

Table 1: Characteristics of included studies

Author	Study design	Population*	Intervention	Control
Astengo et al. 2010	Sweden Multicentre RCT	CHD – stable angina N=62 (intervention 33, control 29) Age: Intervention 62±7, control 65±8 years Sex: Intervention 21%, control 24% female Ethnicity: not reported	Exercise only Home-based Duration: 250 days (mean), ≥5 sessions/week, ≥30 mins/ session Intensity: approx. 70% maximal capacity. Modality: Exercise bike, allowed to replace cycling with other aerobic training twice per week. Resistance training included.	Maintain usual sedentary life
Bengtsson 1983	Sweden Single centre RCT	CHD – MI N=171 (intervention 81, control 90) Age: Intervention: 55.3±6.6, control: 57.1±6.6 years Sex: Intervention 14%, control 16% female Ethnicity: not reported	Comprehensive rehabilitation - Exercise, counselling and social measures Centre-based Duration: 3 months, 2 sessions/week, 30 mins/session Intensity: 90% maximum HR at exercise tolerance test. Modality: Ergometer cycling, calisthenics and jogging. No resistance training. Supervised by physiotherapist.	Usual care
Bertie et al. 1992	UK Single centre RCT	CHD – AMI N=110 (intervention 57, control 53) Age: Intervention 52.1±1.3, control 52.7±1.3 years Sex: not reported Ethnicity: not reported	Comprehensive rehabilitation - Exercise, relaxation technique and information reinforcement Centre-based Duration: 4 weeks, 2 sessions /week. Intensity not described. Modality: Pulse monitored, group circuit training, supervised by physiotherapist.	Standard hospital care
Borland et al. 2014	Sweden Single centre RCT	HF Intervention group: NYHA II/III (n=10/14)	Exercise only Centre-based Duration: 3 months, 2 sessions/week, 60 mins/session	Asked to continue with their usual lives.

		<p>LVEF 26±10. Control group: NYHA II/III (n=11/12) LVEF 27±11 N=48 (intervention 25, control 23) Age: Intervention: 70±6, control: 71±9 years Sex: Intervention 25%, control 28% female Ethnicity: not reported</p>	<p>Intensity: Borg RPE 12-13 and/or Category ratio scale, dyspnoea 2-3. Modality: peripheral muscle training, aerobic exercise on ergometer cycle and balance exercises. Resistance training included. Supervision not described.</p>	
Carlsson et al. 1997	Sweden Single centre RCT	<p>CHD – AMI N=168 (intervention 87, control 81) Age: Intervention: 62.2, control: 61.9 years (SD not reported) Sex: Intervention 25%, control 25% female Ethnicity: not reported</p>	<p>Comprehensive rehabilitation - Exercise and education Centre-based Duration: 10-12 weeks, 2-3 sessions/week, 40 mins/session. Intensity: not reported Modality: interval training, cycling and jogging. Supervision not reported.</p>	Usual care
Cowie et al. 2011	UK Single centre RCT	<p>HF NYHA II/III (37(62%)/23(38%) LV impairment: Mild, n=0, Mild- moderate, n=0, Moderate, n=8(13%), Moderate-Severe, n=17(29%), Severe, n=35(58%) N=60 (home intervention 20, hospital intervention 20, control 20) Age: Home: 65.5 (35-82), Hospital: 71.2 (59-85), Control: 61.4 (39-79) Sex: 15% female Ethnicity: not reported</p>	<p>Comprehensive rehabilitation - Exercise and some education on symptoms of unstable HF Home-based or centre-based Duration: 8 weeks, 2 sessions/week, 60 mins/session. Intensity: 40-60% HRR, or 12-13 Borg RPE Modality: Aerobic exercise, circuit training. Resistance exercise not included. Hospital group supervised by physiotherapist, home group given DVD and physiotherapist contact every two weeks.</p>	Usual care
DeBusk et al. 1979	USA Multicentre RCT	<p>CHD – MI N=70 (gym intervention 28, home intervention 12, control 30)</p>	<p>Exercise only Centre-based or home-based Duration: 8 weeks, gym group 3 sessions/week and 60 minutes/session,</p>	No exercise training

