



SDI Review Form 1.6

Journal Name:	<u>Cardiology and Angiology: An International Journal</u>
Manuscript Number:	2014_CA_8936
Title of the Manuscript:	Assessment of a cardiac rehabilitation program based on the Borg RPE Scale and six-minute walk test
Type of the Article	Original Research Article

General guideline for Peer Review process:

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound.

To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

(<http://www.sciencedomain.org/page.php?id=sdi-general-editorial-policy#Peer-Review-Guideline>)

PART 1: Review Comments

	Reviewer's comment	Author's comment <i>(if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)</i>
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Compulsory REVISION comments	1. The introduction is lengthy and, most importantly, lacks clarity with respect to the goals of the paper. The authors should reduce the description of the background, and explicitly state the objectives of their study. It may be supposed that the goal was to validate the use of the Borg scale to assess the outcome of cardiac rehabilitation in the absence of quantitative parameters, but it is not possible to evaluate the results without a clear definition of the objective. 2. The demographic data (table 1) should be moved from the Results to the Materials and Methods section, in order to provide a complete description of the cohort of patients enrolled in the study. 3. It is mentioned in the methods that a statistical test was applied to the heart rate variability parameters but nothing is said about which parameters were considered, how they were chosen and calculated, and what is/could be the relationship (depending on whether there is anything in the literature about this) with the Borg scale. 4. In the final paragraph of the methods, it is stated that the participants were divided in subgroups. Are these the groups in table 2? Besides, it is also said that the trends were plotted, but no figure shows that. The authors should either provide a justification for explaining why they do not show these plots (it is not clear if these could be an integral part of the results or not), or show them or not mention these plots. 5. Further, there is a repeated mention of Chi-square analysis, but no result is reported from this analysis in section 3. 6. No results from the statistical analysis of HRV parameters by the Wilcoxon test are shown either. 7. The discussion has some serious flaws, such as: a) despite mentioning HRV, no result was previously presented, and therefore it is not clear what is being discussed; b) the statement: "Our findings	1. We have shortened the introduction and restated the aims. 2. We have moved table 1 to Materials and methods section 3. This typo has been removed 4. The subgroups analysis was not undertaken as the numbers were too small. Trends were not plotted and this part of the sentence was removed
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	indicate that a larger percentage of those who participated in home walking saw an improvement (results not shown) and would suggest that an increased exercise frequency is associated with a decreased risk for recurrent cardiac events” hints that one of the main findings was not reported. Although the paper lacks several results that are anticipated in the methods but not shown, this decision from the authors not to disclose another result that they comment on is confusing. What are the main findings of this paper then? The results and discussion need to be reorganized thoroughly, and clearly related to a better described goal of the paper (see comment 1).	5. We ended up not undertaking Chi-square. Wilcoxon’s test was used for the 6MWT and results shown in Table 3. 6. This is shown in Table 3. 7. a. HRV has been removed from the previous sections of the ms. b. We have rewritten this “Our findings indicate that a larger percentage of those who participated in home walking saw an improvement in the 6MWT and would suggest that an increased exercise frequency is associated with an increased exercise capacity, which may decrease the risk for recurrent cardiac events.” We have reorganised the results and discussion
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<u>Minor</u> REVISION comments	1. Page 4: please define the acronym HRV as heart rate variability 2. Table 4: please add the unit of the distance walked (m) 3. I suggest introducing a 3.1 and 3.2 sub-section, for results and discussion respectively. This would help the reader go through section 3. with a clearer understanding of when the discussion of the results begins. 4. In the discussion it is stated that "...the percentage of improvement seen by Fiorina et al. was greater than that seen in the current study...". This could also be due to the fact that the study by Fiorina and colleagues included a much larger number of patients. A short comment on this could strengthen the discussion.	1. Not used in this study 2. Done 3. Done 4. We have added this statement.
<u>Optional/General</u> comments		