Reviewer’s report

Title: Modified Pilates as an adjunct to standard physiotherapy care for urinary incontinence: a mixed methods pilot for a randomised controlled trial

Version: 1 Date: 20 Apr 2017

Reviewer: Stephanie Madill

Reviewer's report:

First I wish to thank the authors for their thorough responses to my earlier comments. Overall I think that the manuscript is in very good shape. I do still have a few comments.

1. The PFMT provided in the study does not qualify as "intense" PFMT. The guidelines quoted were developed from studies that provided at least weekly supervised PFMT for a minimum of 12 weeks. While the provided therapy meets those qualifications for duration, it does not for frequency. Please clarify this in the manuscript.

2. I do not understand how MP is more "holistic" than PFMT. Both are forms of physical exercise. I would suggest that the authors refer to the assessment as holistic, and not the intervention.

3. I still disagree with the authors about not including a direct measure of urine leakage. I absolutely agree that symptom severity does not directly correlate to quality of life; however, this study compared the effectiveness of two interventions for reducing urine leakage. Therefore, it should have been included in the outcome measures. I still don't buy the burden or not recommended as part of routine clinical assessment arguments. I accept the comments from the advisory group; however, part of participating in a study is understanding that there is likely to be more required of the individual than would be in routine clinical care. This needs to be included in calculations of sample size, including the time required to recruit an adequate sample. This is an RTC, not a routine clinical assessment and it is inappropriate to apply guidelines for one to the other. If part of your eventual aim is to explain why adding MP to PFMT provides more benefit, you must have direct measures of the physiology you are trying to improve. This needs to be addressed more thoroughly in the limitations section and a measure of leakage and/or of pelvic floor muscle function must be included if a large RTC is undertaken.

4. As you used non-parametric statistics, aggregate results should be presented as median and range or interquartile range, not as mean and standard deviation.

5. Another area that must be addressed more thoroughly in the limitations section is the inequality of the two interventions in terms of contact time. If a primary concern is the cost of the intervention to the NHS, Chantale Dumoulin has demonstrated the group PFMT is as
effective as individual therapy, in diverse groups of women. She has also demonstrated that participating in group PFMT provides the same sorts of group benefits as were reported by the MP group. If a full RTC is undertaken, the amount and type of contact time must be equivalent between groups.

6. Page 14, Line 21, should read "pelvic floor muscle strength".

**Are the methods appropriate and well described?**
If not, please specify what is required in your comments to the authors.

Yes

**Does the work include the necessary controls?**
If not, please specify which controls are required in your comments to the authors.

Yes

**Are the conclusions drawn adequately supported by the data shown?**
If not, please explain in your comments to the authors.

Yes

**Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?**
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

I am able to assess the statistics

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Please indicate the quality of language in the manuscript:

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