OPEN PEER REVIEW

Open Peer Review (OPR)

As a new feature for progressing towards transparency, we decided to open a new window for all of our editors as well as authors titled "**Open Peer Review**". We hope by this new facility, our reviewers will be more motivated and authors will be more satisfied with the review process. We believe that publishing our peer review reports could make a transparent and clear environment for all our efforts within a journal, but not all reviewers tend to publish their comments.

What is "Open Peer Review" process?

An "Open Peer Review" process is making the details of all review process (including reviewers, associate editors, and EICs comments) as "Public" as it is agreed by EIC, Authors, and reviewers.

Advantages of "Open Peer Review" process

- More transparency, constructiveness and tactful comments of the peer review process: leads to an increase in the quality of reviews
- More motivations for all involved roles in the review process
- Authors' satisfactions from the review process: Increases honesty between authors and reviewers
- Education of both authors and new students
- Prevents reviewers from following their individual agendas and leading to the detection of reviewers' conflicts of interests

You can find out more at:
https://sites.kowsarpub.com/kowsar/knowledgebase/category/tree.html#opr.html

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Peer Review Report for "Exercise for Cardiovascular Disease Patients: The New Normal Life in COVID-19 Pandemic"

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Review Timeline:

Submit Date:	9 Dec 2020
Revised Date:	8 Mar 2021
Accepted Date:	16 Apr 2021

Revision (0)

Here, you can see the **Reviewers**, **Associate Editors** and **EICs'** comments from the beginning to the end of the revision process.

REFEREE: Reviewer | **Revision** (0)

17 Jan 2021

Dear AE,
In my opinion, the subject of the paper is interesting but there are some points that should be considered, which are as follows
1- What do you find more compelling than similar articles, including the following?
Cardiac Rehabilitation During Quarantine in COVID-19 Pandemic: Challenges for Center-Based Programs Arch Phys Med Rehabil. 2020 Oct; 101(10): 1835–1838.
Published online 2020 Jun 27. doi: 10.1016/j.apmr.2020.06.004
Exercise-based cardiac rehabilitation in COVID-19 times: one small step for health care systems, one giant leap for patients Rev Esp Cardiol (Engl Ed). 2020 Nov; 73(11): 969–970.
Published online 2020 Aug 15. doi: 10.1016/j.rec.2020.07.002
Home-Based Cardiac Rehabilitation
A Scientific Statement From the American Association of Cardiovascular and Pulmonary Rehabilitation, the American Heart Association, and the American College of Cardiology
Circulation. 2019;140:e69–e89. DOI: 10.1161/CIR.0000000000000663
2- There is no definition of abbreviations, please include the definition of abbreviations in the text
3- Is it necessary to perform the physical examination before starting a home-based

exercise program?
4- What does the online evaluation form include?
5- What does face-to-face education include?
6- What is the criterion for assessing the physical status of individuals to prescribe strength and aerobic exercises?
Thanks.

REFEREE: Associate Editor | **Revision** (0) 17 Jan 2021

Dear EIC,
The manuscript is studied, and there are some comments which should be addressed by the author. According to the comments, the document needs major revision.
Kind regards,

REFEREE: EIC | **Revision** (0) 17 Jan 2021

Dear Author,
Thank you for submitting your manuscript to Asian J Sports Med. Your manuscript has now been reviewed by a reviewer and an Associate Editor. I now have the reports of the Referees, which suggest that your manuscript might be suitable for publication following a number of revisions. I attach some reviewer comments and invite you to submit a revised version of your manuscript addressing the points made.
Thanks.

OPEN PEER REVIEW

Revision (1)

Reply to Reviewers

Ideally, the reviewing process can significantly improve the submitted manuscripts by allowing the authors to take into account the advice of reviewers. Author(s) must reply to all reviewers' comments in a separate Word file, point by point. A "**Reply to Reviewers**" document is submitted along with revised manuscript during submission of revised files, summarizing the changes that the authors made in response to the reviewers' comments. The responses to reviewers' comments specifies how the authors addressed each comment the reviewers made.

You can read the authors' responses to the reviewers' comments in the next page.

In this article:

Cardiac Rehabilitation During Quarantine in COVID-19 Pandemic: Challenges for Center-Based Programs Arch Phys Med Rehabil. 2020 Oct; 101(10): 1835–1838. Published online 2020 Jun 27. doi: 10.1016/j.apmr.2020.06.004

It is pointed that in this situation using existing and available facilities like smartphones and applications,... go towards telemedicine. And more suggestions are for low-risk patients. It is also suggested real-time monitoring if needed but it has its specific prescription.

But our solution is wider than these articles and does not merely focus on cardiac rehabilitation but our goal is to increase physical activity and reduce the risk of disease (Mild risk patients without monitoring in low risk and safe environment could do low-intensity physical activity.)

In article 2:

Exercise-based cardiac rehabilitation in COVID-19 times: one small step for health care systems, one giant leap for patients Rev Esp Cardiol (Engl Ed). 2020 Nov; 73(11): 969–970. Published online 2020 Aug 15. doi: 10.1016/j.rec.2020.07.002

It is suggested to transfer of rehabilitation to home and focus on using the virtual method.

Article 3:

***Is our 5th reference**.*

In our paper, risk assessment is performed virtual and vital sign measurement by patients if needed. In case of any doubt, the exercise is not given to the patient.

