## **Resistance Training Prescription for Muscle Strength and Hypertrophy in Healthy Adults: A Systematic Review and Bayesian Network Meta-Analysis**

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# **ONLINE SUPPLEMENTARY MATERIAL**

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### **Online Supplementary Appendix 2:** MEDLINE search strategy.

#### 10/5/2020 Ovid: Abstract Reference

Database(s): OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present Search Strategy:



**Online Supplementary Appendix 3:** Systematic reviews screened for relevant records.

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# **Online Supplementary Appendix 4:** List of data items sought.

#### General Information

- Title of paper
- Year of publication
- Lead author
- Corresponding author affiliation and email address
- Country in which the study was conducted
- Setting

### Characteristics of included studies

- Study design
- Randomization
- Study groups
- Blinding
- Inclusion criteria
- Exclusion criteria
- Age
- Height
- Number of participants in each group
- Training status and author criteria
- Number of females
- Number of males
- Habitual energy intake
- Habitual protein intake
- Resistance training variable manipulated
- Was volume controlled between groups (yes/no)
- Order of exercises
- Other exercise modes
- Exercise modality
- Time of day
- Length of intervention
- Frequency
- Number of exercises per session
- Set per exercise
- Intensity (load)
- Volitional fatigue/failure
- Supervision
- Time under tension
- Rest between sets
- Contraction type(s)
- Contraction velocity
- Actual participant adherence
- Author criteria for adherence
- Meals/supplements provided

# **Results**

- Body mass: measurement tool, measurement region, change in outcome
- Fat-free mass: measurement tool, measurement region, change in outcome
- Fat- and bone-free mass: measurement tool, measurement region, change in outcome
- Lean mass: measurement tool, measurement region, change in outcome
- Whole-muscle cross-sectional area/volume: measurement tool, measurement region, change in outcome
- Fibre cross-sectional area: measurement tool, measurement region, change in outcome
- 1-repetition maximum: exercise/movement and change in outcome
- Maximum voluntary contraction: exercise/movement and change in outcome
- Functional capacity (if mean participant age  $\geq$ 55 years): test(s)/protocol and change in outcome
- Balance (if mean participant age  $\geq$  55 years): test(s)/protocol and change in outcome

## **Online Supplementary Appendix 5:** Measurement method hierarchy.

The highest-ranked outcome (by order of appearance below) was selected for analysis.

#### Strength

- 1. 1-Repetition Maximum
	- a. Lower-Body
		- i. Squat
		- ii. Leg Press
		- iii. Knee extension
	- b. Upper-body
		- i. Chest Press
		- ii. Bicep curl
- 2. Isokinetic
	- a. Lower
		- i. Knee extension (angular velocity closest to  $60^{\circ}/s$ )
	- b. Upper
- 3. Isometric
	- a. Lower
		- i. Knee extension (angle closest to 60°)
	- b. Upper

#### **Hypertrophy**

- 1. Magnetic Resonance Imaging (MRI)
	- a. Muscle group volume (eg, quadriceps)
		- i. Lower-body
		- ii. Upper-body
	- b. Muscle volume
		- i. Lower-body
			- 1. Vastus lateralis
			- 2. Rectus femoris
			- 3. Vastus medialis
		- ii. Upper-body
			- 1. Pectoralis major
			- 2. Biceps brachii
			- 3. Triceps brachii
	- c. Muscle group cross-sectional area (CSA)
		- i. Lower-body
		- ii. Upper-body
	- d. Muscle CSA
		- i. Lower-body
			- 1. Vastus lateralis
			- 2. Rectus femoris
- 3. Vastus medialis
- ii. Upper-body
	- 1. Pectoralis major
	- 2. Biceps brachii
	- 3. Triceps brachii
- 2. Computed tomography (CT)
	- a. Muscle group volume (eg, quadriceps)
		- i. Lower-body
		- ii. Upper-body
	- b. Muscle volume
		- i. Lower-body
			- 1. Vastus lateralis
			- 2. Rectus femoris
			- 3. Vastus medialis
		- ii. Upper-body
			- 1. Pectoralis major
			- 2. Biceps brachii
			- 3. Triceps brachii
	- c. Muscle group cross-sectional area (CSA)
		- i. Lower-body
		- ii. Upper-body
	- d. Muscle CSA
		- i. Lower-body
			- 1. Vastus lateralis
			- 2. Rectus femoris
			- 3. Vastus medialis
		- ii. Upper-body
			- 1. Pectoralis major
			- 2. Biceps brachii
			- 3. Triceps brachii
- 3. Ultrasound
	- a. Muscle volume
		- i. Lower-body
			- 1. Vastus lateralis
			- 2. Rectus femoris
			- 3. Vastus medialis
		- ii. Upper-body
			- 1. Pectoralis major
			- 2. Biceps brachii
			- 3. Triceps brachii
	- b. Muscle CSA
		- i. Lower-body
			- 1. Vastus lateralis
- 2. Rectus femoris
- 3. Vastus medialis
- ii. Upper-body
	- 1. Pectoralis major
	- 2. Biceps brachii
	- 3. Triceps brachii
- c. Muscle thickness
	- i. Lower-body
		- 1. Vastus lateralis
		- 2. Rectus femoris
		- 3. Vastus medialis
	- ii. Upper-body
		- 1. Pectoralis major
		- 2. Biceps brachii
		- 3. Triceps brachii
- 4. DXA
	- a. Appendicular
		- i. FFM
		- ii. FBFM
		- iii. Lean Mass
	- b. Whole-body
		- i. FFM
		- ii. FBFM
		- iii. Lean Mass
- 5. BIA
	- a. Lean mass
- 6. BodPod
	- a. Percent non-fat mass
- 7. Hydrodensitometry
	- a. Non-fat mass
- 8. Fibre CSA
	- a. Mixed fibre CSA
	- b. Type II fibre CSA
	- c. Type I fibre CSA

# **Online Supplementary Appendix 6:** Characteristics and reference of included studies. Table S1. Characteristics of included studies.





