

**Chart 1 - Search strategies for the databases**

<b>PubMed / Medline</b>	<p>"resistance training"[Title/Abstract] AND "Stroke"[Title/Abstract] AND "systematic review"[Title/Abstract]</p> <p>("training resistance"[Title/Abstract] OR "strength training"[Title/Abstract] OR (("Weight-Lifting"[MeSH Terms] OR ("weight"[All Fields] AND "lifting"[All Fields]) OR "Weight-Lifting"[All Fields]) AND "strengthening program"[Title/Abstract]) OR "weight lifting exercise program"[Title/Abstract] OR "weight bearing strengthening program"[Title/Abstract]) AND (((("Stroke"[Title/Abstract] OR "cerebrovascular accident"[Title/Abstract] OR ("Stroke"[MeSH Terms] OR "Stroke"[All Fields] OR "cva"[All Fields])) AND ("Stroke"[MeSH Terms] OR "Stroke"[All Fields] OR ("Cerebrovascular"[All Fields] AND "Accident"[All Fields]) OR "cerebrovascular accident"[All Fields])) OR "cerebrovascular apoplexy"[Title/Abstract] OR "vascular accident brain"[Title/Abstract] OR "cerebrovascular stroke"[Title/Abstract] OR "Apoplexy"[Title/Abstract] OR "cerebral stroke"[Title/Abstract] OR "stroke acute"[Title/Abstract] OR "cerebrovascular accident acute"[Title/Abstract]) AND (((("systematic review"[Title] OR "systematic literature review"[Title] OR "systematic scoping review"[Title] OR "systematic narrative review"[Title] OR "systematic qualitative review"[Title] OR "systematic evidence review"[Title] OR "systematic quantitative review"[Title] OR "systematic meta review"[Title] OR "systematic critical review"[Title] OR "systematic mixed studies review"[Title] OR "systematic mapping review"[Title] OR "systematic cochrane review"[Title] OR "systematic search and review"[Title] OR "systematic integrative review"[Title]) NOT "comment"[Publication Type]) NOT ("protocol"[Title] OR "protocols"[Title])) NOT "MEDLINE"[Filter]) OR ("cochrane database syst rev"[Journal] AND "review"[Publication Type]) OR "systematic review"[Publication Type])</p>
<b>Portal Regional da BVS / Lilacs</b>	<p>(tw:(Resistance Training)) AND (tw:(Stroke)) AND (tw:(Systematic review))</p> <p>(tw:(Resistance Training OR Bodybuilding OR Weightlifting Strength Program OR Weightlifting Bodybuilding Program)) AND (tw:(Stroke OR Acute stroke OR Apoplexy OR Cerebral apoplexy OR Cerebral ictus)) AND (tw:(Systematic review))</p>
<b>Scielo</b>	<p>Treinamento de Resistência OR Musculação OR Programa de Fortalecimento por Levantamento de Peso OR Programa de Musculação por Levantamento de Peso [Todos os índices] AND Acidente Vascular Cerebral OR AVC OR AVC Agudo OR AVE OR Acidente Cerebral Vascular OR Acidente Cerebrovascular OR Acidente Vascular Cerebral (AVC) OR Acidente Vascular Cerebral Agudo OR Acidente Vascular Encefálico OR Acidente Vascular do Cérebro OR Acidentes Cerebrais Vasculares OR Acidentes Cerebrovasculares OR Acidentes Vasculares Cerebrais OR Apoplexia OR Apoplexia Cerebral OR Apoplexia Cerebrovascular OR Derrame Cerebral OR Icto Cerebral OR Ictus Cerebral [Todos os índices] AND Revisão Sistemática [Todos os índices]</p>