		Age: Gym: 52±8, Home: 55±7, Control: 54±8 years Sex: 0 female Ethnicity: not reported.	home group 7 sessions/week and 40 minutes/session. Intensity: 70-85% peak HR attained during cycle testing. Modality: Gym group – calisthenics, walking, jogging and stationary cycling. Home group – stationary cycling. Resistance training not included.	
Devi et al. 2014	UK Multicentre RCT	CHD – stable angina N=94 (intervention 48, control 46) Age: Intervention 66.27±8.35, control: 66.20±10.06 years Sex: Intervention 29%, control 22% female Ethnicity: Intervention 92% white British, 8% other, Control: 91% white British, 9% other.	Comprehensive rehabilitation – education on secondary prevention of CHD and goal setting for PA, diet, managing emotions and smoking. Home-based – online program Duration: 6 weeks, encouraged to log into program 3-4 times per week. Intensity: not reported. Modality: individualized tailored goals focussed on exercise, access to cardiac nurses via email.	Usual treatment from GP
Engblom et al. 1992	Finland Single centre RCT	CHD – CABG N=201 (intervention 93, control 78) Age: Intervention: 54±6, Control: 54±6 years Sex: 0 female Ethnicity: not reported	Comprehensive rehabilitation - exercise, education, relaxation training and psychosocial Centre-based Duration: 8 months, sessions/week and time/session not described Intensity: 70% HR achieved during exercise test Modality: floor and swimming pool gymnastics, cycle ergometer, swimming and ball games, resistance training included. Supervised exercise.	Reference, hospital based treatment, with written information provided.
Erdman et al. 1986	Netherlands Single centre RCT	CHD – MI, CABG and severe stable angina	Exercise only Centre-based	Home rehabilitation – patients received a

		<p>N=80 (intervention 40, control 40) Age: 51 (range 35-60) Sex: 0 females Ethnicity: not reported</p>	<p>Duration: 6 months, 2 sessions/week, 90 minutes/session Intensity: Not reported Modality: Gymnastics, jogging and sports such as volleyball, soccer and hockey. No resistance training included. Supervised by cardiologist.</p>	<p>brochure with guidelines and advice about physical fitness training and jogging.</p>
Gottlieb et al. 1999	USA Single centre RCT	<p>HF Intervention group: NYHA class II 45%, NYHA class III 55%, LVEF 22±8. Control group: NYHA class II 29%, Class III 71%, LVEF 25±10 N= 33 (intervention 17, control 16) Age: Intervention: 67±7, Control: 64±10 years Sex: Intervention 0, control 21% female Ethnicity: Intervention: Black 73%, White 27%, Control: Black 71%, White 29%</p>	<p>Exercise only Centre-based Duration: 6 months, 3 sessions/week, goal of 30 minutes/session Intensity: Borg RPE 12-13 Modality: Initially rode a Schwinn Aerdyne bike, gradually introduced to walking on a treadmill. Final exercise program consisted of 15ft on bike and 30ft on treadmill. Resistance training not included. Supervised by nurse or exercise physiologist.</p>	<p>Usual care</p>
Gulanick 1991	USA Single centre RCT	<p>CHD – MI or cardiac surgery patients N= 40 (intervention (1) – 11, intervention (2) – 15, control - 14) Age: 57±11.3 Sex: 30% female Ethnicity: not reported</p>	<p>(1) Comprehensive rehabilitation – exercise and education (2) Education only Hospital based Duration: 5 weeks, 3 sessions/week, 30 minutes/session. Intensity: 70-80% maximum HR response Modality: not described. Supervised by cardiac rehabilitation staff.</p>	<p>Usual care</p>
Hämäläinen et al. 1989	Finland Multicentre RCT	<p>CHD – AMI N=375 (intervention 188, control 187) Age: <65 years</p>	<p>Comprehensive rehabilitation – exercise, education (smoking, dietary and physical activation advice) and psychosocial</p>	<p>FU by patients own doctors and did not participate in any</p>