LS3: 1 sets of 12.5 reps at







Strength: Lower-body (1RM)

Cannon 2010a [29]  $n = 16 (16 F)$ 







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Strength: Upper-body

McGinley 2007

 $n = 21 (0 F)$ 







Strength: Lower-body (1RM)

Padilha 2015 [121] n = 27 (27 F)










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 $70\%$  1RM 3x/wk (n = 12)

Hypertrophy: Lower-body















Resistance training prescriptions are denoted with a three-character acronym  $- XY# -$  where X is load (H, ≥80% 1-repetition maximum [1RM]; L, <80% 1RM); Y is sets (M, multi-set; S, singleset); and # is the weekly frequency  $(3, \geq 3 \text{ d/wk}; 2, 2 \text{ d/wk}; 1, 1 \text{ d/wk})$ , respectively. For example, "HM2" denotes high-load, multi-set, twice-weekly training. Abbreviations: 1RM, 1-repetition maximum; 6MWT, 6-minute walk test; BIA, bioelectrical impedance analysis; CT, computed tomography; CTRL, non-exercising control group; DXA, dual-energy X-ray absorptiometry; F, females; FibreCSA, muscle fibre cross-sectional area; MRI, magnetic resonance imaging; TUG, timed up-and-go; x/wk, weekly frequency; NA, not available.

## Reference of Included Studies

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## Online Supplementary Appendix **7**: Within-study risk of bias.

## Figure S1. Strength risk of bias assessment summary.





Domain-level risk of bias assessments for strength.















## Figure S2. Hypertrophy risk of bias assessment summary.



Domain-level risk of bias assessments for hypertrophy.








#### **Online Supplementary Appendix 8:** Posterior rankings.



Table S2. Posterior rank statistics and probabilities for muscle strength and hypertrophy.

Resistance training prescriptions are denoted with a three-character acronym –  $XY#$  – where X is load (H,  $\geq$ 80% 1-repetition maximum [1RM]; L, <80% 1RM); Y is sets (M, multi-set; S, single-set); and # is weekly frequency  $(3, \geq 3 \text{ d/wk}; 2, 2 \text{ d/wk}; 1, 1 \text{ d/wk})$ , respectively. For example, "HM2" denotes high-load, multi-set, twice-weekly training. Abbreviations: 95% CrI, 95% credible interval; CTRL, nonexercising control group; N.D., no data.



Figure S3. Posterior rank probability distributions for strength. Resistance training prescriptions are denoted with a three-character acronym –  $XY#$  – where X is load (H,  $\geq 80\%$  1-repetition maximum [1RM]; L, <80% 1RM); Y is sets (M, multi-set; S, single-set); and # is the weekly frequency  $(3, \geq)$  d/wk; 2, 2 d/wk; 1, 1 d/wk), respectively. For example, "HM2" denotes highload, multi-set, twice-weekly training. Abbreviations: CTRL, non-exercising control group.



Figure S4. Posterior rank probability distributions for hypertrophy. Resistance training prescriptions are denoted with a three-character acronym –  $XY#$  – where X is load (H,  $\geq$ 80% 1repetition maximum [1RM]; L, <80% 1RM); Y is sets (M, multi-set; S, single-set); and # is the weekly frequency  $(3, \geq 3 \text{ d/wk}; 2, 2 \text{ d/wk}; 1, 1 \text{ d/wk})$ , respectively. For example, "HM2" denotes high-load, multi-set, twice-weekly training. Abbreviations: CTRL, non-exercising control group.

## **Online Supplementary Appendix 9:** Network inconsistency.

Table S3. Model fit summaries for all included studies.



Values in brackets are 95% credible interval. Abbreviations: DIC, deviance information criterion; FE, fixed effects; pD, number of effective parameters; RE, random effects; UME, unrelated mean effects.



Figure S5. Node-split plot for all studies in strength network. Posterior distribution for direct estimate (red), indirect estimate (green), and network estimate (blue). Resistance training prescriptions are denoted with a three-character acronym –  $XY#$  – where X is load (H,  $\geq$ 80% 1repetition maximum [1RM]; L,  $\leq 80\%$  1RM); Y is sets (M, multi-set; S, single-set); and # is the weekly frequency  $(3, \geq 3 \text{ d/wk}; 2, 2 \text{ d/wk}; 1, 1 \text{ d/wk})$ , respectively. For example, "HM2" denotes high-load, multi-set, twice-weekly training. Abbreviations: CTRL, non-exercising control group.



Figure S6. Node-split plot for all studies in hypertrophy network. Posterior distribution for direct estimate (red), indirect estimate (green), and network estimate (blue). Resistance training prescriptions are denoted with a three-character acronym –  $XY#$  – where X is load (H,  $\geq$ 80% 1repetition maximum [1RM]; L,  $\leq 80\%$  1RM); Y is sets (M, multi-set; S, single-set); and # is the weekly frequency (3,  $\geq$ 3 d/wk; 2, 2 d/wk; 1, 1 d/wk), respectively. For example, "HM2" denotes high-load, multi-set, twice-weekly training. Abbreviations: CTRL, non-exercising control group.

## **Online Supplementary Appendix 10:** Threshold analysis.



Figure S7. Threshold analysis results for strength. Each row corresponds to a single study estimate and displays the SMD and 95% CI from that study, along with the invariant interval (blue shaded bars). Any changes to a study estimate that lie within the invariant interval will not affect the first-ranked treatment (first ranked treatment for strength: HM3). Bold study labels and red shaded invariant intervals show where a 95% CI crosses the corresponding threshold, indicating sensitivity to the level of uncertainty in this estimate, which could result in a new firstranked treatment, which are shown as resistance training prescription acronyms at either side of the invariant interval. For brevity, only studies with thresholds < 2 SD from the study estimate are shown and some non-bolded estimates removed to fit page. Abbreviations: SMD, standardized mean difference; 95% CI, 95% confidence interval; SD, standard deviation.



