Supplementary Information: "Multidisciplinary Development of a Walking Rehabilitation Nursing Program for Patients with Lower Limb Arteriosclerotic Occlusive Disease: A Delphi Study"

Authors: Niu Qingmei[1], Zhang Qian[1], Yu Ying[1], Jia Yatian[2], Li Xinru[2], Zhang Yihua[2]

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Supplementary Table 1： CREDES Checklist

Recommendations for the Conducting and REporting of DElphi Studies (CREDES)[1]

Items of reporting	Reported on page
Purpose and rationale. The purpose of the study should be clearly defined and demonstrate the appropriateness of the use of the Delphi technique as a method to achieve the research aim. A rationale for the choice of the Delphi technique as the most suitable method needs to be provided.	2-5
Expert panel. Criteria for the selection of experts and transparent information on recruitment of the expert panel, sociodemographic details including information on expertise regarding the topic in question, (non)response and response rates over the ongoing iterations should be reported.	6-8，Table1
Description of the methods. The methods employed need to be comprehensible; this includes information on preparatory steps (How was available evidence on the topic in question synthesised?), piloting of material and survey instruments, design of the survey instrument(s), the number and design of survey rounds, methods of data analysis, processing and synthesis of experts' responses to inform the subsequent survey round and methodological decisions taken by the research team throughout the process.	4-10
Procedure. Flow chart to illustrate the stages of the Delphi process, including a preparatory phase, the actual 'Delphi rounds', interim steps of data processing and analysis, and concluding steps.	Figure 1
Definition and attainment of consensus. It needs to be comprehensible to the reader how consensus was achieved throughout the process, including strategies to deal with non-consensus.	4-10
Results. Reporting of results for each round separately is highly advisable in order to make the evolving of consensus over the rounds transparent. This includes figures showing the average group response, changes between rounds, as well as any modifications of the survey instrument such as deletion, addition or modification of survey items based on previous rounds.	10-12
Discussion of limitations. Reporting should include a critical reflection of potential limitations and their impact of the resulting guidance.	12-24

Adequacy of conclusions. The conclusions should adequately reflect the outcomes of the Delphi study with a view to the scope and applicability of the resulting practice guidance.	23-24
Publication and dissemination. The resulting guidance on good practice in palliative care should be clearly identifiable from the publication, including recommendations for transfer into practice and implementation. If the publication does not allow for a detailed presentation of either the resulting practice guidance or the methodological features of the applied Delphi technique, or both, reference to a more detailed presentation elsewhere should be made (e.g. availability of the full guideline from the authors or online; publication of a separate paper reporting on methodological details and particularities of the process (e.g. persistent disagreement and controversy on certain issues)). A dissemination plan should include endorsement of the guidance by professional associations and health care authorities to facilitate implementation.	24-25

1. Jünger S, Payne SA, Brine J, Radbruch L, Brearley SG. Guidance on Conducting and REporting DElphi Studies (CREDES) in palliative care: Recommendations based on a methodological systematic review. Palliat Med. 2017;31: 684–706. doi:10.1177/0269216317690685

Supplementary Table 2： Comprehensive Summary of Evidence on Walking Exercise Interventions for Patients with Lower Extremity Arteriosclerosis Obliterans

Theme of Evidence	Evidence Content	Level of evidence	Recommendation level
The Necessity of Exercise	1.Participating in home-based walking exercises may improve the ambulatory function of patients with lower extremity ASO .	1a	A
	2.Systematic family-based exercise programs significantly improved the walking performance and physical activity metrics of PAD patients within a short timeframe .	1a	A
	3.When supervised exercise programs are inaccessible or declined by patients, home-based or community-organized exercise interventions may serve as viable alternatives to relieve leg symptoms and improve quality of life. In exercise regimens designed for intermittent claudication, walking is considered the optimal form of exercise .	1a	A
Pre-exercise assessment	4. Before starting exercise training, a comprehensive evaluation of the individual's medical history must be carried out, together with necessary assessments and screenings to detect any potential contraindications.	5b	A
	5.Contraindications: The following conditions are considered absolute contraindications for the procedure or treatment: acute coronary syndrome within 48 hours; instability of heart disease	5b	A

