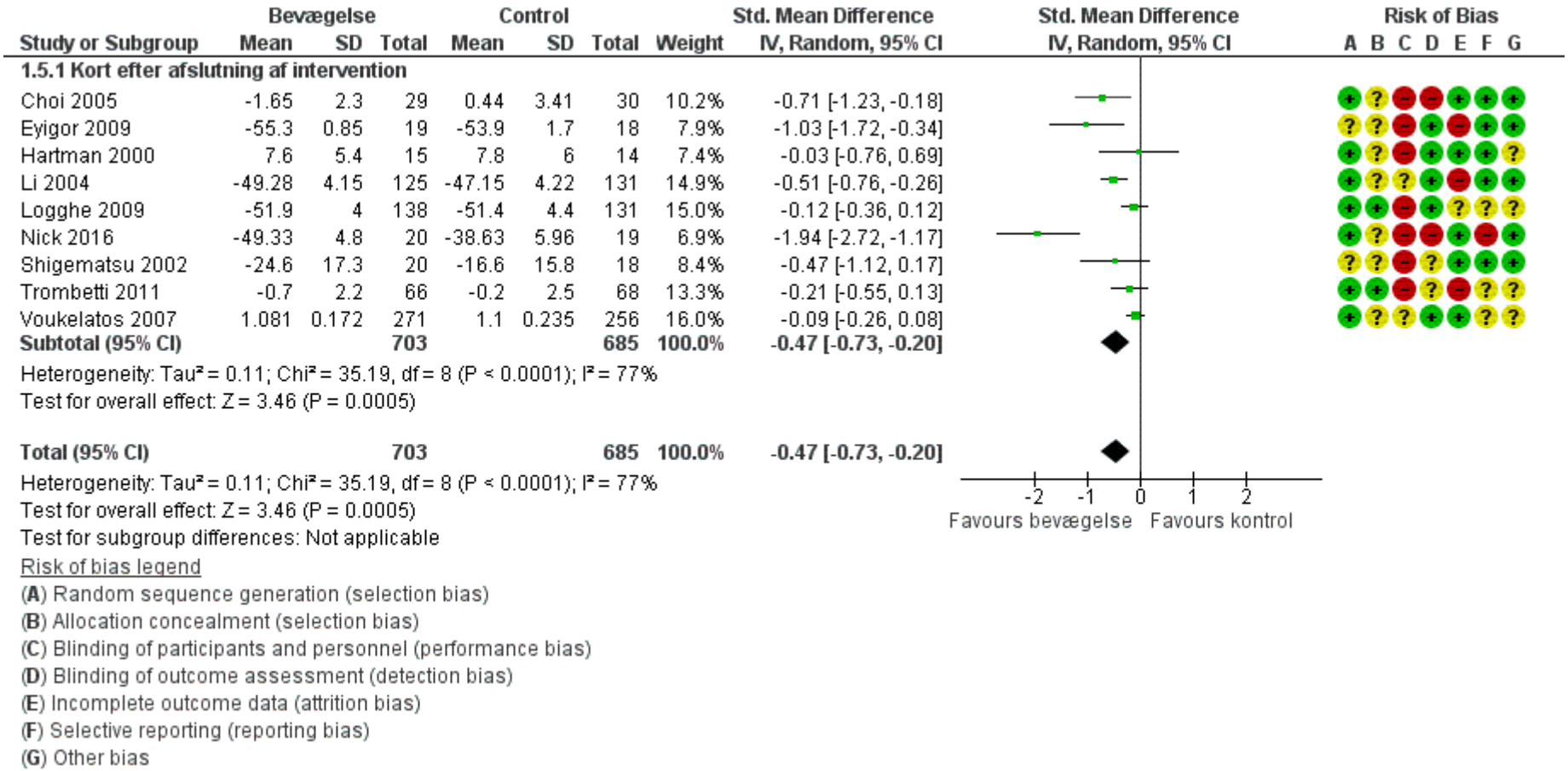
Funnel plot of comparison: 1 Konceptuelle bevægelsesformer vs kontrol, outcome: 1.1 Rate of falls.

Figure 3 (Analysis 1.2)



Forest plot of comparison: 1 Konceptuelle bevægelsesformer vs kontrol, outcome: 1.2 Number of fallers.

