REFERRAL OF COPD PATIENTS

REGISTRATION PT + INTAKE

CONSIDERATION TIME + INFORMED CONSENT

INCLUSION

CONTROL GROUP

INTERVENTION GROUP

SHAM-TREATMENT

PHYSICAL EXERCISE TRAINING PROGRAMME

General Practitioner / Nurse Practitioner

Physiotherapist

Patient

Researcher

Secretary UM

Physiotherapist

Intake

Motivation

QoL-questionnaires

6MWT

Muscle strength

Physical Activity

ASSESSMENT

ASSESSMENT

ASSESSMENT

ASSESSMENT

ASSESSMENT

ASSESSMENT

ASSESSMENT

ASSESSMENT

ASSESSMENT

PATIENT REGISTRATION

PT + INTAKE

INCLUSION

T=0

1 week

T=1

4 months

T=2

6 months