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

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Published version

THOMPSON, Steve, ROGERSON, David, RUDDOCK, Alan and BARNES, Andrew (2019). The Effectiveness of Two Methods of Prescribing Load on Maximal Strength Development: A Systematic Review. Sports Medicine, 50 (5), 919-938.

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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

| Reporting | Score |
|-----------|-------|
| 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

| Reporting | Score |
|-----------|-------|
| 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)

| Reporting | Score |
|-----------|-------|
| 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 |