SUPPLEMENTARY FILE

Table 1. PRISMA 2020 checklist

SECTION & TOPIC	ITEM #	CHECKLIST ITEM	REPORTING LOCATION
TITLE			
Title	1	Identify the report as a systematic review.	Page 1, lines 1–3
ABSTRACT			
Abstract	2	See the PRISMA 2020 for Abstracts checklist.	Page 2, lines 32–62
INTRODUCTION			
Rationale	3	Describe the rationale for the review in the context of existing knowledge.	Page 3, lines 63–115
Objectives	4	Provide an explicit statement of the objective(s) or question(s) the review addresses.	Page 4, lines 117–119
METHODS			
Eligibility criteria	5	Specify the inclusion and exclusion criteria for the review and how studies were grouped for the syntheses.	Pages 4–5, lines 123–152 Page 5, lines 163–188
Information sources	6	Specify all databases, registers, websites, organisations, reference lists and other sources searched or consulted to identify studies. Specify the date when each source was last searched or consulted.	Page 4, lines 117–118 Page 5, lines 156–158
Search strategy	7	Present the full search strategies for all databases, registers and websites, including any filters and limits used.	Page 4, lines 117–128 Page 5, lines 160–168
Selection process	8	Specify the methods used to decide whether a study met the inclusion criteria of the review, including how many reviewers screened each record and each report retrieved, whether they worked independently, and if applicable, details of automation tools used in the process.	Pages 4–6, Lines 131–240
Data collection process	9	Specify the methods used to collect data from reports, including how many reviewers collected data from each report, whether they worked independently, any processes for obtaining or confirming data from study investigators, and if applicable, details of automation tools used in the process.	Pages 6–9, Lines 242–421
Data items	10a	List and define all outcomes for which data were sought. Specify whether all results that were compatible with each outcome domain in each study were sought (e.g. for all measures, time points, analyses), and if not, the methods used to decide which results to collect.	Pages 7–9, Lines 294–421 Tables 1 (p. 22) & 2 (p. 23)
	10b	List and define all other variables for which data were sought (e.g. participant and intervention characteristics, funding sources). Describe any assumptions made about any missing or unclear information.	
Study risk of bias assessment	11	Specify the methods used to assess risk of bias in the included studies, including details of the tool(s) used, how many reviewers assessed each study and whether they worked independently, and if applicable, details of automation tools used in the process.	AMSTAR 2 assessment was performed for SRs only Page 7, Lines 301–318

SECTION & TOPIC	ITEM #	CHECKLIST ITEM	REPORTING LOCATION
Effect measures	12	Specify for each outcome the effect measure(s) (e.g. risk ratio, mean difference) used in the synthesis or presentation of results.	Not applicable.
Synthesis methods	13a	Describe the processes used to decide which studies were eligible for each synthesis (e.g. tabulating the study intervention characteristics and comparing against the planned groups for each synthesis (item #5)).	Pages 4–6, Lines 145–240
	13b	Describe any methods required to prepare the data for presentation or synthesis, such as handling of missing summary statistics, or data conversions.	Pages 7–9, Lines 294–421
	13c	Describe any methods used to tabulate or visually display results of individual studies and syntheses.	Pages 9–10, Lines 433–434
	13d	Describe any methods used to synthesize results and provide a rationale for the choice(s). If meta-analysis was performed, describe the model(s), method(s) to identify the presence and extent of statistical heterogeneity, and software package(s) used.	Pages 9–10, Lines 425–434
	13e	Describe any methods used to explore possible causes of heterogeneity among study results (e.g. subgroup analysis, meta-regression).	Pages 9–10, Lines 428–431
	13f	Describe any sensitivity analyses conducted to assess robustness of the synthesized results.	Not applicable.
Reporting bias assessment	14	Describe any methods used to assess risk of bias due to missing results in a synthesis (arising from reporting biases).	Not applicable.
Certainty assessment	15	Describe any methods used to assess certainty (or confidence) in the body of evidence for an outcome.	Not applicable.
RESULTS			
Study selection	16a	Describe the results of the search and selection process, from the number of records identified in the search to the number of studies included in the review, ideally using a flow diagram.	Not applicable.
	16b	Cite studies that might appear to meet the inclusion criteria, but which were excluded, and explain why they were excluded.	
Study characteristics	17	Cite each included study and present its characteristics.	Page 10, Lines 438–460 Table 3 (p. 24) Supplementary File (Table 2)
Risk of bias in studies	18	Present assessments of risk of bias for each included study.	Table 3 (p. 24)
Results of individual studies	19	For all outcomes, present, for each study: (a) summary statistics for each group (where appropriate) and (b) an effect estimate and its precision (e.g. confidence/credible interval), ideally using structured tables or plots.	Not applicable.
Results of syntheses	20a	For each synthesis, briefly summarise the characteristics and risk of bias among contributing studies.	Not applicable.
	20b	Present results of all statistical syntheses conducted. If meta-analysis was done, present for each the summary estimate and its precision (e.g. confidence/credible interval) and measures of statistical heterogeneity. If comparing groups, describe the direction of the effect.	Pages 10–12, Lines 462–564
	20c	Present results of all investigations of possible causes of heterogeneity among study results.	Pages 10–11, Lines 473–505
	20d	Present results of all sensitivity analyses conducted to assess the robustness of the synthesized results.	Not applicable.

