**Reviewer’s report**

**Title:** Exercise Intervention for Unilateral Amputees with Low Back Pain: Study Protocol for a Randomised, Controlled Trial

**Version:** 1  **Date:** 21 Nov 2017

**Reviewer:** Nicola Mills

**Reviewer’s report:**

Although the authors have addressed all comments, I feel their response to two of them can also be added to the text of the manuscript to inform other readers who may have similar questions. This does not have to be a verbatim insertion necessarily as long as it addresses the point. I refer to the second and third comment by reviewer 2 (see below).

Intervention description: you have mentioned progression using bands with greater resistance, but do you have a plan if they are unable to perform with the lowest resistance band - ie will you allow them to continue but start at a lower level such as performing the movement with no resistance band?

Author Reply: Modification of exercises to accommodate such things as pain are available. As for the resistance of the bands, the lowest resistance is 3.7lbs which is low enough for every participant to be able to perform with. The study population is not a frail one, they are typically younger and relatively strong.

Stats: the study flow diagram seems to suggest you will only include in the analysis those who complete the programme (ie study flow suggests n=32), can you just clarify if this is the case, or whether you would use intention-to-treat (ITT) to include those who have dropped out or been excluded along the way for whatever reason. If using ITT what will you use for the "missing data" - LOCF/BOCF/WOCF. Compliance: if they do not achieve the 85% compliance rate you wish, is their data Powered by Editorial Manager® and ProduXion Manager® from Aries Systems Corporation (and them) excluded? Links back to ITT etc

Author Reply: Thank you for this fair question, in retrospect this was not clear. Our goal was not to perform the ITT as this was a relatively small study and we surmise that if we included those with partial data and low participation rates that any treatment effect would wash out. For those who are not compliant, their data will not be included in the final analysis (added line to 166-167). Our hope is that with a subsequent larger study, we can perform ITT and include all participants.

**Level of interest**

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