	identified during clinical assessment or diagnostic testing; established heart failure; acute thrombophlebitis or recent embolic events (pulmonary or systemic); active endocarditis; acute myocarditis or pericarditis; acute aortic dissection; symptomatic severe aortic stenosis; acute systemic infection with fever; uncontrolled hypertension (resting systolic blood pressure ≥ 180 mmHg or diastolic blood pressure ≥ 110 mmHg); persistent sinus tachycardia (resting heart rate > 120 beats/min); third-degree atrioventricular block without pacemaker support; inadequately controlled diabetes mellitus; and clinically significant hypotension (> 20 mmHg drop in blood pressure) accompanied by symptoms .		
	6. Cardiac screening is essential before participating in sports training for individuals with the following conditions: a documented history of coronary artery disease, severe arrhythmia or atrial fibrillation, congenital heart disease, or any clinical symptoms and electrocardiographic evidence suggestive of heart disease .	5b	A
Frequency of physical activity	7. Participate in physical activity at least three times weekly.	1a	A
Exercise time	8. Perform physical activity for a minimum duration of 30 minutes per session .	1a	A
	9. Duration: A minimum of 12 weeks .	1a	A
Intensity of physical activity	10. Severity of claudication pain: Supported by robust evidence, it is recommended that patients participate in exercise until experiencing a moderate to severe degree of claudication pain.	1a	B
	11.Initiate exercise with a "low-to-moderate intensity introductory phase," and subsequently, if the individual tolerates it well, progressively transition to higher-intensity physical activity .	1a	A
	12.High-intensity walking exercise provides more significant advantages for patients than low-intensity walking exercise. Nevertheless, further primary research and robust evidence-based findings are necessary to validate this conclusion .	1a	B
	13. Structured low-pain exercise and structured high-pain exercise both demonstrate an overall positive effect on the maximum walking distance and pain-free walking distance in patients with intermittent claudication.	1a	A
	14. Low-pain or pain-free intervention strategies have resulted in clinically meaningful enhancements for individuals with intermittent claudication .	1a	A
	15. Engaging in walking exercise at a heart rate aligned with the onset of claudication pain can elicit manageable ischemic leg discomfort .	1c	A

	16. Physiological evidence indicates that the heart rate corresponding to the onset of claudication pain coincides with the optimal exercise intensity for enhancing walking capacity and aerobic endurance in this patient group. Additionally, patients can engage in exercise at this intensity without experiencing intolerable ischemic leg discomfort .	1c	A
	17. For individuals with intermittent claudication, participating in a walking exercise regimen designed based on the heart rate at the onset of short-duration claudication pain constitutes an efficient training strategy. This approach not only improves walking ability but also yields outcomes comparable to those achieved through high-intensity walking exercises .	1c	A
	18. Supervised pain-free exercise and supervised moderate-pain exercise both result in similar improvements in walking ability among patients with intermittent claudication.	1a	A
Adherence to exercise	19.The group performing low-pain-intensity exercises demonstrated a superior completion rate in comparison to the group undertaking high-pain-intensity exercises.	1a	A
	20. The adherence to intervention measures is of greater significance compared to high-pain exercise programs.	1a	A
	21.Patients demonstrated good tolerance to exercise training performed at a heart rate associated with episodes of claudication pain. Furthermore, the heart rate monitor is easily operable in both clinical and community environments.	1c	A
Factors contributing to movement disorders	22. Personal factors are frequently recognized as the primary barriers. At the individual level, the review highlights that coexisting health conditions, reduced walking ability, and inadequate knowledge—such as an understanding of the disease—are key impediments to walking.	1a	A
	23. Fatigue, walking-restricted pain, and insufficient motivation are commonly identified as the key barriers impacting walking activities.	1a	A
	24. The predominant environmental barriers include adverse weather conditions and suboptimal walking surfaces, both of which may intensify pain.	1a	A
Factors Facilitating Physical Activity Engagement	25. Family-centered Walking Activity Monitoring interventions may contribute to enhancing the walking capacity and overall well-being of patients with Peripheral Artery Disease .	1a	A
	26. In a family-based exercise program, incorporating an exercise diary, utilizing tracking calls, establishing goals, and employing a pedometer for self-monitoring represent effective	1a	A

