

Table S1. Characteristics of the included studies.

Study, year and location	Studied population, groups, Age (mean), women (%)	Study design	Outcomes	Fall risk factors measures	Measure time points, dropout and adverse effects	Results
Beling and Roller (2009) [33] United States of America.	n= 19. IG= 11 (79.0±6.5 years, 36.4% women). CG=8 (81.0±5.0 years, 50% women).	Exercise Intervention: - Group activities: 12 weeks; 3 sessions/week; 1h/session; components: center of gravity exercises; balance strategies; stimulation of visual and somatosensory inputs; range of motion and strength exercises). Falls risk home assessment. CG Instructions: No intervention; after intervention CG was invited to a 12-week balance intervention.	Primary outcomes: - Rate of falls. - Mobility and gait (TUG test, GAIT Rite® system). - Balance (BBS and SOT). - Strength (MMT)	Cognition (cut off $\geq 24/30$ - MMSE) Functional/Balance (cut off ≥ 13.5 seconds- Timed Up and Go test) History of falls (2 or more falls in the previous year).	Measurements: - At baseline. - At 3 Months. Dropout: IG (n=1) CG (n=3) Adverse effects: Not mentioned	Rate of falls: significantly lower in the IG compared with CG ($p \leq 0.05$). TUG test, GAIT Rite® system: no significant differences. BBS and SOT: significant between-group differences in BBS ($p < 0.05$), and significant within-group results in SOT ($p < 0.05$). MMT: significant between-group differences in knee extension ($p \leq 0.05$) and significant within-group improvement in the IG regarding dorsiflexion ($p \leq 0.05$).
Pérula et al. (2012) [34] Spain.	n=404 IG=133 (76.35±3.9years, 59.4% women) CG=271 (76.5±4.6years, 50.2% women)	Exercise Intervention: - Group Activities: 1 health education session; physical exercise workshop: flexibility and muscle strength, balance, and gait; 5 sessions; 90 min/session; 3 weeks. - Home-based program: exercises (at least 30 min, 4d/week: flexibility; muscle strength; balance and gait) and walking (at least 30 min/day; 7 times/week). Falls risk home assessment. CG Instructions: brief individual advice; information leaflet about fall prevention and usual clinical care.	Primary outcome: - Rate of falls (FC). - Mobility and gait (POMA-gait). - Balance (POMA-balance). Secondary outcomes: - Fear of falling. - Physical activity level (IPAQ).	WHO questionnaire (risk factors not available).	Measurements: - At baseline. - At 12 Months Falls recorded at 3, 6, 12 months. Dropout: IG (n=12) CG (n=13) Adverse effects: Not mentioned	Rate of falls: when compared to CG, the incidence of falls at home was significantly lower in the IG at 12 months ($p = 0.040$). No significant results in the rate of falls (cumulative incidence) in the 3 follow-up visits. POMA-gait: between-group significant differences ($p = 0.001$). POMA-balance: between-group significant differences ($p = 0.002$). Fear of falling: significant differences ($p = 0.002$). IPAQ: at 12 months (66.2% of the IG increased their PA)
Lee et al. (2013) [13] Thailand.	n=616 IG=313 (75.40±7.2 years, 53.0% women) CG=303 (76.0±7.0 years, 56.1% women)	Exercise Intervention: - Group Activities (supervised training, small groups; 8 weeks; 1 session/ week; 50-60 min/session; components: strength; balance; cardiorespiratory endurance; flexibility). - Home-based program (Frequency: diary; 50-60 min/session; components: strength; balance; cardio-respiratory endurance; flexibility). Falls risk home assessment: Home hazards: evaluation/modification. Health Education: 4 sessions; education brochures. Medical Management: ophthalmologist or other specialist. Medication review. CG Instructions: health education brochures; medication review; medical referral.	Primary outcome: - Rate of falls (PC, DP). - Mobility and gait (TUG test). - Balance (PPA-postural sway). - Strength (PPA-strength). - Physiological functioning (PPA-total score). Secondary outcomes: - Fear of falling (FES-I). - Physical activity level (IPAQ).	PPA (vision, strength, peripheral sensation,) vestibular function. Participants were classified in low, moderate and marked fall risk levels according to the PPA.	Measurements: - At baseline. - At 12 Months Dropout: IG (n=34) CG (n=41) Adverse effects: not mentioned	Rate of falls: no differences were observed. TUG test: IG showed significant differences ($p < 0.001$), and compared to CG had a greater improvements ($p < 0.001$). PPA-postural sway: improvements in both IG and CG with open eyes (< 0.001 and $p = 0.002$ respectively) and close eyes ($p = 0.007$ and $p < 0.001$ respectively). With open eyes, IG had greater significant improvements than CG ($p = 0.026$). PPA-strength: both IG and CG showed significant improvements ($p = 0.008$ and $p = 0.001$, respectively). CG had greater significant improvements ($p = 0.003$). PPA-overall index: IG and CG showed significant improvements ($p < 0.001$). Compared to CG, IG had significant improvement ($p = 0.004$). FES-I and IPAQ: IG had only significant within-group improvements ($p < 0.001$ and $p = 0.002$, respectively). According to PPA fall risk level: IG participants with marked risk had within and between-group improvements in PPA-postural sway with open eyes ($p < 0.001$, $p = 0.006$), TUG ($p < 0.001$, $p = 0.001$) and IPAQ ($p < 0.01$, $p = 0.040$).