<b>EBSCOhost/SPORTDiscus</b>	Resistance Training OR Strength Training OR Weight Training OR Resistance Exercise [Título] AND Stroke OR Cerebrovascular Accident [Título] AND Systematic Review [Título]
<b>PEDro</b>	Resistance Training* Stroke* Systematic Review*
<b>Cochrane Library</b>	"Resistance Training" OR "Strength Training" OR "Weight-Lifting Strengthening Program" OR "Weight Lifting Strengthening Program" OR "Weight-Lifting Exercise Program" OR "Weight-Bearing Strengthening Program" in Title Abstract Keyword AND "Stroke" OR "Cerebrovascular Accident" OR "CVA (Cerebrovascular Accident)" OR "Cerebrovascular Apoplexy" OR "Vascular Accident, Brain" OR "Cerebrovascular Stroke" OR "Apoplexy" OR Stroke, Acute OR Cerebrovascular Accident, Acute in Title Abstract Keyword AND "systematic review" in Title Abstract Keyword
	"resistance training" in Title Abstract Keyword AND "stroke" in Title Abstract Keyword AND "systematic review" in Title Abstract Keyword

**Table I - Characteristics of studies and population**

<b>Author/year</b>	<b>Study objective</b>	<b>N°. of studies included</b>	<b>Population characteristics</b>
Saunders <i>et al.</i> (2009) [17]	Determine whether TFI (cardiorespiratory, resisted, or mixed) after stroke reduces death, dependence, and disability. Secondary objectives: to determine the effects of TFI on PA, mobility, FF,	Review with meta-analysis/ 24 RCT/ 4 RCT on RT.	147 individuals of both sexes. Acute and chronic stroke (8.8 days - 7.7 years). (158/1.147 - Participated in the studies on RT)

	health status and QoL, mood and incidence of adverse events.		
Harris <i>et al.</i> (2010) [18]	Analyze the evidence of the TF of the paretic upper limb in the improvement of strength, function of the upper limb and ADLs. Secondary objective: to examine the effect of injury duration (subacute and chronic) and motor severity (moderate and mild) on upper limb function.	Review with meta-analysis/13 ECR	569 individuals, aged between 35 and 75 years. Acute and chronic stroke (2 months to 5 years).
Brazzelli <i>et al.</i> (2011) [19]	Determine the effects of TCR and RT, individually or in combination (TM) compared to no intervention, usual care, or other specific control interventions in stroke survivors.	Review with meta-analysis / 32 RCT. / 14 ECR TCR / 7 ECR RT / 11 ECR TM.	1,414 individuals. With an average age of 64 years. Acute and chronic stroke (8.8 days to 7.7 years). 246/1,414 participated in the RT studies, 651/1,414 in the TCR and 517/1,414 TM.
Metha <i>et al.</i> (2012) [10]	To analyze the effectiveness of RT on gait speed and total distance walked in individuals 6 months after stroke.	Review with meta-analysis/10 RCT	381 individuals, aged between 44 and 66 years, in the stage of chronic stroke (20 months to 4.9 years).
Saunders <i>et al.</i> (2013) [20]	Determining whether TFI after stroke reduces death, dependency and disability. Secondary objectives were to determine the effects of training on PA, mobility, FF, QoL, mood and incidence of adverse events.	Review with meta-analysis / 45 ECR / 8 ECR on RT.	2,188 individuals of both sexes. Acute and chronic stroke (8.8 days - 7.7 years). 275/ 2188 participated in the study on RT.
Saunders <i>et al.</i> (2016) [8]	Determining whether TFI after stroke reduces death, dependency and disability. Secondary objectives: to determine the effects of TFI on adverse events, risk factors, PA, mobility, FF, health status and QoL, mood and cognitive function.	Review with meta-analysis / 58 ECR / 13 ECR on RT	2,797 individuals of both sexes. Acute and chronic stroke (8.8 days - 7.7 years). 432/2797 participated in the RT studies.
Salter <i>et al.</i> (2016) [9]	Analyze evidence on the safety and efficacy of TRP for improved activity in the first 3 months after stroke.	Review with meta-analysis / 5 ECR / EPR	350 individuals, 57% were men, with a mean age of 69 ± 10 years. Median time from stroke to start of intervention was 31 days (SD 20 days, range 13-49 days).
Dorsch <i>et al.</i> (2018) [21]	Analyze evidence on TRP effects on muscle strength in stroke individuals,	Review with meta-analysis / 5 ECR / EPR	314 individuals, aged between 51 and 69 years. Average time since stroke ranged from 16 days - 6 years.

