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Of the 473 respondents, 84.4% were female, 15.2% male and to all Irish primary schools and shared on social media. SPSS to enhance their PE provision. A link to the survey was emailed technique and included 57 questions to examine Irish primary practises related to PE amongst Irish primary school teachers.

Methods
This study provides a comprehensive overview of the program implementation in new contexts and the direction of dissemination process of an effective school-based program. From an initial evaluation of the dissemination process, several iteration approaches (e.g., reliable and valid indicators of evidence-informed PA school-based interventions conducted on adolescents in Europe, with the support of the family and the community (Murillo et al., 2014). The main aim of this study is to describe and analyze the process of dissemination of the ‘Sigue la Huella’ (Follow the Footprint), is one of the few effective interventions. The ‘Sigue la Huella’ was implemented at one secondary school situated in Jaca/Huesca (Spain). The Replicating Effective Paradigms (Koorts et al., 2018).

Background
Although exercise training is an important component of pulmonary rehabilitation (PR) in chronic obstructive pulmonary disease (COPD), a majority of COPD patients fails to maintain training after PR. This study aimed to evaluate the effectiveness and implementation of a 12-months home-based, minimal equipment strength exercise programme.

Methods
Parallel arm, multicentre study across four Swiss PR clinics, random allocation of COPD patients (1:1 ratio) into intervention (IG) or control group (CG, usual care). Primary outcome was change in dyspnoea (Chronic Respiratory Questionnaire, CRQ) from baseline to 12-months, secondary outcomes change in exercise capacity (1-minute-sit-to-stand-test [1-min-STST]), 6-minute-walk-test [6MWT]), health-related quality of life, exacerbations and symptoms. Main effectiveness analyses were based on the intention-to-treat approach and adjusted linear regression models were used. To assess the implementation outcomes dose, reach, fidelity, adherence, acceptability and appropriateness, we conducted interviews with patients, coaches and stakeholder and analysed reports, diaries and notes.

Results
123 patients (IG: 61, CG: 62) were randomised, 61 females, mean (SD) age 66.8 (8.1) years, and 104 participants completed 12-months follow-up (IG: 53, CG: 51). Of 53 IG participants, 37 (70%) conducted the training until study end. We found no difference in change of CRQ dyspnoea over 12 months (adjusted mean difference 0.28, 95% CI -0.23-0.80, p = 0.27). We found moderate evidence for a difference in 1-min-STST repetitions favouring the IG (adjusted mean difference 2.6 (95% CI 0.22-5.03, p = 0.033) but no evidence for an effect in other outcomes.

All involved groups perceived the strength-training exercises as appropriate, efficient for COPD patients and relevant to maintain improvements after PR. The patients’ most
important facilitators for long-term motivation were self-perceived improvement in strength, supervision by a coach and integration of the training in daily routine. Based on these insights, we redesigned and reworded the training material and introduced three new exercises.

Conclusions
The exercise program had no effect on dyspnoea but improved 1-min-STST performance and patient-perceived fitness. The results from the insights of the involved persons enabled us to optimize the program for sustainable further use in clinical and other settings and inform the future design of patient-centred home-based exercise programs in COPD.

Keywords: COPD, home-based exercise training, randomised controlled trial, effectiveness, implementation evaluation