



Physical Therapy
UNIVERSITY OF TORONTO

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World Journal of Transplantation
Baishideng Publishing Group Inc
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Dear Dr Ji,

Re: Manuscript #26847 - revision

We are pleased to submit the revised manuscript “Physical Rehabilitation for lung transplant candidates and recipients: an evidence-informed clinical approach”, by Wickerson et al.

We have carefully read the comments by the three reviewers and have considered them all in this revision. The changes to the manuscript are in bold and highlighted text.

Based on specific comments from the second Reviewer, we have attached a point-by-point response. We have also addressed the requested editorial changes and described these in the attached response.

The following required documents have also been completed, as requested:

- Copyright agreement from all co-authors
- Audio core tip file
- Google scholar search for title

We look forward to your feedback on the revised version of the article. If you require any further documents, please let me know.

Sincerely,

Sunita Mathur

Sunita Mathur, PT, PhD
Assistant Professor, Dept of Physical Therapy
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Reviewer 2 (reviewer code: 02493709; country: Romania)

The article is written more like a course or as a book chapter - specific information, correlation with clinical studies, objective information is in general lacking. For example, the authors state that: Short tests of physical performance and mobility might better capture changes in muscle strength than the 6MWT, and may be a useful addition to a regular functional assessment in the pre-transplant phase. How did they reach this conclusions? From their own experience? From a clinical study? No hints are given by the article.

We acknowledge that there was a lack of clarity about which aspects of the recommendations were based on the evidence versus those based on clinical experience throughout the article. We have reworded several sentences to make this more clear and added references to certain sentences as noted in the list below.

To address the specific issue about short functional tests, we have included references regarding the physical performance tests that have been used in lung transplant candidates in the literature (p. 9).

We have also made the additional changes throughout the manuscript:

- p. 9, first paragraph – “research literature”
- p. 9, second paragraph – “ research studies”
- p. 10, last paragraph – section on general principles of exercise training
- p. 11, first paragraph – indicated “Canadian lung transplant centers”
- p. 11, last paragraph – clarified that the protocols in Table 2 are a combination of research evidence and current clinical practice
- p. 12, second paragraph – clarified issue on oxygen supplementation is based on clinical experience
- p. 14, first paragraph – clarified the information on nutritional needs is based on clinical practice.
- p. 15, second paragraph – clarified that PTs at our center have specialized training in early mobility
- p. 17, second paragraph – clarified that physiotherapy in the step-down unit and ward is based on clinical experience.
- p. 19 – second paragraph – clarified that referral to inpatient rehabilitation is part of our clinical practice
- p. 20 – last paragraph – clarified that patient counseling for sports and fitness activities is based on clinical practice.

- p. 15, first paragraph – we have added further evidence for NMES
- p. 16, second paragraph – we have more specifically referenced the evidence for early mobility and physiotherapy in critically ill patients
- p. 18, second paragraph – we have added more information for considerations for complications post-transplant

The authors only use references to support partially their statements. For example: The 6MWT is reassessed regularly post-transplant,5 to monitor changes in exercise capacity and exertional oxygen saturation, which may change over time particularly in cases of chronic rejection. Although the majority of exercise training programs occur in the first three to four months following transplant, longer-term exercise training may provide additional benefits. Here, they support by a reference the first statement from the first phrase. However, in the

next sentences there are some pretty specific information that are not supported by references, and they should - who said that oxygen saturation changes over time, especially in patients with chronic rejection?

We have removed the phrase regarding chronic rejection (p. 19).

Who said that longer term exercise training can provide additional benefits?

We have included a reference regarding the benefits of long term exercise training in lung transplant recipients (Langer et al. 2012); p. 19.

There are numerous parts of the tables without any references, that should be present in a proper scientific review. - without a proper correlation with the scientific literature, I find very hard to follow the information, and especially to check it for consistency.

We agree with the reviewer and have added references to specific sections in Table 1 (references to specific tests and outcomes) and Tables 2-4 (references to specific exercise prescription methods).

There are some grammar and spelling errors - see centres from the second paragraph in the introduction (it should be centers, repeated in other parts), or plantarflexors - should be plantar flexors

The spelling of words such as “centre” and “metre” have been changed to “center” and “meter” throughout the manuscript.

Other Editorial changes

page 1. we have added postal codes to all of the institution addresses

page 1. we have added an additional co-author, Margaret Herridge, who provided expertise in the area of critical care of patients, pre- and post-transplant

page 1. we have added the Open Access statement.

The reference format has been changed to superscript with square brackets throughout.

Figure 1 has been changed to an editable format.

Reference list has been updated to include PubMed identification numbers (PMID) and document identifiers (DOI).