		Sex: 25% female Ethnicity: not reported	discussions Centre-based Duration: 3 months, sessions/week and minutes/session not described. Intensity: not described Modality: not described. Supervised exercise in one centre only.	organized rehabilitation programmes
Hambrecht et al. 1993	Germany Single centre RCT	CHD – Stable angina N=88 (intervention 45, control 43) Age: Intervention: 53±6, control 54±7 years Sex: 0 females Ethnicity: not reported	Exercise only Initially hospital based, then home-based Duration: 12 months, 7 sessions/week, <30 minutes/session. Intensity: 75% VO ₂ max HR Modality: cycle ergometer and group training (jogging, calisthenics and ball games). Resistance training not included. Hospital exercise was supervised, home exercise was not.	1 week on ward, received instructions about necessity of regular physical activity and ways of lowering fat consumption. Then received usual care from private physician.
Heath et al., 1987	USA Single centre RCT	CHD – CABG N=65 (home exercise 17, group exercise 28, control 20) Age: Control: 63±6, Home exercise: 56±11, Group exercise: 58±8 years Sex: 25% female Ethnicity: not reported	Exercise only Home-based or centre-based Duration: 12 weeks, 5 sessions/week, 30-40 minutes exercise/session (90 minutes supervised group sessions) Intensity: 70-100% peak heart rate during treadmill test, and 13-15 Borg RPE scale. Modality: walking, stationary cycling or similar. Resistance training not included. Group sessions only were supervised.	No exercise
Higgins et al. 2001	Australia Single centre RCT	CHD – post PCI N=105 (intervention 54, control 51) Age: Intervention: 48 (range 31-63), Control: 47 (range 26-63) years Sex: Intervention 17%, control 4% female	Comprehensive rehabilitation - Exercise, education and psychosocial support Home-based Duration: 12 months, sessions/week and minutes/session not described Intensity: moderate, RPE guided.	Standard care and telephone follow up

		Ethnicity: not reported	Modality: Walking program with graded increase in frequency in duration of exercise. No resistance training. Clinician made 3 home visits and monthly telephone calls.	
Houle et al. 2011	Canada Multicentre RCT	CHD – ACS N=65 (intervention 32, control 33) Age: Intervention: 58±8, Control: 59±9 years Sex: Intervention 19%, control 24% female Ethnicity: not reported	Comprehensive rehabilitation – pedometer based programme, exercise (daily step target), education regarding PA, and psychosocial support Home-based Duration: 12 months, sessions/week and minutes/session not described. Intensity: moderate according to Borg RPE scale Modality: walking. Resistance training not included, and exercise unsupervised.	Usual care (no restriction to go to centre based CR or consult a health care professional)
Lidell & Fridlund 1996	Sweden Single Centre RCT	CHD – MI N=116 (intervention 53, control 63) Age: Intervention: 55, Control: 57.6 years (SD not reported) Sex: Intervention 13.2%, control 12.7% female Ethnicity: not reported	Exercise and education Centre and home-based Duration: 6 months, 1 session/week plus home exercise, 120 minutes/session (60 mins exercise). Intensity: not described Modality: bicycle ergometer and calisthenics. Resistance not included. Supervision not described.	Usual care
Maddison et al. 2015	New Zealand Multicentre RCT	CHD - Ischaemic heart disease Heart attack – 74%, Angina – 50% N=171 (intervention 85, control 86) Age: Intervention: 61.4±8.9, Control: 59.0±9.5 years Sex: intervention 19%, control 19% female	Exercise only Home-based Duration: 24 weeks, at least 5 sessions/week, at least 30 mins/session Intensity: moderate to vigorous Modality: aerobic based activity, resistance training not included. No supervision.	Usual care with encouragement to be physically active and attend a cardiac club

