Reviewer’s report

Title: Efficacy of a Physical Exercise Training Programme COPD in primary care: study protocol of a randomised controlled trial

Version: 2
Date: 24 June 2014

Reviewer: Carl J Lombard

Reviewer’s report:

1. The authors provide no rational for doing a individually randomised trial with the strong possibility of contamination due to the design of the same physiotherapist delivering the intervention to participants from both arms. A simple cluster randomised design of say 20 physiotherapy setting with 8 participants would be able to answer the same question with the same power (icc=.05).

2. Since multiple sites will handle participants it is not clear how randomisation will be implemented across the sites - will they contact a centralised person who has a concealed list? No reference to Figure 1 in this section which seam to indicated that the researcher will do the allocation which is not desirable.

3. What is meant by the statement that participants from both groups will not be in the same physiotherapy setting for treatment at the same time. (p10)?

4. Will the same physiotherapist be dealing with a participants for the whole period?

5. How many physiotherapist will be participating in the trial?

6. Given the fact that participants from both arms will be nested within the same physiotherapist setting this random effect should also be evaluated. The variability due to this factor may large and have an influence on the power.

7. Descriptive statistics should be presented by group.

8. The measurement of the primary outcome should be standardised across all settings. If one facility can only do the test in a 10 m passage this length should be used across all settings. This will reduce variability.

9. Using the 4 month time point as the primary outcome is the best case scenario for the efficacy of the program but the 6 month time point will be the more pragmatic one. No rational for not using the 6 month time point is given.

10. A increase of 52 meters in 6mwd represents a approximate increase of 10% on the average of 475m. As non-specialist in this field it is hard to see how walking an extra 50 meters when you can already walk nearly half a km will have an impact on regaining social contacts (p16)?
**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Acceptable

**Statistical review:** Yes, and I have assessed the statistics in my report.

**Declaration of competing interests:**

'I declare that I have no competing interests'