Table G2.A8. The Relationship Between Daily Physical Activity and PAD (sample of six studies).

Author/Journal/Year	N	Random/Control	Intervention/ Measures	Finding
Sieminski DJ Vasc Med 1997 (1)	85 PAD 59 matched non-PAD	Control (non-PAD) No Intervention	ABI, accelerometer, PWT, COT	Free living physical activity is decreased in PAD. PAD severity related to degree of physical activity.
Gardner AW Angiology 1998 (2)	34 PAD	No non-PAD No Intervention	PWT, COT, energy expenditure by 2x-labeled water	Reduced free living energy expenditure was related to walking ability and PAD severity.
Gardner AW Angiology 1999 (3)	61 PAD	No non-PAD No Intervention	Calf blood flow energy expenditure by 2x-labeled water	Higher daily physical activity was related to calf blood flow.
Gardner AW J Vasc Surg 2004 (4)	43 men PAD	No non-PAD 18 month follow up	ABI, calf blood flow, 6-minute walk, self-reported physical activity	PAD had decreased walking ability, physical activity and calf blood flow despite no change in ABI over 18 months.
Gardner AW Angiology 2006 (5)	342 men and women with PAD	No non-PAD No Intervention	ABI, Minnesota Leisure Time Physical Activity (LPTA) Questionnaire, PWT, COT, 6-minute walk	Decreased total LPTA related to ABI. Explained by reduced participation in moderate + high-intensity activities and walking ability.
McDermott MM J Am Geriatr Soc 2002 (6)	225 PAD (142 men, 83 women) 121 Control (60 men, 61 women)	Non-Randomized Control	Summary Performance Score (SPS) questionnaire for daily activity function 7-day accelerometer	Reduced physical activity related to impaired lower extremity performance in both PAD and controls.

ABI, activity-based intervention; COT, claudication onset time; PAD, peripheral arterial disease; PWT, peak walking time;

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