	and whether this strength is transferred to activity.		
Veldema <i>et al.</i> (2020) [23]	Analyze the effects of RT in supporting recovery in stroke patients.	Review with meta-analysis / 30 ECR	1,051 individuals, 626 men, aged between 40 - 92 years. Acute and chronic stroke (2 months - 5.8 years).
Saunders <i>et al.</i> (2020) [22]	Determine whether TF reduces death, dependency or disability. Secondary objectives: to determine the effects of TF on adverse events, risk factors, PA, mobility, FF, health status and QoL, mood and cognitive function.	Review with meta-analysis / 75 ECR / 32 TCR / 20 RT / 23 TM.	3,617 individuals after stroke. Average age 62 years. Acute and chronic stroke (8.8 days to 7.7 years). 1,631/3,617 studies on TCR. 1,207/3,617 TM. 779/3,617 studies on RT.

TFI = Physical training; Stroke = Stroke; PA = Physical Fitness; FF = Physical Function; QoL = Quality of Life; RCT = Randomized Clinical Trial; RT = Resistance Training; MMSS= Upper Limb; ADLs = Activity of Daily Living; TCR = Cardiorespiratory Training; TM = Mixed Training; TRP = Progressive Resistance Training; EPR = Randomized Pilot Study

**Table II - Summary of the evaluation process, intervention, outcomes and main results of the reviewed studies**

Autor / ano	Intervention protocols		Methods	Main outcomes	Results
	GE	GC			
Saunders <i>et al.</i> (2009) [17]	RT with braces, free weights or elastic bands. Average of 3 sets of 30 - 60 minutes per session, 2 - 5 days a week, 4 to 12 weeks, load ranging from 50% to 100% of body weight, 70% of 1RM.	TFC, AL, usual care, muscle facilitation exercises, TENS, bilateral exercises for ROM and control without any intervention.	LLFDI; 1RM; Dynamometry; MIF; TUG.	AF(FM); Mobility	AF: RT was* for ↑ of the FM of the upper and lower limbs (SMD (fixed): 0.58, 95% CI 0.06 to 1.10). / Mobility: The RT was not* VMM (SMD (fixed): -1.17mmmin-1 95% CI - 5.53 to 3.19) or VMP (SMD (fixed): -2.16mmmin - 1 95% CI - 7.73 to 2.51).
Harris <i>et al.</i> (2010) [18]	<b>N= (273)</b> - RT isotonic and isometric, with elastic bands and free weights. Protocols: average	<b>N = (296)</b> Bobath, TENS, AL, mobility exercises, balance exercises, outpatient treatment as needed, ADLs, lower limb strengthening. Protocols: 3	Manual muscle testing; Barthel Index; Southern Motor Assessment; 10-Hole Peg Test; MIF; Box/Block Test; 9- Hole Peg Test; Rivermead	FM; Function of the MMSS; ADLs.	RT was* for ↑ grip strength (SMD 0.95, P 0.04) and upper limb function (SMD 0.21, P 0.03). Effect* for RT on upper limb function was found in studies including individuals with moderate (SMD 0.45, P 0.03) and mild (SMD 0.26, P 0.01) motor