Figure S8. Threshold analysis results for hypertrophy. Each row corresponds to a single study estimate and displays the SMD and 95% CI from that study, along with the invariant interval (blue shaded bars). Any changes to a study estimate within the invariant interval will not affect the first-ranked treatment (first-ranked treatment for hypertrophy: HM2). Bold study labels and red-shaded invariant intervals show where a 95% CI crosses the corresponding threshold, indicating sensitivity to the level of uncertainty in this estimate, which could result in a new first-ranked treatment, which is shown as resistance training prescription acronyms at either side of the invariant interval. For brevity, only studies with thresholds < 4 SD from the study estimate are shown. Abbreviations: SMD, standardized mean difference; 95% CI, 95% confidence interval; SD, standard deviation.

# **Online Supplementary Appendix 11:** Sensitivity analyses.

Two sensitivity analyses were conducted to explore the influence of outliers, influential cases, and sources of network inconsistency on model fit, relative effects, and treatment rankings. The first sensitivity analysis excluded outliers and influential cases identified from pairwise meta-analyses and studies that contributed to significant node-split results. The second sensitivity analysis excluded all studies removed during the first sensitivity analysis, plus nodes comprised of only one study.

For the first sensitivity analysis, twenty-one studies were excluded from the strength network [5, 6, 12, 15, 25, 30, 45, 54, 58, 68, 70, 77, 79, 87, 112, 116, 135, 145, 151, 152, 184], and the resulting network included 157 studies ( $n = 4,441$ ) and 13 conditions. Two studies [32, 175] and two arms (HM2 from [144] and LS2 from [15]) were excluded from the hypertrophy network, and the resulting network included studies 117 ( $n = 3,282$ ) and 11 conditions (HS1 and LS1 excluded).

For the second sensitivity analysis, twenty-three studies were excluded from the strength network [5, 6, 12, 15, 25, 30, 45, 48, 54, 58, 59, 68, 70, 77, 79, 87, 112, 116, 135, 145, 151, 152, 184], and the resulting network included 155 studies ( $n = 4,397$ ) with 11 conditions (HS1 and LS1 excluded). Four studies [32, 159, 164, 175] and two arms (HM2 from [144] and LS2 from [15]) were excluded from the hypertrophy network, and the resulting network included 115 studies  $(n = 3,240)$  and 9 conditions (HM1, HS1, HS2 and LS1 excluded).





Values in brackets are 95% CrI. Abbreviations: DIC, deviance information criterion; FE, fixed effects; RE, random effects; UME, unrelated mean effects.



Figure S9. Strength network geometry for the first sensitivity analysis. Each node represents a unique condition, and the size of each node is proportional to the sample size per condition. Each edge represents direct evidence, and the width of each edge is proportional to the number of studies comparing connected nodes. Resistance training prescriptions are denoted with a three-character acronym – XY# – where X is load (H,  $\geq$ 80% 1-repetition maximum [1RM]; L, <80% 1RM); Y is sets (M, multi-set; S, single-set); and # is the weekly frequency  $(3, \geq 3 \frac{\mathrm{d}}{\mathrm{w}}k$ ; 2, 2 d/wk; 1, 1 d/wk), respectively. 77or example, "HM2" denotes high-load, multi-set, twice-weekly training. Abbreviations: CTRL, non-exercising control group.



Figure S10. Hypertrophy network geometry for the first sensitivity analysis. Each node represents a unique condition, and the size of each node is proportional to the sample size per condition. Each edge represents direct evidence, and the width of each edge is proportional to the number of studies comparing connected nodes. Resistance training prescriptions are denoted with a three-character acronym –  $XY#$  – where X is load (H,  $\geq$ 80% 1-repetition maximum [1RM]; L, <80% 1RM); Y is sets (M, multi-set; S, single-set); and # is the weekly frequency  $(3, \geq 3 \text{ d/wk}; 2, 2 \text{ d/wk}; 1, 1 \text{ d/wk})$ , respectively. For example, "HM2" denotes high-load, multi-set, twice-weekly training. Abbreviations: CTRL, non-exercising control group.



Figure S11. Strength network geometry for the second sensitivity analysis. Each node represents a unique condition, and the size of each node is proportional to the sample size per condition. Each edge represents direct evidence, and the width of each edge is proportional to the number of studies comparing connected nodes. Resistance training prescriptions are denoted with a three-character acronym – XY# – where X is load (H,  $\geq$ 80% 1-repetition maximum [1RM]; L, <80% 1RM); Y is sets (M, multi-set; S, single-set); and # is the weekly frequency  $(3, \geq 3 \text{ d/wk}; 2, 2 \text{ d/wk}; 1, 1 \text{ d/wk})$ , respectively. For example, "HM2" denotes high-load, multi-set, twice-weekly training. Abbreviations: CTRL, non-exercising control group.



Figure S12. Hypertrophy network geometry for the second sensitivity analysis. Each node represents a unique condition, and the size of each node is proportional to the sample size per condition. Each edge represents direct evidence, and the width of each edge is proportional to the number of studies comparing connected nodes. Resistance training prescriptions are denoted with a three-character acronym – XY# – where X is load (H,  $\geq$ 80% 1-repetition maximum [1RM]; L,  $\langle 80\% \text{ 1RM} \rangle$ ; Y is sets (M, multi-set; S, single-set); and # is the weekly frequency (3,  $\geq 3$  d/wk; 2, 2 d/wk; 1, 1 d/wk), respectively. For example, "HM2" denotes high-load, multi-set, twice-weekly training. Abbreviations: CTRL, non-exercising control group.



