Supplementary Data

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Supplementary Data for Age and Aging

Appendix 2:

Searching

Computerized bibliographic databases including MEDLINE, EMBASE, CINAHL, PsycINFO, and Evidence-Based Medicine Reviews (such as the Cochrane Database of Systematic Reviews) were searched for relevant articles published in peer reviewed journals. In addition we hand searched key journals on aging and gerontology. A combination of index/subject terms and text words were utilized when executing the search to maximize the results of related articles. Different subject/MeSH terms (e.g., balance, body equilibrium, self-confidence, or self-efficacy, fear, falls, accidental falls, etc) were combined with keywords and the use of wildcards (e.g., balance adj5 confidence, fall\$ adj5 efficacy fear). Additional trials were uncovered through hand archiving; reviewing the table of contents of key journals and the reference lists of articles. The search results were exported to RefWorks (an online research management and collaboration tool) where all duplicate studies were removed.

Appendix 3: Description of 6/30 studies which used a diverse intervention and could not be pooled.

The studies are described individually and effect sizes were calculated. Two studies provided specific standing balance training to relatively small samples of older adults who had not fallen. Standing balance training (2, 20 minute sessions/week for 4 weeks) included standing on a tilting multi-axial platform while interacting with a computerized visual image and playing different games such as skiing and motorcycle racing (Hinman, 2002)²³ [small effect size 0.33 (-0.19 to 0.85)]. The training in the other study included standing on unstable surfaces (air-filled rubber discs) secured in an overhead harness 3 times a week for 5 weeks (Schilling et al., 2009)¹⁰ [large effect size 0.85 (0.04 to 1.66)].

Hip protectors worn by older women with a risk of hip fractures increased their balance confidence significantly compared to a control who did not wear the hip protectors [medium effect size 0.41 (0.07 to 0.76)] (Cameron et al., 2000)¹³. Lee, Hurley, Carew, Fisher, Kiss, & Drummond (2007)²⁴ provided fallers with a Personal Emergency Response System but this was not found to significantly change their balance confidence [small effect size 0.20 (-0.23 to 0.62)]. An expedited second cataract surgery versus routine surgery (a 'waiting list' within 13 months) was found to increase the balance confidence of women with one successful cataract operation (Foss et al., 2006)²⁵ [small effect size 0.24 (-0.01-0.49). Mental imagery training (without exercise) was provided to older adults living in housing cooperatives however this was not found to change their balance confidence [small effect size – 0.20 (0.71 to 1.09)] (Hamel & Lajoie, 2005)²⁶.

Appendix 4:

	Tai Chi			Control				Std. Mean Difference	Std. Mean Difference			
Study or Subgroup	Mean SD		Total	Mean	Mean SD		Weight	IV, Random, 95% CI	IV, Random, 95% CI			
Li 2 2005	1.06	1.09	125	0.17	1.21	131	34.0%	0.77 [0.52, 1.02]	(**)			
Logghe 2007	1.1	5	138	0.1	5	131	34.7%	0.20 [-0.04, 0.44]	 -			
McCormack 2004	0.1	0.8	13	-0.6	1.8	7	11.1%	0.55 [-0.39, 1.48]	-			
Zhang 2006	2.1	5.2	24	-0.3	5.9	23	20.2%	0.42 [-0.15, 1.00]	20.00 m			
Total (95% CI)			300			292	100.0%	0.48 [0.11, 0.84]	•			
Heterogeneity: Tau ² =	0.09; Ch	ni² = 10).28, df	= 3 (P :	= 0.02)); 2 = 7	1%		-2 -1 0 1 2			
Test for overall effect:	-2 -1 U 1 2 Favours control Favours Tai C											

Figure 3: Meta-analysis of Tai Chi aimed at increasing balance confidence (N=292)

Figure 3: Meta-Analysis of Tai Chi aimed at increasing balance confidence (N=300)

Appendix 5: The Total and Specific PEDro Scores of the 30 Trials Included in the Systematic Review and Meta-Analysis

Study First Author,	Pedro total	Q1*	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11
year	Score											

	(/10)											
				E	XERC	ISE						
Arai, 2007[11]	5	1	1	0	1	0	0	1	0	0	1	1
Campbell, 1997 [27]	8	1	1	1	1	0	0	1	1	1	1	1
Williams, 2002 [28]	3	1	1	0	0	0	0	0	0	0	1	1
Brouwer, 2003 [29]	7	1	1	1	1	0	0	1	1	0	1	1
Lui-Ambrose, 2004 [30]	5	1	1	0	1	0	0	0	1	0	1	1
Schoenfelder, 2004 [31]	6	1	1	0	1	0	0	1	0	1	1	1
Devereux, 2005 [32]	8	1	1	1	1	0	0	1	1	1	1	1
Southard, 2006 [33]	5	1	1	0	0	0	0	1	0	1	1	1
Weerdesteyn, 2006 [34]	4	1	1	0	0	0	0	0	1	1	1	0
					TAI C	HI						
Zhang, 2006 [12]	6	1	1	0	1	0	0	0	1	1	1	1
McCormack, 2004 [35]	6	1	1	1	1	2	2	2	1	1	1	2
Li, 2005 [36]	7	1	1	1	1	0	0	1	0	1	1	1
Sattin, 2005 [37]	6	1	1	0	1	0	0	1	0	1	1	1
Logghe, 2009 [38]	8	1	1	1	1	2	2	1	1	1	1	1
		I	MULT	FACT	<u>ORAL</u>	TREA	TME	NT				
Elley, 2008 [39]	8	1	1	1	1	2	2	1	1	1	1	1
Tinetti, 1994 [40]	6	1	1	0	1	0	0	1	1	0	1	1
van Haastregt, 2000 [41]	4	1	1	0	1	0	0	0	0	0	1	1
Clemson, 2004 [42]	7	1	1	1	1	0	0	1	0	1	1	1
Huang, 2004 [43]	5	1	1	0	1	0	0	0	1	0	1	1
Davison, 2005 [44]	8	1	1	1	1	0	0	1	1	1	1	1
Gitlin,	8	1	1	1	1	0	0	1	1	1	1	1

2006 [45]												
Ziden, 2008 [46]	7	1	1	1	1	2	2	2	1	1	1	1
Vind, 2009 [47]	8	1	1	1	1	0	0	1	1	1	1	1
Ziden, 2010 [48]	8	1	1	1	0	1	0	1	1	1	1	1
	OTHER INTERVENTIONS											
Schilling, 2009 [10]	6	1	1	0	1	0	0	0	1	1	1	1
Cameron, 2000 [13]	8	1	1	1	1	0	0	1	1	1	1	1
Hinman, 2002 [23]	4	1	1	0	1	0	0	0	0	0	1	1
Lee, 2007 [24]	7	1	1	1	1	0	1	1	0	0	1	1
Foss, 2006 [25]	7	1	1	1	1	0	0	0	1	1	1	1
Hamel & Lajoie 2005 [26]	3	1	1	0	0	0	0	0	0	0	1	1

Q1: Eligibility criteria were specified. *The score is not included in the Total PEDro score.

Q2: Random Allocation

Q3: Allocation was concealed

Q4: Groups were similar at baseline

Q5: Blinding of all subjects

Q6: Blinding of all therapists

Q7: blinding of all assessors

Q8: measures of key outcome from 85%

Q9: "Intention to treat"

Q10: Between-group statistical comparisons are reported

Q11: Point and variability measures