		Ethnicity: Intervention group - NZ Maori – 7%, Pacific – 6%, Asian – 9%, NZ European/other – 78% Control group - NZ Maori – 8%, Pacific – 6%, Asian – 10%, NZ European/other – 76%		
Mueller et al. 2007	Switzerland Single centre RCT	HF (LVEF <40%) N=50 (intervention 25, control 25) Age: 55.0 ± 10 years Sex: 0 females Ethnicity: not described	Comprehensive rehabilitation - Exercise, education and diet Centre-based Duration: 1 month, 5 cycling and 14 walking sessions/week, 30 mins per cycling session, 45 minutes per walking session Intensity: 60-80% HRR and work rate, 12-14 RPE Borg Scale Modality: walking and indoor cycling. No resistance training. Supervised by physician or medical resident.	Usual care
Naser et al. 2008	Iran Single centre RCT	CHD – First MI N=100 (intervention 50, control 50) Age: Intervention: 53.2, Control: 54.8 years (SD not reported) Sex: intervention 10%, control 22% female. Ethnicity: not reported	Comprehensive rehabilitation - exercise, lifestyle counselling Centre-based Duration: 2 years, 2 sessions/week, reducing to 1 session/week from month 2 onwards. 60 mins/session Intensity: not reported Modality: heart targeting aerobic exercise. Resistance training not included. Supervised by program manager and exercise leader.	Usual care
Oldenberg et al. 1995	Australia Single centre RCT	CHD – CABG N=91 (intervention 43, control 43) Age: Intervention: 60±7.1, Control: 59±8.1 years	Comprehensive rehabilitation – exercise, education (focussed on key areas of CVD risk) and psychologist led support Centre-based	Standard medical and nursing care

		Sex: intervention 7%, control 12% female Ethnicity: not reported	Duration: 12 months, 6 weekly meetings, which began between 4 and 8 weeks following hospital discharge and booster sessions at 8 months and 1 year post baseline. 3 hours/session Intensity: not described Modality: Stretching, calisthenics, cycle ergometer and walking. Resistance training not included. Supervised by physiotherapist and registered nurse.	
Oliveira et al. 2014	Portugal Single centre RCT	CHD – AMI N=96 (intervention 49, control 47) Age: Intervention: 54.8 ± 10.6, Control: 58.6 ± 10.7 years Sex: intervention 14.9%, control 17.8% female Ethnicity: not reported	Exercise only Centre-based Duration: 8 weeks, 3 sessions/week, 50 mins/session. Intensity: 70-85% maximal heart rate achieved in the exercise test Modality: Aerobic exercise, cycle ergometer or treadmill. No resistance training. Supervised exercise.	Usual care
Ornish et al. 1998	USA Multicentre RCT	CHD N=48 (intervention 28, control 20) Age: Intervention: 56.1 ± 7.5, Control: 59.8 ± 9.1 years Sex: intervention 5%, control 21% female Ethnicity: not reported	Comprehensive rehabilitation - exercise, stress management, psychosocial support, education and diet Centre-based Duration: 5 years, up to 6 sessions/week, at least 30 mins/session Intensity: 50-80% of max heart rate achieved during treadmill test or age-adjusted maximum. Modality: Aerobic exercise, typically walking. No resistance training. Supervision not described.	Usual care
Otterstad et al. 2003	Norway Single centre RCT	CHD – AMI, UAP, PCI or CABG N=197 (intervention 98, control 99)	Comprehensive rehabilitation – exercise, dietary advice, smoking cessation, physical	Usual care

