

I commend the authors on an interesting and important study assessing the effect of agility training on balance and strength in older adults. I understand that the study was a randomised pilot in nature and only certain inferences can be made with a small sample size, but I believe it could be strengthened further, particularly by including more details about the interventions. My comments are outlined below:

Abstract

I'm not sure that cutting manoeuvres necessarily reflect real-life challenges – although certainly worthwhile to have in the training program

Introduction

Line 51: independence rather than independency

Line 54: I suggest you include “potentially” severe – as not all falls are severe

Line 62: criticized why – expand this point as I think you are trying to say that this is too time consuming/burdensome to be feasible for many?

Line 74: what was found by this agility construct?

Methods

Line 110: changes parcours to course/courses for readability in English

Line 110-118: please include Figures/tables to illustrate the precise components of these parcours/courses and provide details of each of the four courses to allow for future replication/modification. For example, did the first course simply require participants to walk quickly around poles? Please provide details of sets/ reps of each task in the courses and the progressions applied for each course (I think this could be best achieved with an additional table).

Line 122-128: please provide more information regarding specifics of control group to allow for future replication and to gauge whether control intervention matches intensity/difficulty of other resistance/balance training programs. For example, intensity of resistance training (eg. % of 1RM) and which exercises were performed. I note you mention this as a limitation and perhaps you can't accurately compare the agility dose but information regarding footfalls, sets, reps would be very helpful.

Line 180: please justify why only ankle strength/RTD was assessed for lower limb

Line 215: be careful only using this reference as there has been much debate about these descriptions/interpretations of effect size.

Line 216: please provide a little more information regarding statistics used in R – readers that are R savvy will understand these packages but they will not make sense to many readers when presented in isolation.

Results

Line 243: these between group differences are of most interest. Once again, I would caution using some of these descriptive “magnitude-based inference” terms (eg. Trivial) in the absence of any clinical reference.

Discussion

Line 269 onwards: when identifying key results please refer to minimum clinically important differences for the outcomes you've assessed so the reader and clinician can better understand if an 81m improvement in 6MWT or 76mm change in static balance is important.

Line 273: provide some context for this statement to guide the reader, what is considered "high fitness levels"?

Line 297: this sentence is confusing – the agility group did increase 6MWT more than control group, I'm not sure what point you are trying to make here. I understand that the agility group may have been able to turn more quickly during the test due to their agility training, which would possibly mean that the actual endurance (cardiovascular) benefits might be less with agility training and the gains are more attributed to their ability to turn quickly?

Table 1 – any further information re characteristics – eg. Medications. I assume that participants weren't undertaking any other scheduled exercise?

Table 3 – ensure that Table 3 legend comes after table. Convention is L = left and R = right rather than le and ri.