	strategies to achieve the desired outcomes.		
	27.Structured home-based exercise programs demonstrate efficacy in enhancing the walking capacity and promoting physical activity among patients with peripheral artery disease.	1a	A
	28.The application of behavioral change techniques may contribute to enhancing the daily walking activity levels among patients with intermittent claudication.	1a	B
	29. Cognitive strategies, including advance planning for walking, goal setting, and behavioral pain management techniques, as well as support systems, such as family involvement, patient communities, and medical environments offering social, emotional, and informational support, are the most commonly reported facilitators of walking activity and environmental enhancement.	1a	A
	30.The perception among patients that walking confers potential or actual benefits represents the most prevalent personal factor motivating individuals to engage in or sustain walking activities.	1a	A
	31.Individuals who elect to participate in family-based exercise programs should also receive educational support and structured supervision to encourage their involvement in walking activities.	1a	A
Evaluation indicators	32.Prior to initiating the training program, it is essential to evaluate the ankle-brachial index for the detection, diagnosis of peripheral artery disease, and assessment of disease severity.	5b	A
	33.The 6-minute walk test (6 MWT) is acknowledged as a highly reliable measure of the daily walking capacity in individuals with peripheral artery disease . It is a well-validated, economical assessment tool that exhibits robust reliability. Moreover, changes in 6 MWT outcomes can be utilized as prognostic indicators for estimating mortality risk and functional decline in peripheral artery disease patients.	1a	A
	34. The Walking Impairment Questionnaire (WIQ), a questionnaire specifically developed to assess peripheral artery disease and its associated functional limitations, is considered the most prevalent subjective tool for evaluating walking ability and health-related quality of life (HRQoL) among peripheral artery disease patients.	1c	A
	35. The consensus statement from ESVS VASCUNET and the International Consortium of Vascular Registries recommends the Vascular Quality of Life Questionnaire-6 (VASCQoL-6) as the principal patient-reported outcome measure for individuals with symptomatic peripheral artery disease.	5b	A

Supplementary Figure 1： Two rounds of expert consultation questionnaires

Part One: Basic Information Survey of Experts

This survey is only used for the investigation and analysis of the overall situation of the experts consulted in this research. We will strictly abide by the principle of confidentiality. Please fill in your relevant information. If you need further explanation, you can mark it in the remarks.

1.Your name:_____

2. Your gender：_____

3. Your age：_____

4 . Years of professional experience：_____

3. Your educational background：_____

4. Your professional title：_____

5. Your field of work (1. Clinical nursing; 2. Nursing management; 3. Nursing education; 4. Nursing research):___

6. Name of the Employer Organization：_____

7. Contact Information：_____

Note：_____

Part Two: Expert Consultation Form for the First Round of "Exercise Rehabilitation Training Program for Patients with Lower Extremity Arteriosclerosis Obliterans"

Instructions for Completion:

The preliminary rehabilitation program for lower limb ASO patients constructed in this study consists of 5 first-level items, 13 second-level items and 38 third-level items. Please evaluate the importance of each level item by marking in the scoring box according to the Likert five-level scoring method (i.e. 5 = very important; 4 = important; 3 = average; 2 = not very important; 1 = unimportant). Your opinions and suggestions should be filled in the "Revision Suggestions" column. If there are any items to be added, please provide their importance assignment.Expert Consultation Form for First-level Indicators.

