**Supplementary Table S3. Predictors of Exercise Adherence for Other Exercise Programs**

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| Study | Predictors | Cluster | Effect size | Direction |
| Pandey et al (2017) | Type of exercise program. moderate-intensity continuous exercise training control, burst exercise intervention | E | p < 0.01 | + |
| Aherne et al. (2017) | Non-active smoker | C | p < 0.01 | + |
|  | Chronic obstructive pulmonary disease | C | N/A | 0 |
|  | Ischemic heart disease | C | N/A | 0 |
|  | Chronic kidney disease | C | N/A | 0 |
|  | Diabetes mellitus | C | N/A | 0 |
|  | Hypertension | C | N/A | 0 |
|  | Hypercholesterolemia | C | N/A | 0 |
| Craike et al. (2016) | Level of education | D | p > 0.10 | 0 |
|  | Medical severity | D |  |  |
|  | Hormonal symptoms | S | B = −0.483 (-0.976-0.009), p = 0.05 | - |
|  | Fatigue | S | p > 0.10 | 0 |
|  | Psychological factors |  |  |  |
|  | Role functioning | P | B = 0.309 (0.051-0.568), p = 0.02 | + |
|  | Sexual activity | O | p > 0.10 | 0 |
| Tiedemann et al. (2012) | Conditions/symptoms (total number) - EA | S | Coefficient 1.99 (-1.02-5.00), p = 0.19 | 0 |
|  | Other |  |  |  |
|  | Fear of falling (yes/no) - EA | O | Coefficient 7.50 (-4.93-19.93), p = 0.23 | 0 |
|  | Choice stepping reaction time (sec) - EA | O | Coefficient 0.20 (−0.004-0.40), p = 0.06 | 0 |
| Messer et al. (2007) | Task SE summary scores predict adherence over time | P | β = 0.51, SE (β) = 0.23, p < 0.05 | + |
|  | Regulatory SE summary scores predict adherence over time | P | β = 0.56, SE (β) = 0.19, p < 0.01 | + |
|  | Knowledge SE | P | β = -0.20, SE (β) = 0.22, p > 0.05 | 0 |
| Cox et al. (2013) | Injury predicted a reduction in TAdh | C | 51.73 (45.00-58.40)% reduction, p < 0.01 | - |
|  | Higher baseline BMI reduction in TAdh | C | 1.48 (0.33-2.63)% reduction, p < 0.05 | - |
|  | Cognition reduction in TAdh | C | 4.46 (1.20-7.71)% reduction, p < 0.01 | - |
|  | Higher baseline self-efficacy predicted higher TAdh was predicted by | P | 1.21 (0.22-2.0)% increase, p < 0.01 | + |
| Mudge et al. (2013) | Being retired predicted better continuing attendance | D | RR 2.1 (1.1-2.5), p = 0.02 | + |
|  | (Age <65 vs 65+) was not a predictor of continuing attendance | D | N/A not a predictor | 0 |
|  | Sex | D | N/A not a predictor | 0 |
|  | Living alone vs living with family/others | D | N/A not a predictor | 0 |
|  | Program factors |  |  |  |
|  | Initial program vs maintenance program | E | N/A not a predictor | 0 |
|  | Rehabilitation type (cardiac, heart failure, pulmonary) | E | N/A not a predictor | 0 |
|  | Other community exercise classes vs No community exercise classes | O | N/A not a predictor | 0 |
|  | Confident in Heartmoves vs Not confident in Heartmoves | O | N/A not a predictor | 0 |
|  | Exercising 5 days or more per week predicted better continuing attendance | O | RR 1.5 (1.0-1.8), p = 0.03 | + |
| Pickering et al. (2013) | Gender male (vs female) | D | RR 1.15 (0.98-1.36) p = 0.08 | 0 |
|  | Living status: Alone | D | RR 1.00, p = 0.70 |  |
|  | Partner | D | RR 1.05 (0.87-1.29) | 0 |
|  | Family/friend | D | RR 0.90 (0.68-1.21) | 0 |
|  | Other | D | RR 1.02 (0.51-2.04) | 0 |
|  | Age multiplicative decrease per 10 years | D | RR 0.90 (0.83-98), p = 0.01 | - |
|  | Year since PD diagnosis multiplicative decrease per 10 years | S | RR 0.95 (0.82-1.09), p = 0.47 | 0 |
|  | Self assessment disability scale multiplicative decrease per 10 points (people with poorer physical state) | S | RR 0.91 (0.86-0.96), p < 0.01 | - |

D = demographic factors; C = comorbidities; P = psychological factors; S = medical condition severity; O = other factors; E = exercise program factors