Figure S13. Forest plot displaying network estimates for relative effects of resistance training prescriptions versus non-exercising control on muscle strength following both sensitivity analyses. All studies (black squares), first sensitivity analysis (blue triangles), and second sensitivity analysis (red triangles). Resistance training prescriptions are denoted with a three-character acronym – XY# – where X is load (H,  $\geq$ 80% 1-repetition maximum [1RM]; L, <80% 1RM); Y is sets (M, multiset; S, single-set); and # is the weekly frequency  $(3, \geq 3 \text{ d/wk}; 2, 2 \text{ d/wk}; 1, 1 \text{ d/wk})$ , respectively. For example, "HM2" denotes high-load, multi-set, twice-weekly training. Abbreviations: CTRL, non-exercising control group. Abbreviations: 95% CrI, 95% credible interval; CTRL, nonexercising control group; SMD, standardized mean difference.



Figure S14. Forest plot displaying network estimates for relative effects of resistance training prescriptions versus non-exercising control on muscle hypertrophy following both sensitivity analyses. All studies (black squares), first sensitivity analysis (blue triangles), and second sensitivity analysis (red triangles). Resistance training prescriptions are denoted with a threecharacter acronym – XY# – where X is load (H,  $\geq$ 80% 1-repetition maximum [1RM]; L, <80% 1RM); Y is sets (M, multi-set; S, single-set); and # is the weekly frequency  $(3, \geq 3 \frac{\mathrm{d}}{\mathrm{w}}k; 2, 2 \frac{\mathrm{d}}{\mathrm{w}}k;$ 1, 1 d/wk), respectively. For example, "HM2" denotes high-load, multi-set, twice-weekly training. Abbreviations: CTRL, non-exercising control group. 95% CrI, Abbreviations: 95% credible interval; CTRL, non-exercising control group; SMD, standardized mean difference.



Table S5. League table of all relative effects for the first sensitivity analysis.

Network estimates for all relative effects of resistance training prescriptions are displayed for strength (column header versus row header; values > 0 favour the column condition) and hypertrophy (row header versus column header; values > 0 favour the row condition). Data are displayed as posterior standardized mean difference (95% credible interval). Bolded numbers indicates a 95% probability one intervention yields a larger relative effect. Resistance training prescriptions are denoted with a three-character acronym  $-XY#$  – where X is load (H,  $\geq$ 80% 1-repetition maximum [1RM]; L, <80% 1RM); Y is sets (M, multi-set; S, single-set); and # is the weekly frequency  $(3, \geq 3$  d/wk; 2, 2 d/wk; 1, 1 d/wk), respectively. For example, "HM2" denotes high-load, multi-set, twice-weekly training. Abbreviations: CTRL, non-exercising control group. Abbreviations: CTRL, non-exercise control; N.D., no data.



Table S6. League table of all relative effects for the second sensitivity analysis.

Network estimates for all relative effects of resistance training prescriptions are displayed for strength (column header versus row header; values > 0 favour the column condition) and hypertrophy (row header versus column header; values > 0 favour the row condition). Data are displayed as posterior standardized mean difference (95% credible interval). Bolded numbers indicates a 95% probability one intervention yields a larger relative effect. Resistance training prescriptions are denoted with a three-character acronym  $-XY#$  – where X is load (H,  $\geq$ 80% 1-repetition maximum [1RM]; L, <80% 1RM); Y is sets (M, multi-set; S, single-set); and # is the weekly frequency (3,  $\geq$ 3 d/wk; 2, 2 d/wk; 1, 1 d/wk), respectively. For example, "HM2" denotes high-load, multi-set, twice-weekly training. Abbreviations: CTRL, non-exercising control group, non-exercise control; N.D., no data.



Figure S15. Probability for each condition to be ranked in the top-three most effective for strength following sensitivity analyses. All studies (black bars), first sensitivity analysis (blue bars), second sensitivity analysis (red bars). Scores closer to 100% indicate a greater chance of being ranked in the top-three. Resistance training prescriptions are denoted with a three-character acronym  $-XY#$ - where X is load (H,  $\geq$ 80% 1-repetition maximum [1RM]; L, <80% 1RM); Y is sets (M, multiset; S, single-set); and # is the weekly frequency  $(3, \geq 3 \text{ d/wk}; 2, 2 \text{ d/wk}; 1, 1 \text{ d/wk})$ , respectively. For example, "HM2" denotes high-load, multi-set, twice-weekly training. Abbreviations: CTRL, non-exercising control group.



Figure S16. Probability for each condition to be ranked in the top three most effective for hypertrophy following sensitivity analyses. All studies (black bars), first sensitivity analysis (blue bars), second sensitivity analysis (red bars). Scores closer to 100% indicate a greater chance of being ranked in the top three. Resistance training prescriptions are denoted with a three-character  $aconym - XY#$  – where X is load (H,  $\geq$ 80% 1-repetition maximum [1RM]; L, <80% 1RM); Y is sets (M, multi-set; S, single-set); and # is the weekly frequency  $(3, \geq 3 \text{ d/wk}; 2, 2 \text{ d/wk}; 1, 1 \text{ d/wk})$ , respectively. For example, "HM2" denotes high-load, multi-set, twice-weekly training. Abbreviations: CTRL, non-exercising control group.

### **Online Supplementary Appendix 12:** Network meta-regression.

Network meta-regression (NMR) was performed on data sets with all studies for strength and hypertrophy to determine if additional factors improved model fit and altered treatment effects. Univariate NMR was performed with eight covariates. If less than 10% of studies did not report a covariate value for a given covariate, then missing covariate values were imputed using multivariate imputation with chained equations. If more than 10% of studies did not report a covariate value for a given covariate, the missing value was not imputed, as multiple imputation methods become unreliable with more than 10% missingness\*, and NMR was not completed.