Expert Consultation Form for First-level Indicators

	Importance of Indicators	Deletion, modification suggestions

	(1-5)	and reasons
1.Evaluation		
2.Walking Exercise Plan		
3.Monitoring and Management		
4. Health Education		
5. Effect Evaluation		
Indicators that need to be added		

Expert Consultation Form for Secondary Indicators

Primary indicators	Secondary indicators	Importance of Indicators (1-5)	Deletion, modification suggestions and reasons
1.Evaluation	1.1 Patient Screening		
	1.2 Pre-exercise Assessment		
	1.3 Post-exercise Evaluation		
2. Walking Exercise Plan	2.1 Frequency of Exercise		
	2.2 Exercise Time		
	2.3 Exercise Intensity		
	2.4 Precautions for Exercise		
3.Monitoring and Management	3.1 Motion Monitoring		
	3.2 Sports Management		
4. Health Education	4.1 Patient Health Education		
	4.2 Health Education for Caregivers		
5. Effect Evaluation	5.1 Disease Development Outcomes		
	5.2 Patient Self-Report		
Indicators that need to be added			

Expert Consultation Form for Third-level Indicators

Secondary indicators	Third-level indicators	Importance of Indicators (1-5)	Deletion, modification suggestions and reasons
1.1 Patient Screening	1.1.1 Suitable subjects for exercise: Patients with lower extremity arteriosclerosis obliterans; patients who have undergone revascularization.		
	1.1.2 Contraindications for exercise: Acute coronary syndrome (within 2 days); unstable heart disease identified during consultation or examination; heart failure; acute thrombophlebitis or recent embolism (pulmonary or systemic); active endocarditis; acute myocarditis or pericarditis; acute aortic dissection; symptomatic severe aortic stenosis; acute		

	systemic illness or fever; uncontrolled hypertension (resting systolic blood pressure ⩾ 180 mmHg or diastolic blood pressure ⩾ 110 mmHg); uncontrolled sinus tachycardia (resting heart rate > 120 beats per minute); third-degree atrioventricular block without a pacemaker; uncontrolled diabetes; sudden drop in blood pressure (> 20 mmHg) accompanied by symptoms.		
	1.1.3 Situations where cardiac screening is required before participating in sports training: a documented history of coronary artery disease; a documented history of severe arrhythmia and atrial fibrillation; a history of congenital heart disease; any clinical symptoms or electrocardiogram suggesting heart disease.		
1.2 Pre-exercise Assessment	1.2.1 Conduct a 6-minute walk distance test to assess the lower limb function of the patient.		
	1.2.2 Pre-exercise assessment of the patient's target heart rate: When the patient begins to experience pain due to claudication during walking, record the patient's heart rate and instruct the patient to rest. Measure three times and take the average heart rate as the heart rate at the onset of claudication pain. Then determine the target heart rate range. (For example, if the patient reports a heart rate of 100 beats per minute at the onset of claudication pain during the assessment test, set the heart rate exercise zone to 96 - 104 beats per minute).		
1.3 Post-exercise Evaluation	1.3.1 Inquire about the patient's fatigue level and tolerance after exercise to dynamically adjust the intensity of the exercise.		
	1.3.2 Inquire about the problems patients encounter during their exercise routines, provide solutions, and adjust the exercise plans accordingly.		
2.1 Frequency of Exercise	2.1.1 Exercise at least three times a week.		
2.2 Exercise Time	2.2.1 Each exercise session should last at least 30 minutes.		
	2.2.2 Duration of exercise: At least 12 weeks.		
2.3 Exercise Intensity	2.3.1 Walk for 15 minutes at the heart rate when the limping pain began, take a 2-minute break in the middle, and then walk for another 15 minutes.		
	During each walking exercise, adjust the intensity of the exercise to keep the heart rate within the targeted heart rate range.		
2.4 Precautions for Exercise	2.4.1 Avoid exercising on an empty stomach and do not have a heavy meal before or after exercising.		
	2.4.2 Wear soft and comfortable clothes, and		