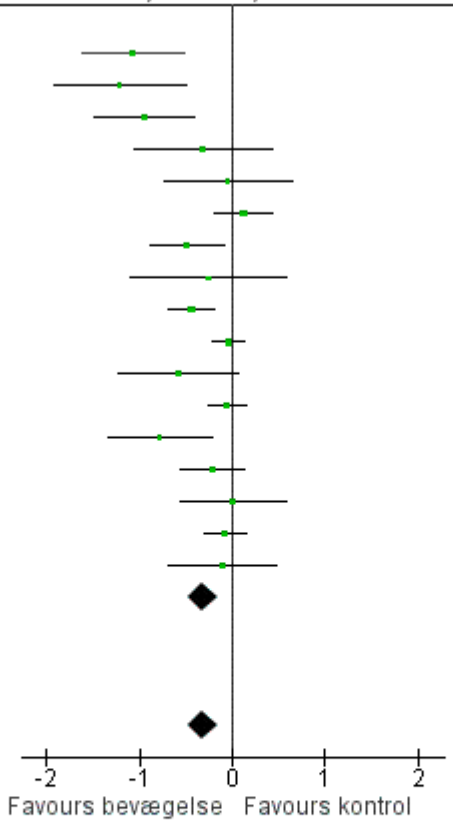
Figure 5 (Analysis 1.5)



Forest plot of comparison: 1 Konceptuelle bevægelsesformer vs kontrol, outcome: 1.5 Dynamisk balance.

Figure 7 (Analysis 1.7)

Study or Subgroup	Bevægelse Mean	SD	Total	Control Mean	SD	Total	Weight	Std. Mean Difference IV, Random, 95% CI
1.7.1 Kort efter afsluttet intervention								
Choi 2005	-2.51	3.17	29	1.04	3.38	30	4.9%	-1.07 [-1.62, -0.52]
Eyigor 2009	-488.8	51.2	19	-413.9	69.4	18	3.6%	-1.21 [-1.91, -0.50]
Frye 2007	6.0353	1.1462	51	7.5	2.21	21	5.1%	-0.95 [-1.48, -0.42]
Granacher 2012	-148.9	25.8	14	-142.2	14.2	14	3.3%	-0.31 [-1.06, 0.43]
Hartman 2000	9.4	2	18	9.5	2.2	15	3.7%	-0.05 [-0.73, 0.64]
Huang 2010	7.0729	3.8734	87	6.64	3.1536	76	7.9%	0.12 [-0.19, 0.43]
Hui 2009	6.97	0.92	52	7.47	1.12	45	6.5%	-0.49 [-0.89, -0.08]
Krampe 2013	65	28.13	12	71.77	21.51	10	2.8%	-0.26 [-1.10, 0.59]
Li 2004	8.27	2.23	125	9.31	2.5	131	8.7%	-0.44 [-0.69, -0.19]
Merom 2016	0.9	0.28	275	0.91	0.24	247	9.7%	-0.04 [-0.21, 0.13]
Shigematsu 2002	193.9	39.5	20	212	16.1	18	4.0%	-0.58 [-1.23, 0.08]
Taylor 2012	8.4	3.3	184	8.6	3.6	185	9.3%	-0.06 [-0.26, 0.15]
Tiedemann 2013	2.4	0.4	27	2.8	0.6	25	4.7%	-0.78 [-1.34, -0.21]
Trombetti 2011	-0.5	1.6	66	-0.2	1.2	68	7.4%	-0.21 [-0.55, 0.13]
Ullmann 2010	11.53	4.06	25	11.51	4.13	22	4.7%	0.00 [-0.57, 0.58]
Wolf 2006	-1.07	0.6225	155	-1.02	0.6124	150	9.0%	-0.08 [-0.31, 0.14]
Zhang 2006	7.6	0.9	24	7.7	0.9	23	4.7%	-0.11 [-0.68, 0.46]
Subtotal (95% CI)			**1183**			**1098**	**100.0%**	**-0.32 [-0.48, -0.16]**
Heterogeneity: Tau² = 0.06; Chi² = 47.18, df = 16 (P < 0.0001); I² = 66%								
Test for overall effect: Z = 3.83 (P = 0.0001)								
Total (95% CI)			**1183**			**1098**	**100.0%**	**-0.32 [-0.48, -0.16]**
Heterogeneity: Tau² = 0.06; Chi² = 47.18, df = 16 (P < 0.0001); I² = 66%								
Test for overall effect: Z = 3.83 (P = 0.0001)								
Test for subgroup differences: Not applicable								