NMR models were fitted in a Bayesian framework using Markov chain Monte Carlo (MCMC) methods in R with the statistical package *multinma*. Four chains were run with non-informative priors. There were 10 000 iterations per chain, and the first 4 000 were discarded as burn-in iterations. Values were collected with a thinning interval of 10. Convergence was evaluated by visual inspection of trace plots and the potential scale reduction factor. All betas for each RTx versus CTRL are displayed for strength (Table S9) and hypertrophy (Table S10). Bubble plots were created to visualize each comparison-level SMD and NMR posterior regression line for age, percent female, and duration. In all tables and figures, resistance training prescriptions are denoted with a three-character acronym – XY# – where X is load (H,  $\geq$ 80% 1-repetition maximum [1RM]; L, <80% 1RM); Y is sets (M, multi-set; S, single-set); and # is the weekly frequency (3,  $\geq$ 3 d/wk; 2, 2 d/wk; 1, 1 d/wk), respectively. For example, "HM2" denotes high-load, multi-set, twiceweekly training.

\* Jakobsen, J.C., et al., When and how should multiple imputation be used for handling missing data in randomised clinical trials – a practical guide with flowcharts. BMC Medical Research Methodology, 2017. 17(1): p. 162.

Table S7. Definition of Covariates.



Abbreviations: 1RM, 1-repetition maximum; BIA, bioelectrical impedance analysis; CT, computed tomography; DXA, dual-energy X-ray absorptiometry; FibreCSA, muscle fibre crosssectional area; MRI, magnetic resonance imaging.





Values in brackets are 95% credible interval. Abbreviations: DIC, deviance information criterion; pD, number of effective parameters.



Table S9. Network meta-regression beta estimates for strength.

Data are presented as beta (95% CrI). For brevity, betas are only displayed for each resistance training prescription vs CTRL. Bold denotes a 95% probability that there is evidence of effect modification based on the specified covariate.

<sup>a</sup> Data represent the influence of untrained, compared with trained.

<sup>b</sup> Data represent the influence of resistance training performed to volitional fatigue, compared with resistance training, not to volitional fatigue.

<sup>c</sup>Data represent the influence of specified body region strength measurements, compared with lower body strength measurements.

<sup>d</sup> Data represent the influence of specified measurement tools, compared with 1RM





Data are presented as beta (95% CrI). For brevity, betas are only displayed for each resistance training prescription vs CTRL. Bold denotes a 95% probability that there is evidence of effect modification based on the specified covariate.

<sup>a</sup> Data represent the influence of untrained, compared with trained.

<sup>b</sup> Data represent the influence of resistance training performed to volitional fatigue, compared with resistance training, not to volitional fatigue.

<sup>c</sup>Data represent the influence of specified body region measurements, compared with lower body measurements.

<sup>d</sup> Data represent the influence of specified hypertrophy measurement tools, compared with BIA



Figure S17. NMR plot displaying the effect of mean age (in years) as a covariate on muscle strength for all direct comparisons. Each circle corresponds to a study estimate at a given covariate value. The bold dot-dash line is the posterior SMD and the 2 dashed lines are the upper and lower 95% credible intervals estimated by the NMR model. For a given comparison (i.e., box), posterior SMDs greater than 0 favours the leftmost condition in the title. Abbreviations: NMR, network meta regression; SMD, standardized mean difference.



Figure S18. NMR plot displaying the effect of mean age (in years) as a covariate on muscle hypertrophy for all direct comparisons. Each circle corresponds to a study estimate at a given covariate value. The bold dot-dash line is the posterior SMD and the 2 dashed lines are the upper and lower 95% credible intervals estimated by the NMR model. For a given comparison (i.e., box), posterior SMDs greater than 0 favours the leftmost condition in the title. Abbreviations: NMR, network meta regression; SMD, standardized mean difference.



Figure S19. NMR plot displaying the effect of proportion of females (%) as a covariate on muscle strength for all direct comparisons. Each circle corresponds to a study estimate at a given covariate value. The bold dot-dash line is the posterior SMD and the 2 dashed lines are the upper and lower 95% credible intervals estimated by the NMR model. For a given comparison (i.e., box), posterior SMDs greater than 0 favours the leftmost condition in the title. Abbreviations: NMR, network meta regression; SMD, standardized mean difference.



Figure S20. NMR plot displaying the effect of proportion of females (%) as a covariate on muscle hypertrophy for all direct comparisons. Each circle corresponds to a study estimate at a given covariate value. The bold dot-dash line is the posterior SMD and the 2 dashed lines are the upper and lower 95% credible intervals estimated by the NMR model. For a given comparison (i.e., box), posterior SMDs greater than 0 favours the leftmost condition in the title. Abbreviations: NMR, network meta regression; SMD, standardized mean difference.



Figure S21. NMR plot displaying the effect of intervention duration as a covariate on muscle strength for all direct comparisons. Each circle corresponds to a study estimate at a given covariate value. The bold dot-dash line is the posterior SMD and the 2 dashed lines are the upper and lower 95% credible intervals estimated by the NMR model. For a given comparison (i.e., box), posterior SMDs greater than 0 favours the leftmost condition in the title. Abbreviations: NMR, network meta regression; SMD, standardized mean difference.



Figure S22. NMR plot displaying the effect of intervention duration as a covariate on muscle hypertrophy for all direct comparisons. Each circle corresponds to a study estimate at a given covariate value. The bold dot-dash line is the posterior SMD and the 2 dashed lines are the upper and lower 95% credible intervals estimated by the NMR model. For a given comparison (i.e., box), posterior SMDs greater than 0 favours the leftmost condition in the title. Abbreviations: NMR, network meta regression; SMD, standardized mean difference.

**Online Supplementary Appendix 13:** Physical function results.

Measures of physical function (mobility, gait speed, and balance/flexibility) were extracted from included studies when the mean participant age  $\geq$ 55 years. Standardized mean differences (SMD) were calculated, and pairwise meta-analyses were conducted for all direct comparisons. NMA models were fitted in a Bayesian framework using Markov chain Monte Carlo (MCMC) methods in R with the statistical package *multinma*. Four chains were run with non-informative priors. There were 10,000 iterations per chain, and the first 4,000 were discarded as burn-in iterations. Values were collected with a thinning interval of 10. Convergence was evaluated by visual inspection of trace plots and the potential scale reduction factor. We report network geometry, all relative effects, posterior ranks, model fit, and threshold analysis results for each physical function outcome.

