<table>
<thead>
<tr>
<th>Authors</th>
<th>Sample description</th>
<th>Results</th>
</tr>
</thead>
</table>
K-walk: ↑ isometric (11%); ↑ isokinetic (7% extension, 16% flexion).  
- Muscle size:  
K-walk: cross-sectional area: ↑ 5.8% thigh and 5.1% leg;  
K-walk: ultrasound: ↑ 6% total mass and 10.7% thigh.  
- Functional capacity:  
K-walk: ↑ (timed up and go test). |
| Libardi et al. (2015) [9] | n=25. Intervention: 12 weeks. CT: n=8, aerobic: 2x/week, 30-40 min, 50-80% VO\textsubscript{peak} and resistance: 2x/week, 4x10 reps, 70-80% de 1-RM. BFR-CT: n=10, like CT, but, with BFR. CG: n=7, control group, no exercise. | - Quadriceps cross-sectional area:  
CT: ↑ 7.3%; BFR-CT: ↑ 7.6%.  
- 1-RM:  
CT: ↑ 38.1%; BFR-CT: ↑ 35.4%.  
- VO\textsubscript{peak}:  
CT: ↑ 9.5%; BFR-CT: ↑ 10.3%. |
BFR-W: ↑ ± 15%.  
- Cross-thigh area:  
BFR-W: magnetic resonance: ↑ 3%.  
- Carotid artery compliance:  
BFR-W: 50% improvement. CON-W: 59% improvement. |
| Clarkson et al. (2017) [12] | n=19 (11M e 8W). Intervention: CON: walking: 4x/week, 10 min, 4 km/h, for 6 weeks. BFR-W: like CON, but, with BFR. | Sit-and-stand test for 30s:  
BFR-W: 3.5x more.  
Queens College Bank Test:  
BFR-W: 4x more.  
Six-minute walk test:  
BFR-W: 4.5x more.  
Sit-and-stand test:  
BFR-W: 2.5x more. |
| Staunton et al. (2015) [13] | n=24M (11 young and 13 elderly) Intervention: 2 sessions. CON: resistance: leg press, 1x30 reps + 3x15 reps, 20% 1-RM and aerobic: treadmill, 4km/h, 4x2 min. BFR: like CON, but with BFR. | Arterial pressures (systolic, diastolic, and mean):  
BFR > CON.  
Cardiac Output:  
BFR like CON, however, with ↑ HR and ↓ SV in aerobic.  
Note: similar hemodynamic responses in young and elderly people with BFR. |
<table>
<thead>
<tr>
<th>Study</th>
<th>Sample Size</th>
<th>Intervention Details</th>
<th>Outcome Measures</th>
</tr>
</thead>
</table>

M = Men; W = Women; BFR = Blood Flow Restriction; RM = Repetition Maximum; HRR = Heart Rate Reserve; HR = Heart Rate; SV = Stroke Volume; GH = Growth Hormone.