Physiotherapy plus walking exercises versus physiotherapy-alone

Full citation	**Wnuk BR, Durmala J, Ziaja K et al. (2016) A Controlled Trial of the Efficacy of a Training Walking Program in Patients Recovering from Abdominal Aortic Aneurysm Surgery. Advances in clinical and experimental medicine : official organ Wroclaw Medical University 25, 1241-1371**
Study details	Study type: randomised, single-blind trial Location(s): Poland Aim(s): to evaluate the impact of a physical training (backward walking) programme on patients after AAA surgery Study dates: not specified Follow-up: 2 years Sources of funding: not specified
Participants	Population: patients with AAAs undergoing surgical repair (not specified) Sample size: 65 males Inclusion criteria: patients with unruptured, non-symptomatic AAAs, between 65 and 75 years, who had a stable cardiologic status, no neurological disorders, and no motor system impairment were included Exclusion criteria: patients with neurological disorders, unstable coronary heart disease, aortic dissection, psychiatric diseases, difficulty in locomotion, or medical contraindications were excluded Baseline characteristics: • Mean age: Forward walking exercise group, 68 years; Forward walking exercise group, 70 years; control group, 69 years • Sex: 100% male in all groups
Intervention	Participants were divided into 2 intervention groups: • Basic physiotherapy plus backward walking exercises • Basic physiotherapy plus forward walking exercises Basic physiotherapy involved general conditioning exercises of low intensity. In addition to basic physiotherapy, participants in the intervention groups performed backward or forward walking exercises, conducted on an interval training cycle. The intensity (workload) of exercises were tailored to each patient by calculating “training heart rates”.
Comparison	Basic physiotherapy-alone
Outcomes measures	6-minute walking test distance, walking speed, spirometry measurements (FVC, FEV_1, FEV_1/FVC and PEF), length of hospital stay
Risk of bias assessment (using	1. Random sequence generation (selection bias): Low risk – randomisation was performed by drawing identical sealed envelopes which contained the number of the allocated group. 2. Allocation concealment (selection bias): Low risk – It is unclear whether treatment allocations were concealed.

Full citation	**Wnuk BR, Durmala J, Ziaja K et al. (2016) A Controlled Trial of the Efficacy of a Training Walking Program in Patients Recovering from Abdominal Aortic Aneurysm Surgery. Advances in clinical and experimental medicine : official organ Wroclaw Medical University 25, 1241-1371**
Cochrane risk of bias tool)	3. Blinding of participants and personnel (performance bias): Low risk – It was not possible to blind participants but this was unlikely to bias results as objective outcomes were measured. 4. Blinding of outcome assessment (detection bias): Low risk – Outcome assessors were blinded to treatment allocations. 5. Incomplete outcome data (attrition bias): High risk – During the postoperative period, 17 participants were excluded from the study due to cardiac complications or disorders preventing their participation in exercise training. 6. Selective reporting (reporting bias): Low risk – All pre-specified outcomes were reported. 7. Other bias: High risk – It is unclear whether groups were similar at the start of the trial as limited demographic data was reported. Overall risk of bias: Moderate Directness: directly applicable