Reviewer’s report

Title: Balance Right in Multiple Sclerosis (BRiMS): A guided self-management programme to reduce falls and improve quality of life, balance and mobility in people with secondary progressive multiple sclerosis: a protocol for a feasibility randomised controlled trial

Version: 0 Date: 13 Apr 2017

Reviewer: Noleen McCorry

Reviewer’s report:

This is a comprehensive and detailed protocol. The proposed intervention is well described and addresses an important issue for the quality of life of people with MS. For researchers in a similar area, the protocol would be a useful document to consult, while the results will be much more interesting and valuable for wider audiences when they are published. If space permits, the authors might consider the following:

- Further reflection on the unique components (or combination of components) proposed in the BRiMS intervention. For example, there appears to be a focus on the improvement of self-efficacy, and clearly defined behaviour change strategies have been described in relation to this. Is this an advance on previous interventions?

- Related to the above point, the use of CBT, motivational interviewing type techniques and other supportive strategies to improve self-efficacy requires some level of skill. How will therapists be prepared for this, and will these skills be assessed in terms of therapists' fidelity to the intervention protocol? It is unclear how the two tools will be used to assess this (Dreyfus and MIT integrity scale)

- Line 372 proposed that 25% of the delivered sessions will be assessed using audio recordings. Is this 25% of each therapist's sessions?

- how will you ensure that the researchers undertaking these assessments of treatment fidelity are trained and equipped to do so?

- Participants will be monitored for AEs using their daily diaries and follow-up assessments, but are these checked regularly enough? Is another protocol required for the participants to inform the appropriate research personnel if a SAE (such as a fall or injury) takes place?

- If adherence is calculated as a percentage, why is it then reduced to a dichotomous variable, and what is the justification for classification of 'adherent' as attendance at 50%?

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Quality of written English
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