Risk of bias legend

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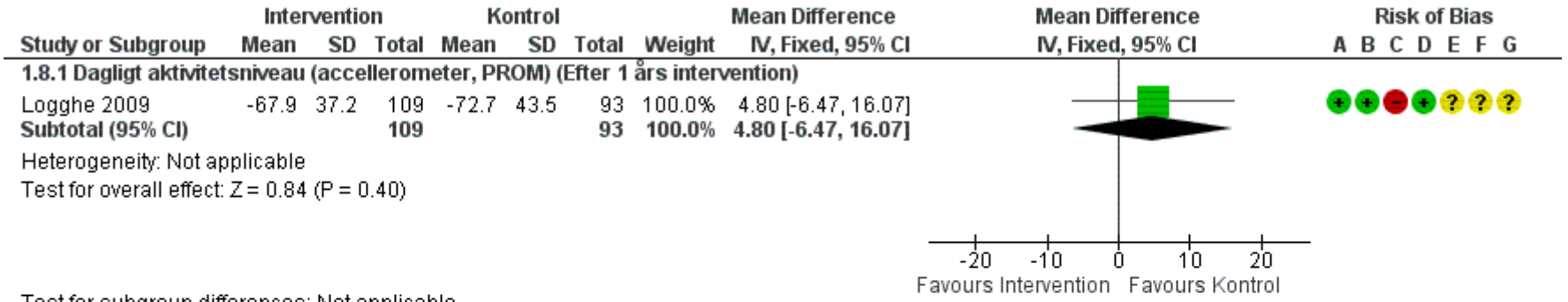
(**C**) Blinding of participants and personnel (performance bias)
(**D**) Blinding of outcome assessment (detection bias)
(**E**) Incomplete outcome data (attrition bias)
(**F**) Selective reporting (reporting bias)
(**G**) Other bias

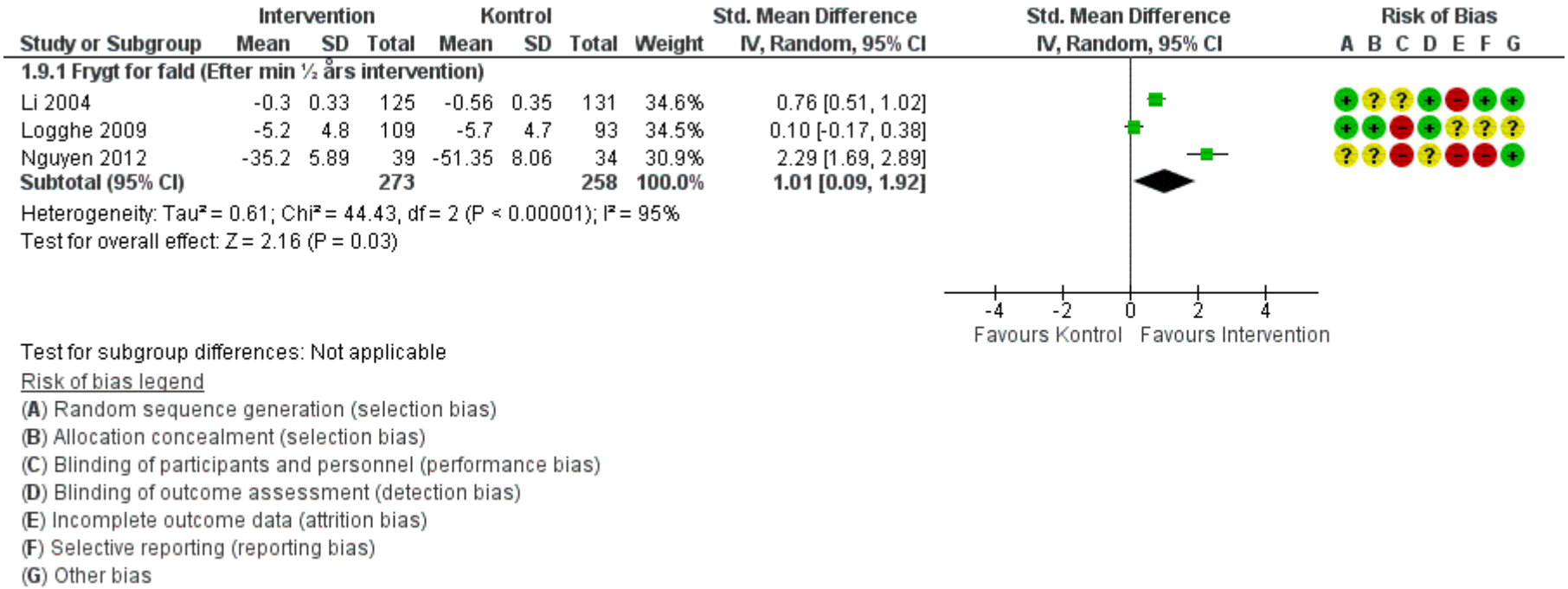
Forest plot of comparison: 1 Konceptuelle bevægelsesformer vs kontrol, outcome: 1.7 Mobilitet.