	make sure shoes and socks fit well to prevent falls.		
	2.4.3 If the patient experiences discomfort such as chest tightness or cold sweats, they should immediately stop exercising.		
3.1 Motion Monitoring	3.1.1 Establish a WeChat official account and WeChat group for walking exercise, and send exercise reminder messages to patients at 9:00 and 16:00 every day on time.		
	3.1.2 Patients keep a movement diary and record the completion status.		
	3.1.3 Medical staff will conduct telephone follow-ups twice a week to understand the patient's completion status.		
	3.1.4 Patients should wear a fitness tracker during exercise to adjust their heart rate within the target range at any time.		
3.2 Sports Management	3.2.1 When the patient exercises for the first time, provide one-on-one guidance to ensure the patient's safety.		
	3.2.2 Push articles, videos and other content related to sports within the WeChat group.		
	3.2.3 Encourage patients to share their exercise experiences within the WeChat group and urge them to record their daily exercise routines.		
	3.2.4 Regularly summarize and provide feedback, praise the patients, enhance their confidence and increase their initiative in exercise.		
	3.2.5 Establish activity files for patients to record their entire exercise process.		
4.1 Patient Health Education	4.1.1 By reviewing medical records and having face-to-face conversations with patients, understand the causes of the disease and provide health education.		
	4.1.2 Explain to the patients that a lack of postoperative exercise and improper self-management can lead to rapid disease progression, causing restenosis of the blood vessels, which may result in risks such as gangrene or amputation, thereby enhancing their sense of crisis.		
	4.1.3 By distributing promotional brochures to patients, inform them of the relevant knowledge about walking exercise training and its benefits for lower extremity ASO, such as improving limb ischemia symptoms, alleviating limb pain, facilitating limb function recovery, and enhancing the quality of life, etc., to build their confidence.		
	After conducting the exercise assessment, distribute the exercise guidance manual and exercise diary.		
	4.1.5 Strengthen the education on patients' exercise plans and precautions through		

	exercise manuals, video guidance, etc., and jointly set exercise goals with patients.		
	4.1.6 After discharge, ask the patient to send the daily exercise completion status in the WeChat group.		
	4.1.7 Provide psychological care to patients to enhance their confidence in adhering to long-term training.		
4.2 Health Education for Caregivers	4.2.1 Distribute publicity brochures and exercise guidance manuals to caregivers, informing them of the benefits of walking exercises for patients, providing psychological support to family members, and supervising and assisting patients to complete the daily exercise plan.		
	4.2.2 Guide patients and their families to create a safe environment conducive to exercise.		
	4.2.3 Inform caregivers of the precautions for exercise. If the patient experiences any discomfort, they should immediately stop exercising, contact medical staff, and adjust the intensity of the exercise in a timely manner.		
5.1 Disease Development Outcomes	5.1.1 Ankle-Brachial Index (ABI)		
	5.1.2. Transcutaneous oxygen partial pressure		
5.2 Patient Self-Report	5.2.1 Chinese Version of the Walking Impairment Questionnaire		
	5.2.2 Vascular Quality of Life Questionnaire		
Indicators that need to be added			

Part Two: Expert Consultation Form for the Second Round on "Rehabilitation Training Program for Walking in Patients with Lower Extremity Arteriosclerosis Obliterans"

Expert Consultation Form for First-level Indicators

	Importance of Indicators (1-5)	Deletion, modification suggestions and reasons
1.Evaluation		
2.Walking Exercise Plan		
3.Monitoring and Management		
4. Health Education		
5. Effect Evaluation		
Indicators that need to be added		