	1h/session, 2-3 days a week, lasting from 4 to 19 weeks.	to 4 times a week, lasting 2 to 4 weeks.	Motor Assessment; Fugl-Meyer Scale; Purdue Pegboard Test; Dynamometry; Wolf Motor Function Test; functional test of the hemiplegic upper extremity.		impairment of upper limbs. No treatment effect was found for RT on ADL measurements: random effect model: (SMD 0.26, 95% CI, 0.10 to 0.63, P 0.16, I <sup>2</sup> 39%); fixed effect model: (SMD 0.27, 95% CI, 0.01 to 0.54, P 0.06).
Brazzelli <i>et al.</i> (2011) [19]	RT with braces, free weights or elastic bands, during/after usual care. Protocols: 6 to 15 repetitions, with intensities of 50%-100% of maximum weight or 70%-80% of 1RM, lasting 30-90 minutes, 2-4 days a week for 4-12 weeks.	Usual care, AL, TFC and control without intervention. / <b>TCR</b> = Ergometry (treadmill/bike), circuit and aquatic training. Protocols: 20 to 60 minutes per session, 2 to 5 days a week, 2 to 12 weeks, with an intensity of 30% to 80% maximum effort, reserve HR ≤ 60% and PSE < 13. / <b>TM</b> = walking, RT, treadmill or circuit training. Protocols: 45 to 104 minutes, 2 to 5 days a week, 4 to 14 weeks, with intensity from 50 to 60%1RM, 50 to 80% HRmax and PSE=13 to 16.	MIF, Barthel Index, Rivermead Mobility Index, Functional Ambulation Category, Stroke Impact Scale, 6MWT, NHP, Peak VO2, 1RM.	AF; Mobility;	<b>AF:</b> RT was* for ↑ FM at the end of the intervention, during or after care (SMD 0.58, 95% CI 0.06-1.10). / The TR in knee FM during and after usual care was not* (SMD 12.01 -4.46-28.47), as well as the RT over time (SMD 9.61 -5.01, 24.24). / <b>Mobility:</b> RT is not the VMM (MD 1.92, 95% CI -3.50 to 7.35), VMP (MD 2.34, 95% CI -6.77 to 11.45) or CC (MD 3.78, 95% CI -68.56 to 76.11) at the end of the intervention. / <b>Comparison between trainings:</b> Only the TCR increased* the VC (MD 4.68 1.40 to 7.96).
Metha <i>et al.</i> (2012) [10]	<b>N= (194)</b> TRP, TF maximal concentric isokinetic, TRP + treadmill training with body weight, TRP + simulated aerobic exercise, TF + functional task practices, circuit exercises, strength	<b>N= (187)</b> Usual activities without TRP, paretic lower extremity passive ROM, bilateral ROM and flexibility exercises, treadmill training with support + upper limb ergometry, cycling simulation + TRP simulation, upper limb TF + task practice functional,	1RM; TC6M	Comfortable VM; total distance traveled	<b>MV:</b> A ↑* was observed in MV with a small effect size (0.295 ± 0.118; 95% CI, 0.063 to 0.526; P < 0.013) and an increase of 0.09 m/s for a mean post-clustered velocity of 0.79 m / s. However, this was not maintained at a mean of 3 months of follow-up (0.134 ± 0.148; 95% CI, -0.156 to 0.425; P = 0.35). <b>Total distance walked:</b> A ↑* was observed at post-treatment in the total