SECTION & TOPIC	ITEM #	CHECKLIST ITEM	REPORTING LOCATION
Reporting biases	21	Present assessments of risk of bias due to missing results (arising from reporting biases) for each synthesis assessed.	Not applicable.
Certainty of evidence	22	Present assessments of certainty (or confidence) in the body of evidence for each outcome assessed.	Not applicable.
DISCUSSION			
Discussion	23a	Provide a general interpretation of the results in the context of other evidence.	Pages 12–14, Lines 568–650
	23b	Discuss any limitations of the evidence included in the review.	Page 15, Lines 718–137
	23c	Discuss any limitations of the review processes used.	
	23d	Discuss implications of the results for practice, policy, and future research.	Pages 14–15, Lines 652–716
OTHER INFORMATION			
Registration and protocol	24a	Provide registration information for the review, including register name and registration number, or state that the review was not registered.	Not applicable
	24b	Indicate where the review protocol can be accessed, or state that a protocol was not prepared.	
	24c	Describe and explain any amendments to information provided at registration or in the protocol.	
Support	25	Describe sources of financial or non-financial support for the review, and the role of the funders or sponsors in the review.	Page 17, Lines 761–763
Competing interests	26	Declare any competing interests of review authors.	Page 17, Lines 765–767
Availability of data, code and other materials	27	Report which of the following are publicly available and where they can be found: template data collection forms; data extracted from included studies; data used for all analyses; analytic code; any other materials used in the review.	Page 17, Lines 769–777