		Age: Intervention: 54 ± 8, Control: 55 ± 8 years Sex: intervention 19%, control 16% female Ethnicity: not reported	activity counselling, risk factor management, psychosocial management and health education. Centre-based Duration: 2 years, 2 sessions/week, 1 hour/session Intensity: First 6 weeks: 11-13 Borg RPE scale. Following 9 weeks: 13-15 Borg RPE scale. Modality: dynamic endurance training. Resistance training not included. Supervised by physiotherapist for first 15 weeks, then encouraged to exercise at home alone or in organised groups	
Reid et al. 2011	Canada Multicentre RCT	CHD – MI and PCI N= 223 (intervention 115, control 108) Age: Intervention: 56.7 ± 9.0, Control: 56.0 ± 9.0 years Sex: intervention 15.7%, control 13.9% female Ethnicity: not reported	Exercise only Home-based (internet) Duration: 6 months, daily activity, minutes/session not reported Intensity: not described Modality: not described, not supervised.	Usual care
Ribeiro et al. 2012	Portugal Single centre RCT	CHD – First MI N= 42 (intervention 22, control 20) Age: Intervention: 54.3 ± 10.8, Control: 57.0 ± 7.6 years Sex: intervention 10%, control 27.8% female Ethnicity: not reported	Exercise only Centre-based Duration: 8 weeks, 3 sessions/week, 55 mins/session Intensity: 65-75% maximal heart rate achieved during exercise test. Modality: Aerobic exercise, cycle ergometer or treadmill. No resistance training. Exercise supervised.	Usual care
Senden et al. 2005	Netherlands Single centre RCT	HF NYHA class II/III	Exercise only Home and centre based	Usual care

		<p>Intervention group: LVEF $27.9 \pm 8.3\%$ Control group: LVEF $26 \pm 7\%$ N= 77 (intervention 44, control 33) Age: 59.8 ± 9.3 years Sex: Intervention 20%, control 31% female Ethnicity: not reported</p>	<p>Duration: 26 weeks, at least 4 sessions/week (2 home, 2 centre), home sessions 11 minutes, centre sessions 1 hour Intensity: Cycle ergometer: 50% of maximum short-term exercise performance determined by steep ramp test. Adjusted version of home training programme: >70% peak HR measured during steep ramp test. Modality: Aerobic interval training (stationary running or cycle ergometer), with strength, flexibility and coordination exercises. Resistance training included. Centre sessions supervised by physiotherapist.</p>	
Sivarajan et al. 1982	USA Multicentre RCT	<p>CHD – MI N=258 (intervention 1: 88, intervention 2: 86, control: 84) Age: Intervention 1: 55.6 ± 9.3, Intervention 2: 56.3 ± 8.3, Control: 57.1 ± 7.3 years Sex: <20% female in each group Ethnicity: >80% Caucasian in each group</p>	<p>Intervention 1 – exercise only, intervention 2 – Comprehensive rehabilitation – exercise, education sessions and teaching-counselling Home-based Duration: 3 months, 2 sessions per week, reducing to 1 once patient has returned to work. Minutes per session not described Intensity: progressive, no further information Modality: Calisthenics and walking. Resistance training not included. No supervision.</p>	Conventional medical and nursing management
Ståhle et al. 1999	Sweden Single centre RCT	<p>CHD (some HF patients) – ACS N=101 (intervention 50, control 51) Age: Intervention: 71 ± 3.9, Control: 71 ± 4.7 years</p>	<p>Exercise only Centre-based Duration: 3 months, 3 sessions/week, 50 mins/session</p>	Usual care – instructed to restart usual physical activity