	feedback program and resistance exercise related to walking . Protocols: 30 - 90 minutes per session, 8 - 36 sessions, lasting 4 - 12 weeks.	upper extremity functional tasks, education sessions and untrained GC. Protocols: 30 - 90 minutes per session, 8 - 36 sessions, lasting 4 - 12 weeks.			distance walked ( $0.247 \pm 0.111$ ; 95% CI, 0.030 to 0.465; $P = 0.026$ ) with an increase of 28 m with a mean of pooled powders of 271.9 m of total distance covered. This was not maintained at a mean of 3 months of follow-up ( $0.232 \pm 0.183$ ; 95% CI, -0.127 to 0.590; $P = 0.205$ ).
Saunders <i>et al.</i> (2013) [20]	RT with free weights, braces or elastic devices. Protocols: Average 3 sets of 30 - 60 minutes per session, 2 to 5 days a week, 4 to 12 weeks, with intensity between 5 to 15 with 70% to 80% of 1RM.	ADLs, TFC, AL, flexibility exercise, usual care, bobath, TENS, muscle facilitation exercises, bilateral ROM and upper body flexibility exercises, isokinetic dynamometer. / <b>TCR</b> = Ergometry (treadmill/bike), circuit and aquatic training. Protocols: 20 to 60 minutes per session, 2 to 6 days a week, 2 to 24 weeks, with an intensity of 30% to 80% maximum effort, reserve HR $\leq 60\%$ and PSE < 13. / <b>TM</b> = walking, RT, treadmill or circuit training. Protocols: 35 to 104 minutes, 2 to 5 days a week, 4 to 14 weeks, with intensity from 50 to 60%1RM, 50 to 80% HRmax and PSE=13 to 16.	<b>AF</b> : FM and power. <b>Mobility</b> : Walking speed (VMM and VMP); Walking capacity (TC6M).	AF; Mobility;	<b>AF</b> : RT was* for $\uparrow$ of the upper and lower limb FM (SMD (fixed): 0.58, 95% CI 0.06 to 1.10). / Two studies reported gains* in 1RM in a variety of upper and lower body muscle groups after RT. / <b>Mobility</b> : RT was not* for VMM (SMD 1.92 m / min, 95% CI -3.50 to 7.35) or VMP (MD 2.34 m / min, 95% CI -6.77 to 11.45), or 6MWT (SMD 3.78, 95% CI -68.56 to 76.11). / <b>Comparison (RT/TM/TCR) for mobility</b> - The RT does not $\uparrow$ * VMM, VMP and TC6M at the end of the intervention.
Saunders <i>et al.</i> (2016) [8]	RT with weights, devices or elastic devices. Protocols: Average of 3 sets of 30 - 60 minutes	ADLs, TFC, AL, flexibility exercise, usual care, Bobath, TENS, muscle facilitation exercise, motor learning strategies, bilateral	<b>AF</b> : FM and power. <b>Mobility</b> : Walking speed (VMM and VMP); walking capacity (TC6M).	AF; Mobility.	<b>AF</b> : RT was* for $\uparrow$ FM of upper and lower limbs (SMD (fixed): 0.58, 95% CI 0.06 to 1.10) / Two studies reported gains* in 1RM in a variety of upper and lower muscle groups. lower body. / <b>Mobility</b> :

	per session, 2 to 5 days a week, between 4 to 12 weeks, with intensity between 8 to 15 repetitions, or 70% - 80% of 1RM	ROM and upper body flexibility exercises, isokinetic dynamometer, simulated lower limb training with no resistance and none intervention. TCR = Ergometry (treadmill/bike), circuit training and aquatic. Protocols: 20 to 60 minutes per session, 2 to 6 days a week, from 2 to 24 weeks, with an intensity of 30% to 85% maximum effort, reserve HR from 40 to 70% and PSE < 13. TM = walking, RT, treadmill training or circuits. Protocols: 30 to 104 minutes, 2 to 5 days a week, 4 to 14 weeks, with an intensity of 50 to 80% 1RM, 50 to 80% HRmax and PSE=13 to 16.			RT was not* for VMM (SMD 1.92 m / min, 95% CI -3.50 to 7.35), VMP (MD 2.34 m / min, 95% CI -6.77 to 11.45), or 6MWT (SMD 3.78, 95% CI -68.56 to 76.11; level of heterogeneity Chi <sup>2</sup> = 0.00, df = 1, P = 0.99;)./ <b>Comparison (RT /TM/TCR) for mobility</b> - RTR does not ↑* VMM, VMP and TC6M at the end of the intervention
Salter <i>et al.</i> (2016) [9]	TRP, TRP + motor control training, isotonic and isometric. Protocol: 1 - 5 sets, 10-15 repetitions, lasting 30 - 60 minutes per session, 3 - 5 days a week, 4 - 6 weeks.	Conventional physiotherapy, Bobath, Exercises without external resistance applied + specific functional training task + standard physiotherapy treatment. Protocol: 1 - 5 sets of 10-15 repetitions, lasting 30 - 60 minutes per session, 3 - 5 days a week, 4 - 6 weeks.	1RM; PSE; Functional Test of the Hemiparetic Upper Extremity; Ashworth scale; Action Research Arm Test; TC2M; MIF; Rivermead Mobility Index.	FM, Função dos MMSS e Mobilidade	<b>FM:</b> There was high-level evidence that TRP had little or no effect on FM (SMD 0.17, 95% CI -0.16 to 0.50, I <sup>2</sup> = 0%). <b>Upper limb function and mobility:</b> There was no effect* for upper limb function (SMD 0.11, 95% CI -0.41 to 0.63, I <sup>2</sup> = 0%) and mobility (SMD 0.11, 95% CI - 0.21 to 0.43, I <sup>2</sup> = 27%) after TRP.

