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Reply to Gagnon *et al*.

From the Authors:

We thank Dr. Gagnon and colleagues for their interest and comments. Because of the constraints of a research letter, we were not able to provide all the details of the telehealth intervention. Briefly, each video session was designed to mimic the components of center-based pulmonary rehabilitation (PR) and lasted 45 to 60 minutes. The sessions included stretching and breathing exercises for approximately 10 minutes; aerobic exercises using a foot peddler or walking for 10 and 20 minutes in those with low and high baseline functional capacity, respectively; and strength training with stretch bands for 10 minutes. Educational sessions were interspersed between these exercise periods. We agree with Dr. Gagnon and colleagues that the interval between the initiation of PR and 30 days is short, and thus we may not see meaningful changes in functional capacity. The 30-day time point was chosen based on our primary outcome of hospital

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readmission (1). We disagree that the higher proportion of patients on domiciliary oxygen in the group exposed to PR may have contributed to improved outcomes, as this suggests more severe and perhaps less-responsive disease. We acknowledge that the study was not randomized and that we did not collect data on the number of patients approached and reasons for patient refusal to participate. These limitations in part underlie our call for well-conducted randomized trials to test the efficacy of our intervention. They also make a case that behavioral changes could have had a significant impact. Although we did not systematically study this in both groups, the emotional guardedness domain of the psychosocial risk factor survey did improve with telehealth PR (2). ■

Author disclosures are available with the text of this letter at www.atsjournals.org.

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The Controversies and Difficulties of Diagnosing Primary Ciliary Dyskinesia

To the Editor:

We welcome the correspondence from Lavie and Amirav (1), highlighting the difficulties diagnosing primary ciliary dyskinesia (PCD) and the role of high-speed video analysis (HSVA). As members of the European Respiratory Society (ERS) PCD Diagnostic Task Force (2) and/or large PCD Centres, we agree that HSVA has an important role that is not recognized by the American Thoracic Society (ATS) PCD Diagnostic Guideline (3). This risks a large

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