



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>)



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PART 1: Review Comments

	Reviewer's comment	Author's comment (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)
Compulsory REVISION comments		
Minor REVISION comments		
Optional/General comments	Whole structure of this study is wrong. First of all, the sample size is too small to reach a valid and reliable conclusion. I think more people might be included for such a study and it was not so hard to persuade the people to participate in an exercise training program. In addition in this paper, it was written that minimum 10% improvement in 6MWT scores between pre and post-testing is necessary to ensure a real change occurred in cardiac diseased populations. But improvement of functional capacity in most of the participants were much lower than this level. Secondly there is not a control group to compare the results. If study had a control group, improvements in 6MWT scores of the control group would be more significant than the study group. Because it is well known that exercise training programs improves maximum walking distance of all people including healthy ones and ones with cardiovascular diseases and/or peripheral artery diseases. Previously in many reports, it	



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	was shown that exercise programs may improve the functional capacity upto 50%, even in some studies more than 100%. So the results of this study are not meaningful. 10 of fifteen patients was male and improvement ratio in males was only 5.3%. As I said before if there was a control group, this ratio (5.3%) would be much less than the improvement ratio of the control group. Thirdly most of the people undergoing surgery or suffering AMI can not walk longer distances in the early subsequent days. This situation may be due to psychological status or chest pain or fear. Two thirds of the study group were in the first month of the event. According to me, those people in this study would walk longer distances at the end of six weeks even they did not undergo an exercise program. Finally 9 of 15 participants underwent home walking programs. So how can we ensure that the improvement in functional capacity was due to the cardiac rehabilitation based on the Borg RPE scale? As a matter of fact there was no improvement in functional capacity as I said before. But if we accept that there was an improvement, it might be due to the home walkings.	
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Note: Anonymous Reviewer