

Table G2.A6. Summary of Individual PAD Exercise Training/Physical Activity Studies in Known Disease (Sample of 9 Studies) That Were Randomized and Controlled

Author/Journal/Year	N	Random/Control	Intervention/Measures	Finding
Hiatt WR Circulation 1990 (1)	19 men	Randomized Control	Groups Exercise vs. Control 12 weeks	↑ PWT 123% ↑ VO ₂ 30% ↑ COT 165% ↑ LBF 38% Change plasma acylcarnitines. correlated with PWT
Hiatt WR Circulation 1994 (2)	29 men	Randomized Control	Groups Walking Strength Training Walking + Strength Training 12 weeks	Walking superior to strength training for PWT and VO ₂ Combination group similar to walking alone Walking alone ↑ PWT an additional 49% at 24 weeks
Hiatt WR J. Appl. Physiol. 1996 (3)	26 men	Randomized Control	Groups Walking vs. Strength Training 12 weeks	Only walking ↑ PWT and VO ₂ .
Gardner AW J Am Geriatr Soc 2001 (4)	47 men, 5 women	Randomized Control	Groups Walking vs. Control 12 weeks	↑ PWT 77% ↑ COT 134% ↑ Walking economy 12% ↑ Hyperemic LBF 12%
Tsai JC J Intern Med 2002 (5)	44 men, 12 women	Randomized Control	Groups Walking vs. Control 12 weeks	↑ PWT 70% ↑ COT 88% ↑ 6-minute walk 21% ↑ Quality of Life
Gardner AW J Cardio Pulm Rehab. 2002 (6)	31 (sex not reported)	Randomized Control	Groups Walking vs. Control 72 weeks	↑ PWT 80% ↑ COT 189% ↑ Maximum calf blood flow 18% ↑ 6-minute walk 10% ↑ Walking economy 11% ↑ Daily physical activity 31% The magnitude of change for all variables was similar at 24 and 72 weeks, suggesting improvements can be maintained if exercise is continued.
Gardner AW J Vasc Surg 2005 (7)	56 men, 8 women	Randomized No Control	Groups High-intensity (80%) exercise vs. Low-intensity (40%) exercise 24 weeks	Groups achieved almost identical improvement in PWT, COT, VO ₂ , daily physical activity, calf blood flow.
Sanderson B J Vasc Surg 2006 (8)	24 men, 18 women	Randomized Control	Groups Walking vs. Cycling Exercise 6 weeks	Walking exercise was more effective than cycling for improving walking COT and PWT

Table G2.A6. Summary of Individual PAD Exercise Training/Physical Activity Studies in Known Disease (Sample of 9 Studies) That Were Randomized and Controlled (continued)

Author/Journal/Year	N	Random/Control	Intervention/Measures	Finding
Patterson RB J Vasc Surg 1997 (9)	29 men, 26 women	Randomized Control	Groups Supervised vs. Home exercise 12 weeks	Both groups improved PWT and COT. Improvement in walking ability was superior in the supervised group. Both groups had a similar improvement in measures of health perception (SF-36 questionnaire).

COT, claudication onset time; LBF, leg blood flow; PWT, peak walking time; SF-36, Short-Form 36 Health Status Questionnaire

Reference List

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4. Gardner AW, Katzel LI, Sorkin JD, Bradham DD, Hochberg MC, Flinn WR, Goldberg AP. Exercise rehabilitation improves functional outcomes and peripheral circulation in patients with intermittent claudication: a randomized controlled trial. *J.Am.Geriatr.Soc.* 2001 Jun;49(6):755-62.
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6. Gardner AW, Katzel LI, Sorkin JD, Goldberg AP. Effects of long-term exercise rehabilitation on claudication distances in patients with peripheral arterial disease: a randomized controlled trial. *J.Cardiopulm.Rehabil.* 2002 May;22(3):192-8.
7. Gardner AW, Montgomery PS, Flinn WR, Katzel LI. The effect of exercise intensity on the response to exercise rehabilitation in patients with intermittent claudication. *J.Vasc.Surg.* 2005 Oct;42(4):702-9.
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