## **Mobility**

Network geometry for mobility is displayed in Figure S23. The mobility NMA included seven conditions from 25 studies ( $n = 859$ ). One study was identified as an outlier and excluded [21] during sensitivity analysis. Network geometry for mobility following sensitivity analysis is displayed in Figure S24, which included seven conditions from 24 studies ( $n = 810$ ).

The relative effects for all 21 network comparisons are displayed in Table S11. There was a 95% probability that HM3, LM2, and LM3 were beneficial compared to CTRL. No RTx was superior to another RTx for improving mobility (as demonstrated by all 95% CrI crossing zero). The posterior ranks are reported in Table S12. Model fit is reported in Table S13. Node-splitting was performed on five comparisons (Figure S25), and none were significant ( $P \ge 0.6$  for all). Threshold analysis results for mobility are found in Figure S26. Overall, LM2 was the top-ranked condition, and this finding appears relatively robust. Three comparisons suggest there is some sensitivity to the level of uncertainty and potential biases in the evidence, which could lead to LM3 (2/3 comparisons) or LS2 (1/3 comparisons) being ranked the top condition.



Figure S23. Network geometry for all mobility studies. Each node represents a unique condition, and the size of each node is proportional to the sample size per condition. Each edge represents direct evidence, and the width of each edge is proportional to the number of studies comparing connected nodes. Resistance training prescriptions are denoted with a three-character acronym –  $XY#$  – where X is load (H,  $\geq 80\%$  1-repetition maximum [1RM]; L, <80% 1RM); Y is sets (M, multi-set; S, single-set); and # is the weekly frequency  $(3, \geq 3 \text{ d/wk}; 2, 2 \text{ d/wk}; 1, 1 \text{ d/wk})$ , respectively. For example, "HM2" denotes high-load, multi-set, twice-weekly training. Abbreviations: CTRL, non-exercising control group.



Figure S24. Network geometry for mobility following sensitivity analysis. Each node represents a unique condition, and the size of each node is proportional to the sample size per condition. Each edge represents direct evidence, and the width of each edge is proportional to the number of studies comparing connected nodes. Resistance training prescriptions are denoted with a three-character acronym – XY# – where X is load (H,  $\geq$ 80% 1-repetition maximum [1RM]; L, <80% 1RM); Y is sets (M, multi-set; S, single-set); and # is the weekly frequency  $(3, \geq 3 \text{ d/wk}; 2, 2 \text{ d/wk}; 1, 1 \text{ d/wk})$ , respectively. For example, "HM2" denotes high-load, multi-set, twice-weekly training. Abbreviations: CTRL, non-exercising control group.

		<b>All studies</b>						
		<b>CTRL</b>	HM <sub>3</sub>	HS3	LM <sub>2</sub>	LM3	LS <sub>2</sub>	LS3
Analysis Sensitivity	<b>CTRL</b>		0.76 (0.17, 1.35)	0.28 $(-1.19, 1.72)$	1.04 (0.50, 1.57)	0.90 (0.43, 1.34)	0.76 $(-1.00, 2.48)$	0.59 $(-0.53, 1.71)$
	HM <sub>3</sub>	0.70 (0.18, 1.24)		$-0.48$ $(-1.98, 1.07)$	0.28 $(-0.48, 1.09)$	0.14 $(-0.53, 0.84)$	0.01 $(-1.81, 1.83)$	$-0.17$ $(-1.27, 0.97)$
	HS3	0.25 $(-0.95, 1.47)$	$-0.45$ $(-1.71, 0.84)$		0.76 $(-0.75, 2.26)$	0.62 $(-0.91, 2.15)$	0.48 $(-1.81, 2.70)$	0.31 $(-1.09, 1.72)$
	LM <sub>2</sub>	1.01 (0.59, 1.45)	0.31 $(-0.34, 0.98)$	0.75 $(-0.53, 2.07)$		$-0.14$ $(-0.79, 0.50)$	$-0.28$ $(-1.97, 1.36)$	$-0.45$ $(-1.64, 0.83)$
	LM3	0.72 (0.31, 1.17)	0.02 $(-0.56, 0.64)$	0.46 $(-0.82, 1.79)$	$-0.29$ $(-0.86, 0.26)$		$-0.13$ $(-1.90, 1.69)$	$-0.31$ $(-1.48, 0.87)$
	LS <sub>2</sub>	0.71 $(-0.79, 2.25)$	0.01 $(-1.63, 1.64)$	0.46 $(-1.52, 2.51)$	$-0.29$ $(-1.74, 1.19)$	$-0.01$ $(-1.56, 1.60)$		$-0.18$ $(-2.32, 1.87)$
	LS3	0.54 $(-0.36, 1.48)$	$-0.16$ $(-1.11, 0.77)$	0.29 $(-0.94, 1.49)$	$-0.47$ $(-1.44, 0.58)$	$-0.18$ $(-1.17, 0.86)$	$-0.17$ $(-2.00, 1.60)$	

Table S11. League table of all relative effects for mobility.

Network estimates for all relative effects of resistance training prescriptions are displayed for mobility with all studies (column header versus row header; values > 0 favour the column condition) and following sensitivity analysis (row header versus column header; values > 0 favour the row condition). Data are displayed as posterior standardized mean difference (95% credible interval). Bold text indicates a 95% probability one intervention yields a larger relative effect. Resistance training prescriptions are denoted with a three-character acronym – XY# – where X is load (H,  $\geq$ 80% 1-repetition maximum [1RM]; L, <80% 1RM); Y is sets (M, multi-set; S, single-set); and # is the weekly frequency  $(3, \geq) 3$  d/wk; 2, 2 d/wk; 1, 1 d/wk), respectively. For example, "HM2" denotes high-load, multi-set, twiceweekly training. Abbreviations: CTRL, non-exercising control group.



