

The SEPRP consisted of a structured written curriculum delivered two-hours per week over 8 weeks. An overview of the programme content is presented below (Table 1). The supervised exercise component comprised of 10 exercise stations tailored to each participants needs. Each participant initially was encouraged to aim to perform 3 sets of 8-10 repetitions at each station for a maximum of 3 minutes. The prescription and progression of intensity of the exercise programme was calculated based on the number of repetitions completed and the BORG rating of perceived exertion scale. Participants were encouraged to exercise until they attained a level 4 on the BORG scale i.e. experienced a moderate level of breathlessness and once a participant could perform 3 sets of 8-10 repetitions easily in one go then the exercise was progressed by increasing the weight or the number of repetitions. We also encouraged participants to complete a home exercise programme weekly and to record these activities in a home exercise diary (Table 2). The physiotherapist reviewed the home exercise diary each week prior to the participant commencing the supervised exercise programme. The aim of the exercise diary was to promote behavior change in terms of integrating exercise into participant’s daily lives. Compliance with the home exercise programme was not recorded formally although anecdotal data from physiotherapists and data from the qualitative interviews suggest that most participants engaged in the home exercise and increased their physical activity.

The research team members audited and observed one of the 2-hour sessions delivered at each intervention site to ensure that the programme was delivered consistently. Four weeks after completing the intervention, the practice nurse telephoned participants to provide positive reinforcement and support participants in adhering to the programme. Ten weeks after completing the programme, we invited participants to attend the same intervention site for a 1-hour group follow up session delivered by the practice nurse. The aim of this session was to assist participants in evaluating their progress, praise achievements, and support them in continuing with the programme.


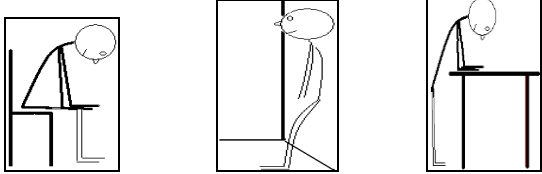
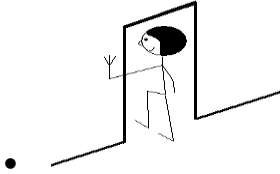
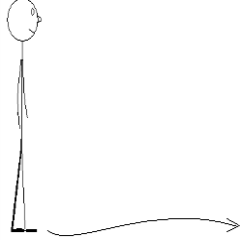
Table 1: Content of the PRINCE structured education pulmonary rehabilitation programme

Week	Content	Educator
------	---------	----------

Week 1	Setting the scene	Practice Nurse
	Introduction to exercise	Physiotherapist
Week 2	Managing medications	Practice Nurse
	Exercise programme	Physiotherapist
Week 3	Exercise programme	Physiotherapist
	Exercise programme	Physiotherapist
Week 4	Managing breathlessness	Practice Nurse
	Exercise programme	Physiotherapist
Week 5	Knowing and managing your symptoms	Practice Nurse
	Exercise programme	Physiotherapist
Week 6	Recognising and managing acute exacerbations	Practice Nurse
	Exercise programme	Physiotherapist
Week 7	Exercise programme	Physiotherapist
	Managing stress and anxiety	Practice Nurse
Week 8	Exercise programme	Physiotherapist
	Where to now?	Practice Nurse

Table 2: Home exercise diary (example)

Exercises for home (Week 2)

<p>Pursed lip breathing + Positions of ease</p>	<ul style="list-style-type: none"> Practice regularly every day Use when you become breathless <p>Pursed Lip Breathing</p>  <p>Positions of Ease</p> 
<p>Warm-up</p>	<ul style="list-style-type: none"> 5 minute walk at 1 - 2 on Borg Scale Stretch; 1 stretch, 2 times this week  <ul style="list-style-type: none"> Hold for 20 seconds, repeat 3 times
<p>Walk</p>	<ul style="list-style-type: none"> Walk for 20 minutes (overall) each day at 4 on Borg Scale 2-3 times this week 
<p>Exercises</p>	<ul style="list-style-type: none"> 3 sets of 8 repetitions of each arm and leg exercises 1 time this week.
<p>Cool down</p>	

	<ul style="list-style-type: none">• 5 minute walk (gradually slow down)
--	---