		Sex: Intervention 18%, control 22% female Ethnicity: not reported	Intensity: (1) $\geq 50\%$ based on the relation between maximal heart rate and maximal oxygen uptake for at least 40 minutes (2) $\geq 80\%$ of estimated maximal oxygen uptake during three periods of 3-4 minutes engaging large muscle groups for training the central circulation Modality: Aerobic exercise, group training. Strength training also included. Supervised by specialised physiotherapist	
Todd & Ballantyne 1992	UK Single centre RCT	CHD – stable angina N= 40 (intervention 20, control 20) Age: Intervention: 53 (range 45-60), Control: 51 (range 37-60) years Sex: 0 female Ethnicity: not reported	Exercise only Home-based, with weekly centre-based sessions early on in the programme Duration: 1 year, 7 sessions/week, 11 minutes/session Intensity: progressive, no further information. Modality: calisthenics, no resistance training. Initial in-hospital sessions supervised by physiotherapist, otherwise no supervision.	Usual care
Toobert et al. 1998	USA Single centre RCT	CHD N=28 (intervention 16, control 12) Age: Intervention: 64 \pm 9, Control: 62 \pm 11 years Sex: 100% female Ethnicity: Intervention group: Caucasian 94%, Native American, Alaskan 6%, Hispanic 0%, African American 0%, Other 0% Control group:	Comprehensive rehabilitation – exercise, cooking classes, stress management, group discussions Centre-based Duration: 24 months, daily sessions, then at least 3 sessions/week, 1 hour/session. Intensity: Individually prescribed based on treadmill test, no further details Modality: Aerobic exercises or walking, no resistance training included. Supervised by exercise physiologist.	Usual care

		Caucasian 83%, Native American, Alaskan 0%, Hispanic 8%, African American 0%, Other 8%		
Van den Berg-Emons et al. 2004	Netherlands Single centre RCT	HF Intervention group: LVEF – 23.9 ± 9.4%, NYHA class II/III – 56/44%. Control group: LVEF – 27.6±6%, NYHA II/III – 63/37% N= 34 (intervention 18, control 16) Age: Intervention: 58.6 ± 12.1, Control: 58.6 ± 10.6 years Sex: intervention 33%, control 19% female Ethnicity: not reported	Exercise only Centre-based Duration: 3 months, 2 sessions/week, 1 hour/session Intensity: Individually prescribed target heart rate (resting HR + (60% difference between resting and maximal HR) Modality: Aerobic exercise, predominantly cycling, walking and games. No resistance training included, supervision not described.	Standard medical treatment without special advice for activities
Wall et al. 2009	USA Single centre RCT	HF LVEF ≤60%, mean not reported. NYHA class – Intervention 2±0, Control 2.13±0.13. N= 19 (intervention 9, control 10) Age: Intervention: 69 ± 4.44, Control: 70 ± 4.05 years Sex: intervention 33.3%, control 50% female) Ethnicity: 100% white.	Comprehensive rehabilitation - Exercise and education (nutrition, medication, disease management and monitoring symptom changes and disease status Home-based Duration: 12 months, 3 sessions/week, >15 mins/session. Intensity: not reported Modality: Aerobic exercise, treadmill. No resistance training included. Supervised by cardiac rehabilitation specialist.	12 month outpatient, home-based, multidisciplinary disease management programme, which included multiple home visits and follow-up phone calls.
Wang et al. 2016	Singapore Single centre RCT	CHD – MI N=128 (intervention 64, control 64) Age: Intervention: 54.9±8.7, Control: 55.8±10.3 years Sex: intervention 9.4%, control 10.9% female Ethnicity: not reported	Comprehensive rehabilitation – exercise plan and education booklet focussed on psychologically related content (relaxation, stress management, CHD symptom monitoring) Home-based Duration: not described Intensity: not described	Usual care