In online evaluation, we use risk stratification forms, according to the American Association of Cardiovascular and Pulmonary Rehabilitation criteria, the patients were initially stratified into 3 groups of low, moderate, and high risk. The goal was to prescribe a low intensity of exercise (rating of perceived exertion (Borg Scale) of 8 to 10 out of 20).

In the face-to-face evaluation, recommendations are based on patient capabilities. In assessing the physical status of individuals we do not discuss because our article is a letter and we did not discuss all the topics. We discussed mainly the safety of home-based exercise in table 1 and with regards to low-intensity exercise recommended in low-risk patients no further assessment is needed. In moderate to high-risk patients referred for assessment is critical and supervised exercise should be prescribed.

Our goal is to keep active patients with low-intensity exercises (MET<3).

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Revision (1)

Here, you can see the **Reviewers**, **Associate Editors** and **EICs'** comments from the beginning to the end of the revision process.

REFEREE: Reviewer | **Revision** (1) 28 Feb 2021

Dear AE,
I was not completely convinced. In my opinion, the subject of the paper is interesting, but there are some points that should be considered, which are as follows
1- What do you find more compelling than similar articles, including the following?
Cardiac Rehabilitation During Quarantine in COVID-19 Pandemic: Challenges for Center-Based Programs Arch Phys Med Rehabil. 2020 Oct; 101(10): 1835–1838.
Published online 2020 Jun 27. doi: 10.1016/j.apmr.2020.06.004
Maintaining a minimum of physical activity during the COVID-19 crisis is essential for cardiac patients with the advice of the medical team who can offer remote home-based supervised exercise training"
"Remote home-based CR program
Recent developments in telemedicine with telecommunications (e.g. virtual consultations, remote patient monitoring) and the multiple smartphone applications have led to the emergence of new strategies supplementing the conventional services offered in rehabilitation centers."
"Virtual home-based CR could be an alternative to rehabilitation carried out in a specialized center, especially for low-risk patients".
2- What does the online evaluation form include? There are no references at the table .
Thanks.

REFEREE: Associate Editor | **Revision** (1) 1 Mar 2021

Dear EIC,
Thanks for submitting this manuscript to the Asian Journal of Sports Medicine for consideration of publication. The second round of peer review of the manuscript is complete. At this time, the manuscript needs minor revision.
Sincerely,

REFEREE: EIC | **Revision** (1) 2 Mar 2021

Dear Author,
Thank you for submitting your manuscript to Asian J Sports Med. Your manuscript has now been reviewed by a reviewer and an Associate Editor. I now have the reports of the Referees, which suggest that your manuscript might be suitable for publication following a

number of revisions. I attach some reviewer comments and invite you to submit a revised version of your manuscript addressing the points made.

Thanks.

OPEN PEER REVIEW

Revision (2)

Reply to Reviewers

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You can read the authors' responses to the reviewers' comments in the next page.

Dear reviewer 1:

In both articles pointed to the closure of the cardiac rehabilitation centers and decrease physical inactivity due to the COVID-19 pandemic and quarantine situation. In cardiac patients, a sedentary lifestyle is a major risk factor that can exacerbate underlying depression and anxiety. The solution for this problem is to increase home-based physical activity using existing and available facilities like smartphones and applications.

In that article, more suggestions are for low-risk patients. It is also suggested real-time monitoring if needed but it has its specific prescription.

But our solution is wider than that article and does not merely focus on cardiac rehabilitation but our goal is to increase physical activity and reduce the risk of disease (Mild risk patients without monitoring in low risk and safe environment could do low-intensity physical activity.) In our article which had word restriction because of the letter structure, we did not go into the details.

In our paper, risk assessment is performed virtual and vital sign measurement by patients if needed. In case of any doubt, the exercise is not given to the patient. In online evaluation, we use risk stratification forms, according to the American Association of Cardiovascular and Pulmonary Rehabilitation criteria, the patients were initially stratified into 3 groups of low, moderate, and high risk. The goal was to prescribe a low intensity of exercise (rating of perceived exertion (Borg Scale) of 8 to 10 out of 20). In the face-to-face evaluation, recommendations are based on patient capabilities. In assessing the physical status of individuals we do not discuss because our article is a letter and we did not discuss all the topics. We discussed mainly the safety of home-based exercise in table 1 and with regards to low-intensity exercise recommended in the low-risk patient's no further assessment is needed. In similar articles, these did not discuss safety and we have designed a small and good table that people can easily refer to assess the safety of exercise in this particular group. In moderate to high-risk patients referred for assessment is critical and supervised exercise should be prescribed. Our goal is to keep active patients with low-intensity exercises (MET<3).

And the references for online evaluation form included.

OPEN PEER REVIEW

Revision (2)

Here, you can see the **Reviewers**, **Associate Editors** and **EICs'** comments from the beginning to the end of the revision process.

REFEREE: Reviewer | **Revision** (2) 11 Apr 2021

Dear AE,
In my opinion this is an interesting topic, but similar to this issue has already been done in a much more accurate way.
Thanks.

REFEREE: Associate Editor | **Revision** (2) 11 Apr 2021

Dear EIC
Based on the authors' answers to the reviewers' comments, the reviewer(s) have recommended publication.
Kind regards.

REFEREE: EIC | **Revision** (2) 16 Apr 2021

Dear Author,
The second round of peer review of your manuscript has been completed, and I am pleased to inform you that your manuscript has now been accepted for publication in our journal.
Thanks.