Expert Consultation Form for Secondary Indicators

Primary indicators	Secondary indicators	Importance of Indicators (1-5)	Deletion, modification suggestions and reasons
1.Evaluation	1.1 Patient Screening		
	1.2 Pre-exercise Assessment		
	1.3 Post-exercise Evaluation		
2. Walking Exercise Plan	2.1 Frequency of Exercise		
	2.2 Exercise Time		
	2.3 Exercise Intensity		
	2.4 Precautions for Exercise		
3.Monitoring and Management	3.1 Motion Monitoring		
	3.2 Sports Management		
4. Health Education	4.1 Patient Health Education		
	4.2 Health Education for Caregivers		
5. Effect Evaluation	5.1 Disease Development Outcomes		
	5.2 Patient Self-Report		
Indicators that need to be added			

Expert Consultation Form for Third-level Indicators

Secondary indicators	Third-level indicators	Importance of Indicators (1-5)	Deletion, modification suggestions and reasons
1.1 Patient Screening	1.1.1 Suitable subjects for exercise: Patients with lower extremity arteriosclerosis obliterans (Fontaine stage I-III); patients one day after undergoing revascularization surgery.		
	1.1.2 Contraindications for exercise: Acute coronary syndrome (within 2 days); unstable heart disease identified during consultation or examination; heart failure; acute thrombophlebitis or recent embolism (pulmonary or systemic); active endocarditis; acute myocarditis or pericarditis; acute aortic dissection; symptomatic severe aortic stenosis; acute systemic illness or fever; uncontrolled hypertension (resting systolic blood pressure $\geqslant$ 180 mmHg or diastolic blood pressure $\geqslant$ 110 mmHg); uncontrolled sinus tachycardia (resting heart rate > 120 beats per minute); third-degree atrioventricular block without a pacemaker; uncontrolled diabetes; sudden drop in blood pressure (> 20 mmHg) accompanied by symptoms.		
	1.1.3 Situations where cardiac screening is required before participating in sports training: a documented history of coronary artery disease; a documented history of		

	severe arrhythmia and atrial fibrillation; a history of congenital heart disease; any clinical symptoms or electrocardiogram suggesting heart disease.		
1.2 Pre-exercise Assessment	1.2.1 Conduct a 6-minute walk distance test to assess the lower limb function of the patient.		
	1.2.2 Pre-exercise assessment of the patient's target heart rate: When the patient begins to experience pain due to claudication during walking, record the patient's heart rate and instruct the patient to rest. Measure three times and take the average heart rate as the heart rate at the onset of claudication pain. Then determine the target heart rate range. (For example, if the patient reports a heart rate of 100 beats per minute at the onset of claudication pain during the assessment test, set the heart rate exercise zone to 96 - 104 beats per minute).		
1.3 Post-exercise Evaluation	1.3.1 Inquire about the patient's fatigue level and tolerance after exercise to dynamically adjust the intensity of the exercise.		
	1.3.2 Inquire about the problems patients encounter during their exercise routines, provide solutions, and adjust the exercise plans accordingly.		
2.1 Frequency of Exercise	2.1.1 Exercise at least three times a week.		
2.2 Exercise Time	2.2.1 Each exercise session should last at least 30 minutes.		
	2.2.2 Duration of exercise: At least 12 weeks.		
2.3 Exercise Intensity	2.3.1 Walk for 15 minutes at the heart rate when the limping pain began, take a 2-minute break in the middle, and then walk for another 15 minutes.		
	During each walking exercise, adjust the intensity of the exercise to keep the heart rate within the targeted heart rate range.		
2.4 Precautions for Exercise	2.4.1 Avoid exercising on an empty stomach and do not have a heavy meal before or after exercising.		
	2.4.2 Wear soft and comfortable clothes, and make sure shoes and socks fit well to prevent falls.		
	2.4.3 Ensure that the exercise area is flat, free of obstacles and has no obvious safety hazards after the patient is discharged from the hospital.		
	2.4.4 If the patient experiences discomfort such as chest tightness and cold sweats during exercise, they should stop immediately and adjust the specific plan accordingly in reference to the FITT-VP principles of the exercise prescription.		
3.1 Motion	3.1.1 Establish a WeChat official account		