Figure 8 (Analysis 1.8)



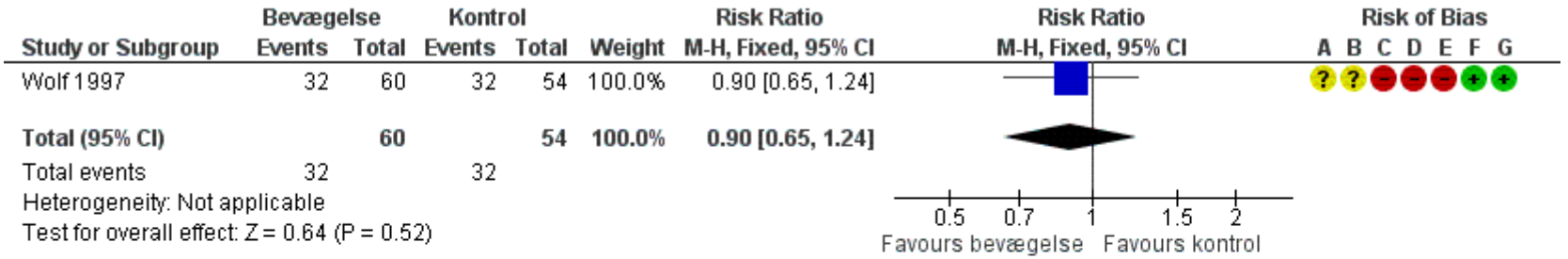
Forest plot of comparison: 1 Konceptuelle bevægelsesformer vs kontrol, outcome: 1.8 Dagligt aktivitetsniveau.

Figure 9 (Analysis 1.9)



Forest plot of comparison: 1 Konceptuelle bevægelsesformer vs kontrol, outcome: 1.9 Frygt for fald.

Figure 10 (Analysis 1.10)



Risk of bias legend
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(**B**) Allocation concealment (selection bias)
(**C**) Blinding of participants and personnel (performance bias)
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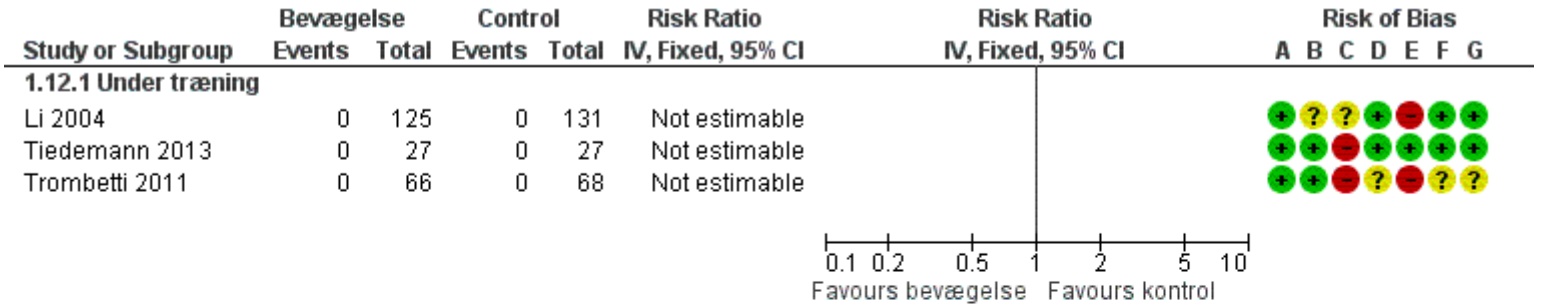
(**E**) Incomplete outcome data (attrition bias)
(**F**) Selective reporting (reporting bias)
(**G**) Other bias

