Reviewer’s report

Title: Evaluation of the Feasibility, Acceptability, and Effectiveness of a Clinical Yoga Program for Veterans: Yoga via Telehealth Provides Comparable Satisfaction and Health Improvements to In-Person Yoga

Version: 0 Date: 22 Nov 2016

Reviewer: Erik Groessl

Reviewer’s report:

The manuscript presents the results of a pragmatic study of satisfaction and self-reported health improvement following attendance of in-person or telehealth yoga programs in the VA Healthcare System. The use of data from a single assessment with retrospective recall limits conclusions, but the study is still quite important and valuable given no data exists that compares in-person to tele-health yoga. In addition, the study adds to our knowledge of tele-health yoga and demonstrates feasibility and acceptability. The manuscript might be improved by addressing some questions and comments below.

1. Intro: Yoga is mainly referred to as an "adjunct" treatment. Is there a reason it should be considered only as an adjunct treatment and not a primary or stand-alone treatment for all conditions? Later (page 5, line 9) it says yoga might fully "replace" standard care.

2. Page 4, line 36 - Three reasons for yoga being a good adjunct tx option for veterans are listed. The first is that Veterans often have multiple co-morbidities, but it is not clearly explained why yoga it is well-suited to address that issue. Likewise, the point is made that cost-effective treatments are needed. Is it possible to cite any studies on yoga being low-cost? The focus switches to self-care which could be low cost but could also be less effective for some conditions, so maybe focusing on the recent efforts to promote self-care alone would suffice, or possibly spell out why yoga (or telehealth yoga) can be assumed to be low-cost.

3. Page 6, Lines 36-42. More detail is needed on which classes were offered where. It is unclear whether in-person classes are offered at all locations and clinics or whether just at a main Center and then telehealth at the 6 remote clinics.

4. How often are the classes offered? How many happen per week? Are most people attending 1x weekly or maybe 2 or 3x?

5. The format and readability of Table 4 could be improved. I found it a little hard to read with the italics and no lines.

6. There seems to be no mention of side effects or adverse events. While other research indicates yoga may be low risk, adverse events have not been studied sufficiently.
7. Is there any logic behind how the amount of classes attended were categorized? Is it important if they attended 21 or more classes?

8. Is there a way to know if in-person and tele-health participants are comparable on demographic and other characteristics in table 1?

9. It is noted the sample is mostly male, but if Veterans and/or VA patients are typically 90% male, is it notable that your sample was 27% female? This might be discussed.

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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