

Peer Review File

Article information: <http://dx.doi.org/10.21037/apm-20-2014>

Reviewer #1

Comment1: Please report the percentage of patients who improved significantly following PR and compare this with literature values on patients who did not receive PR for severe disease. This is an important difference to show that PR does actually have an impact.

Reply 1: In the parts of “Results, Points 3”, we had add descriptions of the investigated respiratory symptom prevalence which were primary outcome measures at different time points (see Page 7, line 201-207). Since the symptoms improved and the mMRC and ADL score decreased after the PR, we concluded that PE have positive effect on patients with COVID-19.

In the parts of “Discussion”, we have add the literature values on patients who did not receive PR, (see Page 9, line 239-244,247-248). Compared with our results, We can conclude that PR does actually have an impact on the remission of symptoms.

Special thanks to you for your good comments.

Reviewer #2

Comment 1: Introduction is valid, well planned, referenced and contextualized. I don't think it is correct to call Shi's method to a PR exercise.

Reply 1: In the part of “Introduction”, we deleted the “Shi's method” (see Page 2,line 94-95) and replaced it with “breathing method”.

Comment 2: Study Design: interventions should be referenced where possible, at least with similar studies. Is psychotherapy useful? you need references, to validate your contribution to the protocol.Safety procedures??

Reply 2: In the part of “Study Design”, we added references to support the methods of PR (see Page3-4,reference 16,17,18,19) and illustrated the safety procedures (see Page 4, line 144-149).

Comment 3: Data Collection and Assessment: Outcome measures must be presented,

explained and referenced one by one. The current format is invalid.

Reply 3: We have modified the “Data Collection and Assessment” and added the “Primary outcome measures” and “Secondary outcome measures” and explained them one by one (see Page 5, line 153-170).

Comment 4: Results: Points 2 and 4 provide too much data that is duplicated with the tables. It is not reported whether or not side effects have occurred. Table 2 provides numerous parameters, they should at least highlight the most important ones.

Reply 4: We have removed the duplicated results in Points 2 and Points 4 and deleted unimportant results from Table 2. We have supplemented the number of patients who occurred side effects in the end of Point 1 of Results (see Page 6, line 186-188).

Comment 5: Discusión: L201-205 Duplicate information that does not contribute anything, references to authors must include the year. L210-218 There is no argument, why is the inflammatory component reduced with PR? The discussion in general is very superficial, it does not provide reasoning. Study limitations are not mentioned, study strengths are not mentioned.

Reply 5: We have a modification of “Discussion” and provide more reasoning to make it richer (marked in red). Firstly, in the beginning of “Discussion”, we have deleted part of the original content and added the reason why PR is crucial for severe and critically ill patients (see Page 8, line 216-221). Secondly, we have added the illustration about why inflammation decreased after PR (see Page 8-9, line 228-234). Meanwhile, we have mentioned the strengths and limitations (see Page 12, line 295-305).