Forest plot of comparison: 1 Konceptuelle bevægelsesformer vs kontrol, outcome: 1.10 Frygt for fald.

Figure 11 (Analysis 1.12)



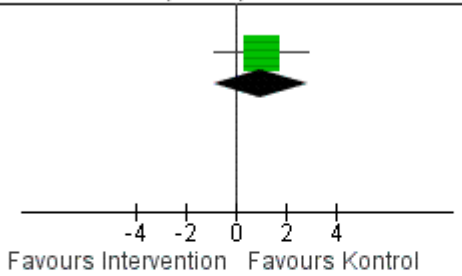
Risk of bias legend
(**A**) Random sequence generation (selection bias)
(**B**) Allocation concealment (selection bias)
(**C**) Blinding of participants and personnel (performance bias)
(**D**) Blinding of outcome assessment (detection bias)
(**E**) Incomplete outcome data (attrition bias)
(**F**) Selective reporting (reporting bias)
(**G**) Other bias

Forest plot of comparison: 1 Konceptuelle bevægelsesformer vs kontrol, outcome: 1.12 Utilsigtet fald under træning.

Figure 12 (Analysis 1.19)

Study or Subgroup	Intervention Mean	SD	Total	Kontrol Mean	SD	Total	Weight	Mean Difference IV, Fixed, 95% CI
1.19.1 Livskvalitet (efter 1 års intervention)								
Merom 2016	-39.8	10.9	275	-40.8	10.8	247	100.0%	1.00 [-0.86, 2.86]
Subtotal (95% CI)			**275**			**247**	**100.0%**	**1.00 [-0.86, 2.86]**

Heterogeneity: Not applicable
Test for overall effect: Z = 1.05 (P = 0.29)



