The Effectiveness of Two Methods of Prescribing Load on Maximal Strength Development: A Systematic Review

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The effectiveness of three common methods of prescribing intensity on maximal strength development: a systematic review.

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Electronic Supplementary material

Modified Downs and Black methodological assessment checklist [31]

Reporting		**Score**
1.	Is the hypothesis/aim/objective of the study clearly described?	0 – 1
2.	Are the main outcomes to be measured clearly described in the Introduction or Methods section?	0 – 1
3.	Are the characteristics of the participants included in the study clearly described?	0 – 1
4.	Are the interventions of interest clearly described?	0 – 1
5.	Are the distributions of principal confounders in each group of participants to be compared clearly described?	0 – 1
6.	Are the main findings of the study clearly described?	0 – 1
7.	Does the study provide estimates of the random variability in the data for the main outcomes?	0 – 1
8.	Have all important adverse events that may be a consequence of the intervention been reported?	0 – 1
9.	Have the characteristics of participants lost to follow-up been described?	0 – 1
10.	Have actual probability values been reported (e.g. 0.035 rather than <0.05) for the main outcomes except where the probability value is less than 0.001?	0 – 1
External validity		
11.	Were the subjects asked to participate in the study representative of the entire population from which they were recruited?	0 – 1
12.	Were those subjects who were prepared to participate representative of the entire population from which they were recruited?	0 – 1
13.	Were the staff, places, and facilities where the participants were treated, representative of the treatment the majority of participants receive?	0 – 1
Internal validity - bias		
14.	Was an attempt made to blind study participants to the intervention they have received?	0 – 1
15.	Was an attempt made to blind those measuring the main outcomes of the intervention?	0 – 1
16.	If any of the results of the study were based on “data dredging”, was this made clear?	0 – 1
17.	In trials and cohort studies, do the analyses adjust for different lengths of follow-up of participants, or in case-control studies, is the time period between the intervention and outcome the same for cases and controls?	0 – 1
18.	Were the statistical tests used to assess the main outcomes appropriate?	0 – 1
19.	Was compliance with the intervention/s reliable?	0 – 1
20.	Were the main outcome measures used accurate (valid and reliable)?	0 – 1
Internal validity – confounding (selection bias)		
21.	Were the participants in different intervention groups (trials and cohort studies) or were the cases and controls (case-control studies) recruited from the same population?	0 – 1
22.	Were study participants in different intervention groups (trials and cohort studies) or were the cases and controls (case-control studies) recruited over the same period of time?	0 – 1
23.	Were study participants randomised to intervention groups?	0 – 1
24.	Was the randomised intervention assignment concealed from both participants and health care staff until recruitment was complete and irrevocable?	0 – 1
25.	Was there adequate adjustment for confounding in the analyses from which the main findings were drawn?	0 – 1
26.	Were losses of participants to follow-up taken into account?	0 – 1
27.	Did the study have sufficient power to detect a clinically important effect where the probability value for a difference being due to change is less than 5%?	0 – 1
28.	Were exercise sessions supervised?	0 – 1
29.	Was exercise adhered to?	0 – 1