			Modality: not described	
West et al. 2012	UK Multicentre RCT	CHD – AMI N= 1813 (intervention 903, control 913) Age: Intervention: 64.2±11.2, Control: 64.7±10.9 years Sex: intervention 27.4%, control 25.6% female Ethnicity: not reported	Comprehensive rehabilitation – exercise, health education and counselling Centre-based Duration: 6-8 weeks, 1-2 sessions/week, averaged 20 hours over 6-8 weeks Intensity: not described Modality: Warm up, cool down and used exercise equipment in physiotherapy gyms, no further information. Use of resistance training not described. In most centres led by nurses with previous acute cardiac care experience, and in a few by occupational therapists or physiotherapists.	All patients in the trial had similar care in all respects other than referral to cardiac rehabilitation, receiving available explanatory booklets, being advised to see their GP and attend routine outpatient follow up, with referral for further cardiac investigations or interventions as appropriate.
Willenheimer et al. 2001	Sweden Single centre RCT	HF Intervention: LVEF 0.35±0.12, NYHA class 2.1±0.7. Control: LVEF 0.38±0.10, NYHA class 2.4±0.7 N= 54 (intervention 17, control 20) Age: Intervention: 64±5, Control:64±8 years Sex: intervention 29%, control 30% female Ethnicity: not reported	Exercise only Centre-based Duration: 16 weeks, 2 sessions/week increasing to 3 after week 7. 15 mins/session increasing to 45. Intensity: 80% peak VO2 ±5bpm. Or RPE 15 (Borg scale, for those with AF) Modality: cycle ergometer, interval training. No resistance training included. Supervised by physiotherapist.	Asked not to change their degree of physical activity during the active study period
Witham et al. 2007	UK Single centre RCT	HF NYHA class II/III – 56%/44% LV systolic dysfunction: Mild 35%, Moderate 30%, Severe 34% N= 82 (intervention 41, control 41) Age: Intervention: 80±6, Control:81±4 years	Exercise only Centre-based, then home-based Duration: 6 months, 2-3 sessions/week, 20 minutes/session Intensity: Borg scale RPE 11-13 Modality: Chair based aerobic exercise. No resistance training included. Supervised by physiotherapist during centre-based phase.	Usual care with no special instructions regarding exercise

		Sex: intervention 37%, control 54% female Ethnicity: not reported		
Witham et al. 2012	UK Single centre RCT	HF LVEF not reported Intervention group: NYHA class II/III – 70/30%. Control group: NYHA class II/III – 89/11% N=107 (intervention 53, control 54) Age: Intervention: 80.4±5.8, Control: 79.5±4.9 years Sex: intervention 34%, control 31% female Ethnicity: not reported	Comprehensive rehabilitation - Exercise, education and psychosocial support Centre-based progressing to home-based Duration: 24 weeks, 2 sessions/week, up to 60 mins/session. Intensity: Not reported other than intensity increased incrementally by raising the number of repetitions and resistance level of elasticated bands. Modality: Shuttle walking and resistance exercises. Centre-based supervised by physiotherapist.	Usual care – given a booklet with general advice on diet, exercise, and lifestyle. Participants not discouraged from exercise if already in the habit of doing so.
Zwisler et al. 2008	Denmark Single centre RCT	CHF (12%), IHD (58%), HR (30%) N= 770 (intervention 380, control 390) Age: Intervention: median 66 (range 33-91), Control: median 66 (range 29-94) years Sex: Intervention 36%, control 37% female Ethnicity: not reported	Comprehensive rehabilitation – exercise, education, dietary counselling, smoking cessation, psychosocial support, risk factor management and clinical assessment Centre-based Duration: 6 weeks (12 weeks for HF patients), 2 sessions/week, 90 mins/session. Intensity: 60-85% HRR based on initial bike test and perceived exertion. HF patients exercised at about 50% of the theoretical maximum heart rate. Modality: Mixture of endurance and strengthening training using various upper and lower body modalities. Supervised exercise.	Usual care

*Unless otherwise stated, numbers refer to mean ± standard deviation. RCT=Randomised controlled trial, CHD=coronary heart disease, MI=myocardial infarction, HR=heart rate, AMI=acute myocardial infarction, HF=heart failure, NYHA=New York Heart Association, LVEF=left ventricular ejection fraction,

PA=physical activity, RPE=rating of perceived exertion, LV=left ventricular, CABG=coronary artery bypass graft, PCI=percutaneous coronary intervention, ACS=acute coronary syndrome, CR=cardiac rehabilitation, HRR=heart rate reserve, UAP=unstable angina pectoris, IHD=ischaemic heart disease.