Table S12. Posterior ranks for mobility.

Mean posterior ranks (95% credible interval) for all conditions with all studies (first row) and following sensitivity analyses (second row). Mean posterior ranks closer to 1 suggest the most effective condition. Resistance training prescriptions are denoted with a threecharacter acronym – XY# – where X is load (H,  $\geq$ 80% 1-repetition maximum [1RM]; L, <80% 1RM); Y is sets (M, multi-set; S, singleset); and # is the weekly frequency (3, ≥3 d/wk; 2, 2 d/wk; 1, 1 d/wk), respectively. For example, "HM2" denotes high-load, multi-set, twice-weekly training. Abbreviations: CTRL, non-exercising control group.
Table S13. Model fit summaries for mobility.



Abbreviations: CrI, credible interval; DIC, deviance information criterion; FE, fixed effects; pD, number of effective parameters; RE, random effects; UME, unrelated mean effects.



Figure S25. Node-split analysis plot for all studies in mobility network. Posterior distribution for direct estimate (red), indirect estimate (green), and network estimate (blue). Resistance training prescriptions are denoted with a three-character acronym –  $XY#$  – where X is load (H,  $\geq$ 80% 1repetition maximum [1RM]; L, <80% 1RM); Y is sets (M, multi-set; S, single-set); and # is the weekly frequency (3, ≥3 d/wk; 2, 2 d/wk; 1, 1 d/wk), respectively. For example, "HM2" denotes high-load, multi-set, twice-weekly training. Abbreviations: CTRL, non-exercising control group.



Figure S26. Threshold analysis results for mobility. Each row corresponds to a single study estimate and displays the SMD and 95% CI from that study, along with the invariant interval (blue shaded bars). Any changes to a study estimate that lie within the invariant interval will not affect the first-ranked treatment (first ranked treatment for mobility: LM2). Bold study labels and red shaded invariant intervals show where a 95% CI crosses the corresponding threshold, indicating sensitivity to the level of uncertainty in this estimate, which could result in a new first-ranked treatment, which are shown as resistance training prescription acronyms at either side of the invariant interval. Abbreviations: 95% CI, 95% confidence interval; SD, standard deviation; SMD, standardized mean difference.

## **Gait Speed**

All studies yielded a disconnected network, and one study was excluded [96] to form a connected network for this analysis. Network geometry for gait speed is displayed in Figure S27. The gait speed NMA included five conditions from 15 studies ( $n = 488$ ). No outliers nor influential cases were identified, so sensitivity analysis was not conducted.

The relative effects for all 10 network comparisons are displayed in Table S14. There was a 95% probability that HM3, LM3, and LM2 were beneficial compared to CTRL. No resistance training prescription was superior when compared to another RTx. The posterior ranks are reported in Table S15. Model fit is reported in Table S16. Node-splitting was performed on four comparisons (Figure S28), and none were significant ( $P \ge 0.31$  for all). Threshold analysis results for gait speed were reported in Figure S29. Overall, LM3 was the top-ranked condition; however, 10 comparisons suggest there is some sensitivity to the level of uncertainty and potential biases in the evidence, which could lead to HM3 (8/10 comparisons) or LM2 (2/10 comparisons) being ranked the top condition (Figure S29).



Figure S27. Network geometry for gait speed. Each node represents a unique condition, and the size of each node is proportional to the sample size per condition. Each edge represents direct evidence, and the width of each edge is proportional to the number of studies comparing connected nodes. Resistance training prescriptions are denoted with a three-character acronym  $- XY#$ where X is load (H,  $\geq$ 80% 1-repetition maximum [1RM]; L, <80% 1RM); Y is sets (M, multi-set; S, single-set); and # is the weekly frequency  $(3, \geq 3 \frac{\mathrm{d}}{\mathrm{w}}k; 2, 2 \frac{\mathrm{d}}{\mathrm{w}}k; 1, 1 \frac{\mathrm{d}}{\mathrm{w}}k)$ , respectively. For example, "HM2" denotes high-load, multi-set, twice-weekly training. Abbreviations: CTRL, nonexercising control group.



Table S14. League table of all relative effects for gait speed.

Network estimates for all relative effects of resistance training prescriptions for gait speed (column header versus row header; values >0 favour the column condition). Data are displayed as posterior standardized mean difference (95% credible interval). Bold text indicates a 95% probability one intervention yields a larger relative effect. Resistance training prescriptions are denoted with a threecharacter acronym – XY# – where X is load (H,  $\geq$ 80% 1-repetition maximum [1RM]; L, <80% 1RM); Y is sets (M, multi-set; S, singleset); and # is the weekly frequency (3, ≥3 d/wk; 2, 2 d/wk; 1, 1 d/wk), respectively. For example, "HM2" denotes high-load, multi-set, twice-weekly training. Abbreviations: CTRL, non-exercising control group.

Table S15. Posterior ranks for gait speed.



Data are presented as mean posterior ranks (95% credible interval). Mean posterior ranks closer to 1 suggest the most effective condition. Resistance training prescriptions are denoted with a three-character acronym –  $XY#$  – where X is load (H,  $\geq$ 80% 1-repetition maximum [1RM]; L, <80% 1RM); Y is sets (M, multi-set; S, single-set); and # is the weekly frequency  $(3, \geq 3 \text{ d/wk}; 2, 2 \text{ d/wk}; 1, 1 \text{ d/wk})$ , respectively. For example, "HM2" denotes high-load, multi-set, twice-weekly training. Abbreviations: CTRL, non-exercising control group.

Table S16. Model fit summaries for gait speed.



Abbreviations: CrI, credible interval; DIC, deviance information criterion; FE, fixed effects; pD, number of effective parameters; RE, random effects; UME, unrelated mean effects.