Table 2. RCTs randomly selected from each included SR

CPG-INFORMING SRs	
1)	Chastin, S. F. M. *et al.* How does light-intensity physical activity associate with adult cardiometabolic health and mortality? Systematic review with meta-analysis of experimental and observational studies. *Br. J. Sports Med.* **53**, 370–376 (2019).
1	Bailey, D. P. & Locke, C. D. Breaking up prolonged sitting with light-intensity walking improves postprandial glycemia, but breaking up sitting with standing does not. *J. Sci. Med. Sport* **18**, 294–298 (2015).
2	Duvivier, B. M. F. M. *et al.* Minimal Intensity Physical Activity (Standing and Walking) of Longer Duration Improves Insulin Action and Plasma Lipids More than Shorter Periods of Moderate to Vigorous Exercise (Cycling) in Sedentary Subjects When Energy Expenditure Is Comparable. *PLoS ONE* **8**, 1–8 (2013).
3	Duvivier, B. M. F. M. *et al.* Breaking sitting with light activities vs structured exercise: a randomised crossover study demonstrating benefits for glycaemic control and insulin sensitivity in type 2 diabetes. *Diabetologia* **60**, 490–498 (2017).
4	Duvivier, B. M. F. M. *et al.* Benefits of Substituting Sitting with Standing and Walking in Free-Living Conditions for Cardiometabolic Risk Markers, Cognition and Mood in Overweight Adults. *Front Physiol* **8**, 353 (2017).
5	McCarthy, M. *et al.* Fitness Moderates Glycemic Responses to Sitting and Light Activity Breaks. *Med. Sci. Sports Exerc.* **49**, 2216–2222 (2017).
6	Pulsford, R. M., Blackwell, J., Hillsdon, M. & Kos, K. Intermittent walking, but not standing, improves postprandial insulin and glucose relative to sustained sitting: A randomised cross-over study in inactive middle-aged men. *J. Sci. Med. Sport* **20**, 278–283 (2017).
2)	Clarkson, M., Bennett, P., Fraser, S. & Warmington, S. Exercise interventions for improving objective physical function in patients with end-stage kidney disease on dialysis: a systematic review and meta-analysis. *Am. J. Physiol. Renal Physiol.* **316**, F856–F872 (2019).
7	Cheema, B. *et al.* Progressive exercise for anabolism in kidney disease (PEAK): a randomized, controlled trial of resistance training during hemodialysis. *J. Am. Soc. Nephrol.* **18**, 1594–1601 (2007).
8	Dobsak, P. *et al.* Intra-Dialytic Electrostimulation of Leg Extensors May Improve Exercise Tolerance and Quality of Life in Hemodialyzed Patients. *Artif. Organs* **36**, 71–78 (2012).
9	Esteve Simó, V. *et al.* Complete Low-Intensity Endurance Training Programme in Haemodialysis Patients: Improving the Care of Renal Patients. *Nephron Clin. Pract.* **128**, 387–393 (2014).
10	Fuzari, H. K. *et al.* Whole body vibration improves maximum voluntary isometric contraction of knee extensors in patients with chronic kidney disease: A randomized controlled trial. *Physiother. Theory Pract.* **35**, 409–418 (2019).
11	Manfredini, F. *et al.* Exercise in Patients on Dialysis: A Multicenter, Randomized Clinical Trial. *J. Am. Soc. Nephrol.* **28**, 1259–1268 (2017).
12	Medeiros, A. I. C. de *et al.* Effects of daily inspiratory muscle training on respiratory muscle strength and chest wall regional volumes in haemodialysis patients: a randomised clinical trial. *Disabil. Rehabil.* **41**, 3173–3180 (2019).
13	Pellizzaro, C. O., Thomé, F. S. & Veronese, F. V. Effect of Peripheral and Respiratory Muscle Training on the Functional Capacity of Hemodialysis Patients. *Ren. Fail.* **35**, 189–197 (2013).
14	Schardong, J. *et al.* Effects of Intradialytic Neuromuscular Electrical Stimulation on Strength and Muscle Architecture in Patients With Chronic Kidney Failure: Randomized Clinical Trial. *Artif. Organs* **41**, 1049–1058 (2017).
15	Wu, Y. *et al.* Effect of individualized exercise during maintenance haemodialysis on exercise capacity and health-related quality of life in patients with uraemia. *J. Int. Med. Res.* **42**, 718–727 (2014).
3)	MacDonald, H. V. *et al.* Dynamic Resistance Training as Stand-Alone Antihypertensive Lifestyle Therapy: A Meta-Analysis. *J. Am. Heart Assoc.* **5**, e003231 (2016).
16	Anton, M. *et al.* Resistance training increases basal limb blood flow and vascular conductance in aging humans. *J. Appl. Physiol.* **101**, 1351–1355 (2006).
17	Arora, E., Shenoy, S. & Sandhu, J. S. Effects of resistance training on metabolic profile of adults with type 2 diabetes. *Indian J. Med. Res.* **129**, 515–519 (2009).
18	Beck, D. T., Martin, J. S., Casey, D. P. & Braith, R. W. Exercise training improves endothelial function in resistance arteries of young prehypertensives. *J. Hum. Hypertens.* **28**, 303–309 (2014).
19	Casey, D. P., Beck, D. T. & Braith, R. W. Progressive Resistance Training Without Volume Increases Does Not Alter Arterial Stiffness and Aortic Wave Reflection. *Exp. Biol. Med.* **232**, 1228–1235 (2007).
20	Castaneda, C. *et al.* A randomized controlled trial of resistance exercise training to improve glycemic control in older adults with type 2 diabetes. *Diabetes Care* **25**, 2335–2342 (2002).
21	Colado, J. C., Triplett, N. T., Tella, V., Saucedo, P. & Abellán, J. Effects of aquatic resistance training on health and fitness in postmenopausal women. *Eur. J. Appl. Physiol.* **106**, 113–22 (2009).
22	Croymans, D. M. *et al.* Effects of resistance training on central blood pressure in obese young men. *J. Hum. Hypertens.* **28**, 157–165 (2014).
23	Gerage, A. M. *et al.* Cardiovascular Adaptations to Resistance Training in Elderly Postmenopausal Women. *Int. J. Sports Med.* **34**, 806–813 (2013).
24	Ho, S. S., Radavelli-Bagatini, S., Dhaliwal, S. S., Hills, A. P. & Pal, S. Resistance, Aerobic, and Combination Training on Vascular Function in Overweight and Obese Adults. *J. Clin. Hypertens.* **14**, 848–854 (2012).
25	Hu, M. *et al.* Effects of Strength Training on Work Capacity and Parasympathetic Heart Rate Modulation During Exercise in Physically Inactive Men. *Int. J. Sports. Med.* **30**, 719–724 (2009).
26	Jakovljevic, D. G. *et al.* Resistance exercise improves autonomic regulation at rest and haemodynamic response to exercise in non-alcoholic fatty liver disease. *Clin. Sci. (Lond.)* **125**, 143–149 (2013).
27	Jorge, M. L. M. P. *et al.* The effects of aerobic, resistance, and combined exercise on metabolic control, inflammatory markers, adipocytokines, and muscle insulin signaling in patients with type 2 diabetes mellitus. *Metab.: Clin. Exp.* **60**, 1244–1252 (2011).
28	Kawano, H., Tanaka, H. & Miyachi, M. Resistance training and arterial compliance: keeping the benefits while minimizing the stiffening. *J. Hypertens.* **24**, 1753–1759 (2006).
29	Lovell, D. I., Cuneo, R. & Gass, G. C. Resistance training reduces the blood pressure response of older men during submaximum aerobic exercise. *Blood Press. Monit.* **14**, 137–144 (2009).