Test for subgroup differences: Not applicable

Risk of bias legend
(**A**) Random sequence generation (selection bias)
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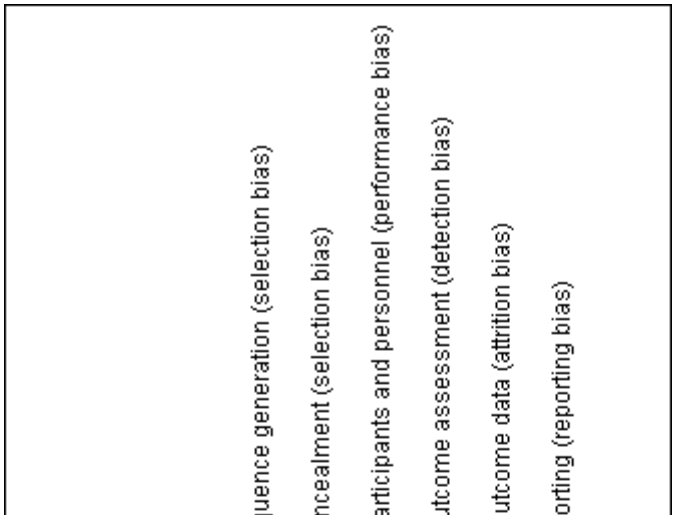
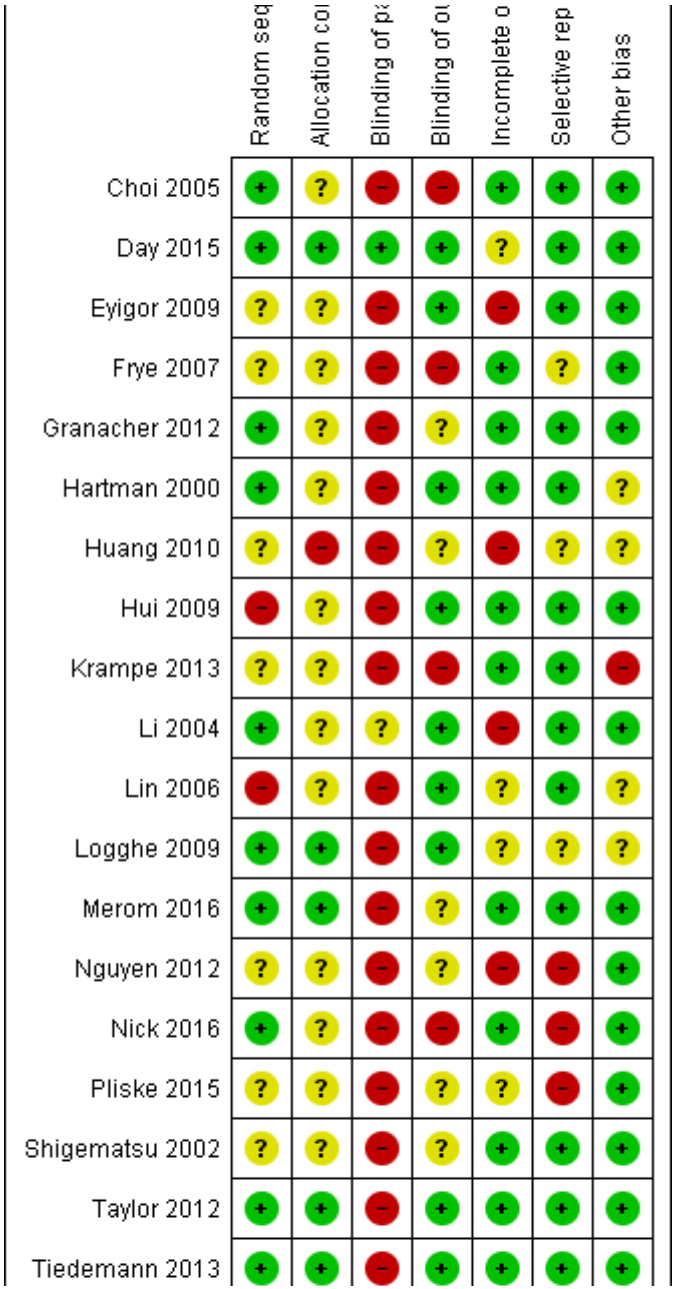
(**E**) Incomplete outcome data (attrition bias)
(**F**) Selective reporting (reporting bias)
(**G**) Other bias

Forest plot of comparison: 1 Konceptuelle bevægelsesformer vs kontrol, outcome: 1.19 Livskvalitet.

Figure 13

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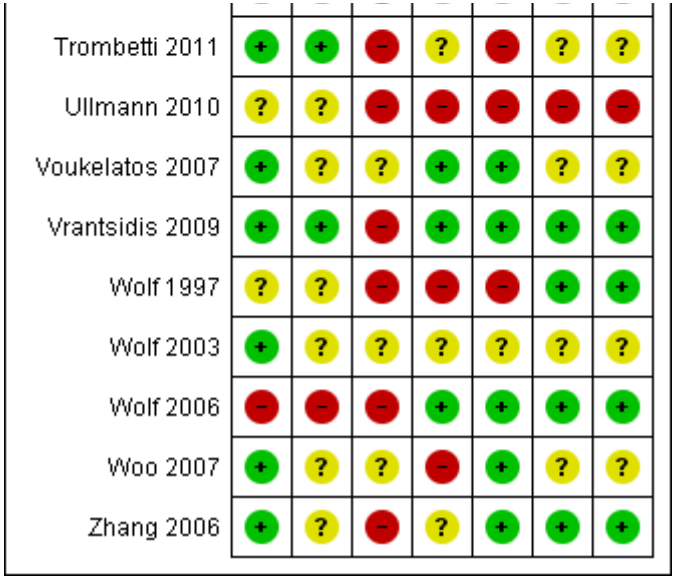

Risk of bias summary: review authors' judgements about each risk of bias item for each included study.