Figure S28. Node-split plot for gait speed network. Posterior distribution for direct estimate (red), indirect estimate (green), and network estimate (blue). Resistance training prescriptions are denoted with a three-character acronym –  $XY#$  – where X is load (H,  $\geq$ 80% 1-repetition maximum [1RM]; L, <80% 1RM); Y is sets (M, multi-set; S, single-set); and # is the weekly frequency (3, ≥3 d/wk; 2, 2 d/wk; 1, 1 d/wk), respectively. For example, "HM2" denotes high-load, multi-set, twice-weekly training. Abbreviations: CTRL, non-exercising control group.



Figure S29. Threshold analysis results for gait speed. Each row corresponds to a single study estimate and displays the SMD and 95% CI from that study, along with the invariant interval (blue shaded bars). Any changes to a study estimate that lie within the invariant interval will not affect the first-ranked treatment (first ranked treatment for gait speed: LM3). Bold study labels and red shaded invariant intervals show where a 95% CI crosses the corresponding threshold, indicating sensitivity to the level of uncertainty in this estimate, which could result in a new first-ranked treatment, which are shown as resistance training prescription acronyms at either side of the invariant interval. Abbreviations: SMD, standardized mean difference; 95% CI, 95% confidence interval; SD, standard deviation.

## **Balance/Flexibility**

Network geometry for balance/flexibility is displayed in Figure S30. The balance/flexibility NMA included four conditions from 13 studies ( $n = 453$ ). No outliers nor influential cases were identified, so sensitivity analysis was not conducted.

The relative effects for all six network comparisons are displayed in Table S17. There was a 95% probability that HM3 and LM3 were beneficial compared to CTRL. No resistance training prescription was superior when compared to another RTx. The posterior ranks are reported in Table S18. Model fit is reported in Table S19. Node-splitting was performed on four comparisons (Figure S31) and none were significant ( $P \ge 0.54$  for all). The base-case for threshold analysis was HM3 and no comparisons potentially impacted this recommendation (Figure S32).



Figure S30. Network geometry for balance/flexibility. Each node represents a unique condition, and the size of each node is proportional to the sample size per condition. Each edge represents direct evidence, and the width of each edge is proportional to the number of studies comparing connected nodes. Resistance training prescriptions are denoted with a three-character acronym – XY# – where X is load (H,  $\geq$ 80% 1-repetition maximum [1RM]; L, <80% 1RM); Y is sets (M, multi-set; S, single-set); and # is the weekly frequency  $(3, \geq 3 \frac{\mathrm{d}}{\mathrm{w}}k$ ; 2, 2  $\mathrm{d}}/\mathrm{w}k$ ; 1, 1  $\mathrm{d}}/\mathrm{w}k$ ), respectively. For example, "HM2" denotes high-load, multi-set, twice-weekly training. Abbreviations: CTRL, non-exercising control group.



Table S17. League table of all relative effects for balance/flexibility.

Network estimates for all relative effects of resistance training prescriptions are displayed for balance/flexibility (column header versus row header; values >0 favour the column condition). Data are displayed as posterior standardized mean difference (95% credible interval). Bold text indicates a 95% probability one intervention yields a larger relative effect. Resistance training prescriptions are denoted with a three-character acronym – XY# – where X is load (H,  $\geq$ 80% 1-repetition maximum [1RM]; L, <80% 1RM); Y is sets (M, multi-set; S, single-set); and # is the weekly frequency  $(3, \geq 3 \frac{d}{w}k; 2, 2 \frac{d}{w}k; 1, 1 \frac{d}{w}k)$ , respectively. For example, "HM2" denotes high-load, multi-set, twice-weekly training. Abbreviations: CTRL, non-exercising control group.





Data are presented as mean posterior ranks (95% credible interval). Mean posterior ranks closer to 1 suggest the most effective condition. Resistance training prescriptions are denoted with a threecharacter acronym – XY# – where X is load (H,  $\geq$ 80% 1-repetition maximum [1RM]; L, <80% 1RM); Y is sets (M, multi-set; S, single-set); and # is the weekly frequency (3, ≥3 d/wk; 2, 2 d/wk; 1, 1 d/wk), respectively. For example, "HM2" denotes high-load, multi-set, twice-weekly training. Abbreviations: CTRL, non-exercising control group.



Table S19. Model fit summaries for balance/flexibility.

Abbreviations: CrI, credible interval; DIC, deviance information criterion; FE, fixed effects; pD, number of effective parameters; RE, random effects; UME, unrelated mean effects.



Figure S31. Node-split plot for all studies in balance/flexibility. Posterior distribution for direct estimate (red), indirect estimate (green), and network estimate (blue). Resistance training prescriptions are denoted with a three-character acronym –  $XY#$  – where X is load (H,  $\geq$ 80% 1repetition maximum [1RM]; L,  $\langle 80\% \text{ 1RM} \rangle$ ; Y is sets (M, multi-set; S, single-set); and # is the weekly frequency (3, ≥3 d/wk; 2, 2 d/wk; 1, 1 d/wk), respectively. For example, "HM2" denotes high-load, multi-set, twice-weekly training. Abbreviations: CTRL, non-exercising control group.



Figure S32. Threshold analysis results for balance/flexibility. Each row corresponds to a single study estimate and displays the SMD and 95% CI from that study, along with the invariant interval (blue shaded bars). Any changes to a study estimate that lie within the invariant interval will not affect the first-ranked treatment (first-ranked treatment for balance/flexibility: HM3). Bold study labels and red-shaded invariant intervals show where a 95% CI crosses the corresponding threshold, indicating sensitivity to the level of uncertainty in this estimate, which could result in a new first-ranked treatment, which are shown as resistance training prescription acronyms at either side of the invariant interval. Abbreviations: SMD, standardized mean difference; 95% CI, 95% confidence interval; SD, standard deviation.