30 Maiorana, A. J. *et al.* The Impact of Exercise Training on Conduit Artery Wall Thickness and Remodeling in Chronic Heart Failure Patients. *Hypertens.* **57**, 56–62 (2011).

31 Miyachi, M. *et al.* Unfavorable Effects of Resistance Training on Central Arterial Compliance. *Circulation* **110**, 2858–2863 (2004).

32 Nybo, L. *et al.* High-intensity training versus traditional exercise interventions for promoting health. *Med. Sci. Sports. Exerc.* **42**, 1951–1958 (2010).

33 Okamoto, T., Masuhara, M. & Ikuta, K. Effects of eccentric and concentric resistance training on arterial stiffness. *J. Hum. Hypertens.* **20**, 348–354 (2006).

34 Okamoto, T., Masuhara, M. & Ikuta, K. Effect of low-intensity resistance training on arterial function. *Eur. J. Appl. Physiol.* **111**, 743–8 (2011).

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37 Sallinen, J. *et al.* Effects of Strength Training and Reduced Training on Functional Performance and Metabolic Health Indicators in Middle-Aged Men. *Int. J. Sports Med.* **28**, 815–822 (2007).

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40 Sillanpää, E. *et al.* Body composition, fitness, and metabolic health during strength and endurance training and their combination in middle-aged and older women. *Eur J Appl Physiol* **106**, 285–96 (2009).

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COCHRANE SRs

1) Dibben, G. *et al.* Exercise-based cardiac rehabilitation for coronary heart disease. *Cochrane Database of Syst. Rev*. CD001800 (2021). doi:10.1002/14651858.CD001800.pub4.

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2) Hayden, J. A., Ellis, J., Ogilvie, R., Malmivaara, A. & van Tulder, M. Exercise therapy for chronic low back pain. *Cochrane Database of Syst. Rev.* CD009790 (2021). doi:10.1002/14651858.CD009790.pub2.

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63 Costa, L. O. P. *et al.* Motor control exercise for chronic low back pain: a randomized placebo-controlled trial. *Phys. Ther.* **89**, 1275–1286 (2009).

64 Garcia, A. N. *et al.* McKenzie Method of Mechanical Diagnosis and Therapy was slightly more effective than placebo for pain, but not for disability, in patients with chronic non-specific low back pain: a randomised placebo controlled trial with short and longer term follow-up. *Br. J. Sports Med.* **52**, 594–600 (2018).

65 Hall, A. M., Maher, C. G., Lam, P., Ferreira, M. & Latimer, J. Tai chi exercise for treatment of pain and disability in people with persistent low back pain: A randomized controlled trial. *Arthritis Care Res.* **63**, 1576–1583 (2011).

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3) Hay-Smith, E. J. C. *et al.* Comparisons of approaches to pelvic floor muscle training for urinary incontinence in women. *Cochrane Database Syst. Rev.* CD009508 (2024) doi:10.1002/14651858.CD009508.pub2.

78 Fani, M. *et al.* The effect of trunk-stabilizing muscle training in women with stress urinary incontinence: A randomized controlled trial. *PM&R* **16**, 485–495 (2024).

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NON-COCHRANE SRs

1) Coventry, P. A. *et al.* Nature-based outdoor activities for mental and physical health: Systematic review and meta-analysis. *SSM Popul. Health.* **16**, 100934 (2021).

82 Bielinis, E. *et al.* The effects of viewing a winter forest landscape with the ground and trees covered in snow on the psychological relaxation of young Finnish adults: A pilot study. *PLoS ONE* **16**, e0244799–e0244799 (2021).

83 Brown, B. *et al.* Group Gardening in a Native American Community: A Collaborative Approach. *Health Promot. Pract.* **21**, 611–623 (2020).

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2) Heissel, A. *et al.* Exercise as medicine for depressive symptoms? A systematic review and meta-analysis with meta-regression. *Br. J. Sports Med.* **57**, 1049–1057 (2023).

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