<p>Dorsch <i>et al.</i> (2018) [21]</p>	<p>TRP for MMII and MMSS. Protocols: 3 - 4 sets of repetitions, 2 - 4 times a week, with an intensity of 7 to 15 RM or 50-80% of 1RM, with a duration of 4-12 weeks.</p>	<p>No intervention, Usual therapy and Placebo (Arm exercises, passive cycling and AL).</p>	<p>Maximum Isometric Strength, Maximum Dynamic Strength, TUG, Fugl-Meyer, Wolf Motor Function Test, Extremity Functional Test Superior Hemiparetic, comfortable walking speed m/s, TC10m.</p>	<p>FM and Activity</p>	<p><b>FM:</b> The overall effect size of TRP on strength was 0.98 (95% CI 0.67 to 1.29, I<sup>2</sup> = 0%), representing an effect*. <b>Activity:</b> The size of the effect of TRP on activity was 0.42 (95% CI -0.08 to 0.91, I<sup>2</sup> = 54%), representing a non-effect*. The overall effect of TRP on late activity after stroke and on the lower limb was 0.40 (95% CI -0.17 to 0.97, I<sup>2</sup> = 63%), which was not statistically*.</p>
<p>Veldema <i>et al.</i> (2020) [23]</p>	<p><b>RT X CSI</b> = RT, unilateral and bilateral, for LL and UL, with concentric and eccentric exercises, between 12 and 40 sessions of 15 - 90 minutes. / <b>RT X CCI</b> = RT, unilateral and bilateral, for LL and UL, with concentric and eccentric exercises, between 6 to 60 sessions. / <b>RT X RT</b> = RT eccentric, concentric and isometric, between 12 and 40 training sessions</p>	<p><b>RT X CSI</b> = No intervention, Usual therapy and Placebo. / <b>RT X CCI</b> = Usual therapy and placebo. / <b>RT X RT</b> = Resistance training being eccentric, concentric and isometric, between 12 and 40 training sessions.</p>	<p><b>March</b> = VM; Step length; Length of stride; TUG; TC10M; Up and down stairs; TC6M; Stair Climbing Test. <b>FM</b> = Dynamic strength; Isokinetic strength; Maximum force; Isometric strength; Peak power of extremity muscles; <b>Mobility, balance and postural control</b> = Rivermead Mobility Index.</p>	<p>March; FM and motor function; Mobility, Balance and Postural Control.</p>	<p><b>RT X CSI</b> = RT is superior to no intervention in support of recovery after stroke. There were effects* on FM, QoL, independence, reintegration, mobility, balance and postural control. <b>RT X CCI</b> = Collectively, RT is most effective in supporting recovery after stroke. There were effects* FM and motor function, QOL, reintegration and independence. / <b>RT X RT</b> = The type of RT protocol may impact* its effect on post-stroke recovery. Generally, the leg-press proves to be more effective than the knee-extension exercise. Exercises for the lower body lead to a ↑ of the parameters evaluated compared to the upper body. High-intensity training supports recovery more effectively than low-intensity training. Eccentric and concentric exercises are more* than isometric training.</p>
<p>Saunders <i>et al.</i> (2020) [22]</p>	<p>RT with weights, devices or elastic devices. Protocols: Average 30 - 90 minutes, 2 - 5 days</p>	<p>Usual care (hospital care, other standard rehabilitation), no intervention or non-exercise interventions (cognitive</p>	<p><b>AF:</b> VO<sub>2max</sub>, 1RM. <b>Mobility:</b> VM (VMM or VMP); walking ability (TC6M); Ambulatory Functional Categories.</p>	<p>AF (FM); Mobility;</p>	<p><b>AF: AME:</b> RT ↑ FM at the end of the intervention (SMD 0.58, 95% CI 0.06 to 1.10; P = 0.03). / The RT can ↑ the knee flexion strength in the affected leg (SMD 0.72, 95% CI 0.10-1.34; P = 0.02),</p>