Fairhall et al. (2013) [35] Australia.	n=241 IG=120 (83.4±5.8 years, 67.0% women) CG=121 (83.2±5.9 years, 68.0% women)	Exercise Intervention: - Home-based program (20–30 min/ session; 3 to 5 sessions /week; components: balance; lower limb strength). Falls risk home assessment: home modifications. Medical Management: medication review; management of chronic health conditions. CG: usual care, medical management services and health involvement.	Primary outcomes: - Rate of falls (FC, PC). - Mobility and gait (SPPB and 4-m walk test), - Balance (PPA-postural sway). - Strength (PPA-strength). - Physiological functioning (PPA-total score).	Cardiovascular Health Study: Weight loss; Fatigue; Decreased grip Strength; Slow gait speed; Low physical activity.	Measurements: - At baseline - At 3 Months - At 12 Months Dropout: IG (n=13) CG (n=6) Two intervention group participants experienced back pain consistent	At 3 months: no significant between-group differences were described. At 12 months: Rate of falls: no differences were observed when comparing IG and CG. SPPB: compared to CG, IG showed significant better results (p<0.001). 4-m walk test: Participants of the IG walked significantly faster (p=0.02). PPA-postural sway: the results of the IG were significantly better results those of the CG (p=0.02). PPA-strength: IG had significantly better performance than CG (p=0.03). PPA-total score: no significant differences.
Siegrist et al. (2016) [36] Germany	n=378 IG=222 (78.0 ± 6.0 years, 77.48% women) CG=156 (78 ± 6 .0 years, 72.44% women)	Exercise Intervention: - Group Activities (supervised training; 16 weeks; 1 session /week; 60 min/ session; components: strength; balance; functional training; gait. Health Education: workshop: fall prevention; duration: 3.5 hours. CG: no structured treatment to prevent falls.	Primary outcomes: - Rate of falls (FC, PC). - Mobility and gait (TUG). - Balance (mRomberg). - Strength (CST). Secondary outcomes: - Fear of falling (FES-I).	History of falls (1 or more falls in the previous year). Physical function- TUG test. Strength- CST. Balance- mRomberg. Fear of falling- FES-I.	Measurements: - At baseline - At 12 Months Dropout: IG (n=38) CG (n=40) No adverse effects were observed	Rate of falls: significant lower incidence (p=0.007) in the IG. TUG: significant better results in the IG (p=0.014). mRomberg: increased significantly in the IG(p=0.037). CST: no significant differences. FES-I: reduced significantly in the IG (p=0.022).
Matchar et al. (2017) [37] Singapore	n= 354 IG=177 (78.2±6.9 years, 75.14% women) CG=177 (74.4±7.2 years, 75.14% women)	1st Active Intervention -3 months Exercise Intervention: - Group Activities: exercise program -SAFE; 24 sessions; 1 hour/ session; 2 sessions/week; components: endurance; mobility; balance; integrative mobility training; lower leg strength. - Home-based program:12 sessions; 3 times / week; specifically targets and modifies impairments. Falls risk home assessment: Environmental Hazards - CDC home checklist. Medical management: vision (self-report; Snellen chart and pinhole ocular occlude), polypharmacy (>4). 2nd Maintenance Phase CG: Usual care prescribed by a physician and educational materials on falls prevention.	Primary outcomes: - Rate of falls (FC, PC)/ injurious falls. - Mobility and gait (SPPB).	SPPB.	Measurements: - At baseline - At 9 Months Dropout: IG (n=15) CG (n=16) Adverse effects: not mentioned	Rate of falls: no statistically significant between-group differences at 9 months, but the risk of having at least 1 injurious fall was significantly lower in IG (p=0.041). SPPB: The IG showed significant better results (p=0.029).

BBS= Berg Balance Scale; CDC= Centers for Disease Control and Prevention; CST=Chair-Stand-Test; CG= Control Group; DP= Department visits; FC= Falls Calendar; FES-I= Falls Efficacy Scale-International; IG= Intervention Group; IPAQ= International Physical Activity Questionnaire; MCT= Motor Control Test; MMT= Manual muscle testing; MMSE= Folstein mini-mental state examination; mRomberg: modified Romberg test; PC= Phone Call; POMA= Performance Oriented Mobility Assessment; PPA= Physiological Profile Assessment; ROM= Range of Motion; SAFE= Steps to Avoid Falls in Elderly; SOT= Sensory Organization Test; SPPB= Short Physical Performance Battery; TUG= Timed Up & Go Test; WHO= World Health Organization.