Monitoring	and WeChat group for walking exercise, and send exercise reminder messages to patients at 9:00 and 16:00 every day on time.		
	3.1.2 Patients keep a movement diary and record the completion status.		
	3.1.3 Medical staff will conduct telephone follow-ups twice a week to understand the patient's completion status.		
	3.1.4 Patients should wear a fitness tracker during exercise to adjust their heart rate within the target range at any time.		
3.2 Sports Management	3.2.1 When the patient engages in exercise for the first time, they should be given one-on-one guidance in the hospital's exercise rehabilitation room to ensure their safety.		
	3.2.2 Push articles, videos and other content related to sports within the WeChat group.		
	3.2.3 Encourage patients to share their exercise experiences within the WeChat group and urge them to record their daily exercise routines.		
	3.2.4 Regularly summarize and provide feedback, praise the patients, enhance their confidence and increase their initiative in exercise.		
	3.2.5 Establish activity files for patients to record their entire exercise process.		
4.1 Patient Health Education	4.1.1 By reviewing medical records and having face-to-face conversations with patients, understand the causes of the disease and provide health education.		
	4.1.2 Explain to the patients that a lack of postoperative exercise and improper self-management can lead to rapid disease progression, causing restenosis of the blood vessels, which may result in risks such as gangrene or amputation, thereby enhancing their sense of crisis.		
	4.1.3 By distributing promotional brochures to patients, inform them of the relevant knowledge about walking exercise training and its benefits for lower extremity ASO, such as improving limb ischemia symptoms, alleviating limb pain, facilitating limb function recovery, and enhancing the quality of life, etc., to build their confidence.		
	After conducting the exercise assessment, distribute the exercise guidance manual and exercise diary.		
	4.1.5 Strengthen the education on patients' exercise plans and precautions through exercise manuals, video guidance, etc., and jointly set exercise goals with patients.		
	4.1.6 After discharge, ask the patient to send the daily exercise completion status in the WeChat group.		

	4.1.7 Provide psychological care to patients to enhance their confidence in adhering to long-term training.		
4.2 Health Education for Caregivers	4.2.1 Distribute publicity brochures and exercise guidance manuals to caregivers, informing them of the benefits of walking exercises for patients, providing psychological support to family members, and supervising and assisting patients to complete the daily exercise plan.		
	4.2.2 Guide patients and their families to create a safe environment conducive to exercise.		
	4.2.3 Inform caregivers of the precautions for exercise. If the patient experiences any discomfort, they should immediately stop exercising, contact medical staff, and adjust the intensity of the exercise in a timely manner.		
5.1 Disease Development Outcomes	5.1.1 Ankle-Brachial Index (ABI)		
	5.1.2. Transcutaneous oxygen partial pressure		
	5.1.3 6-Minute Walk Distance		
5.2 Patient Self-Report	5.2.1 Chinese Version of the Walking Impairment Questionnaire		
	5.2.2 Vascular Quality of Life Questionnaire		
Indicators that need to be added			

Part Three: Expert Authority Degree Survey Form

Instructions for filling in:

Please select your level of familiarity with the content of the indicators in Table 4 and mark a "√" on the corresponding score.

Your familiarity with the content of the indicators					
Familiarity with the content	very familiar	relatively familiar	Generally familiar	Not very familiar	unfamiliar
	5	4	3	2	1

Please select the degree of influence of each item on your score judgment and mark "√" on the corresponding score.

The basis and extent of your judgment			
Judgment basis	Degree of proficiency (self-assessment by experts)		
	Great	medium	Little
Theoretical analysis	3	2	1
Work Experience	3	2	1
Refer to relevant	3	2	1

domestic and foreign materials.			
Intuitive feeling	3	2	1

This concludes the questionnaire. Thank you for your support and assistance!