	<p>a week, 3 - 12 weeks.</p>	<p>tasks, simulated training). <b>TCR</b>= Walk on treadmill and/or ground, ergometry, circuit, aquatic training. Protocols: sessions lasting from 7 to 60 minutes, from 2 to 6 days a week, from 2 to 24 weeks, with intensities of 13 on the Borg scale, 40% to 60% of HRreserve, 40% to 80% of HRmax, or predicted maximum (220-age). <b>TM</b> = walking, treadmill training, RT and circuits. Protocols: sessions with durations of 30 - 120 minutes, 2 - 7 days a week, 4 - 19 weeks, with intensity ranging from 50% to 60% of reserve HR / 50% to 80% of HRmax / PSE / 50% a 80% of 1RM.</p>			<p>however, there was no ↑ of the FM in the knee extensors of the affected leg (SMD 1.09, 95% CI -0.23 to 2.41; I<sup>2</sup> = 87%). / <b>Mobility: (VMM)</b> = not ↑* at the end of the intervention (MD 2.83 m / minute, 95% CI -0.49 to 6.14). / <b>(VMP)</b> = RT not ↑* at the end of the intervention (MD 2.15 m / min, 95% CI -3.57 to 7.87). / 6MWT-- there is low certainty in the effect of RT at the end of the intervention (MD 24.98 meters, 95% CI 11.98 to 37.98; P = 0.0002). <b>Comparison (RT/TM/TCR) for mobility</b> - The RT does not ↑* VMM, VMP and TC6M at the end of the intervention.</p>
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RT = Resistance Training; 1RM = 1 repetition maximum; TFC = Conventional Functional Training; AL = Stretching; TENS = Transcutaneous Nerve Electro-Stimulation; ROM = Range of Motion; LLFDI = Late Life Function And Disability Instrument; FIM = Functional Independence Measure; TUG = Timed Up And Go; PA = Physical Fitness; FM = Muscle Strength; \*= Significant; ↑= Increase; SSM = Upper Limb; LLM = Lower Limb; MV = Maximum Walking Speed; PT = Preferred Walking Speed; DLA = Activity of Daily Living; RCT = Cardiorespiratory Training; HR = Heart Rate; SB = Subjective Perception of Effort; TM = Mixed Training; HRmax = Maximum Heart Rate; TC6M = 6-minute Walk Test; NHP = Nottingham Health Profile; VO<sub>2</sub>= Maximal Oxygen Volume; CC = Walking Capacity; VC = Walking Speed; TRP= Progressive Resistance Training; TF = Strength Training; CG = Control Group; MV = Walking Speed; TC2M = 2-Minute Walk Test; RM = Maximum Repetition; TC10M = 10-Meter Walk Test; CSI = No Intervention Control; CCI = Intervention Control; QL= Quality of Life; SMA = Musculoskeletal Fitness