

Erratum

Role of preoperative pain, muscle function, and activity level in discharge readiness after fast-track hip and knee arthroplasty

Bente Holm^{1,2}, Thomas Bandholm^{2,3,4}, Troels Haxholdt Lunn⁵, Henrik Husted^{3,1}, Peter Kloster Aalund⁶, Torben Bæk Hansen^{7,1}, and Henrik Kehlet^{1,8}

¹The Lundbeck Center for Fast-track Hip- and Knee Arthroplasty, ²Physical Medicine and Rehabilitation Research – Copenhagen (PMR-C), Department of Physiotherapy, ³Department of Orthopedic Surgery, ⁴Clinical Research Center, and ⁵Department of Anesthesiology, Copenhagen University Hospital, Hvidovre, Copenhagen; ⁶Departments of Occupational and Physical Therapy and ⁷Orthopedic Surgery, Holstebro Hospital, Holstebro; ⁸Section for Surgical Pathophysiology, Copenhagen University Hospital, Rigshospitalet, Copenhagen, Denmark.

Correspondence: henrik.kehlet@regionh.dk

Submitted 2014-01-20. Accepted 14-04-17

Erratum to Acta Orthop 2014; 85 (5): 488-492, doi: 10.3109/17453674.2014.934186

Unfortunately, an erratum to Acta Orthop 2014; 85 (5): 488-492, doi: 10.3109/17453674.2014.934186, is required as some descriptive values in Table 1 are incorrect. The error happened as means and standard deviations were erroneously calculated from spread sheet-cells with letter formatting for some cells instead of number formatting for all cells. Hence, these cells and their values were not included in the calculation of the means and standard deviations presented in Table 1, and the TKA sample was miscalculated to 75 instead of 78 patients. The corrected Table 1 is inserted. Based on the above, the first sentence in the abstract in the “Methods” paragraph should read: “Before surgery, hip pain (THA) or knee pain (TKA), lower-extremity muscle power, functional performance, and physical activity were assessed in a sample of 153 patients and used as independent variables to predict the outcome (dependent variable) – readiness for hospital discharge – for each type of surgery. Discharge readiness was assessed twice daily by blinded assessors”. In the paper, the last sentence of the paragraph entitled “Patients and study design” should read: “The case report form was not filled out in 1 patient, which is why the final sample comprised 153 patients (75 THA and 78 TKA) (Table 1)”.

The prediction analyses, however, are correct and performed for all collected data. These analyses were performed in a later step with correct formatting of all cells, using different software that automatically detected the correct cell formats. Hence, the error outlined above was not transferred to the analyses, but the remainder of the paper remains correct.

Table 1. Patient characteristics before surgery. Values are mean (SD)

Variable	THA (n = 75)	TKA (n = 78)
Age, years	67 (9.1)	65 (9.6)
Height, cm	171 (7.4)	170 (7.4)
Body mass, kg	84 (18)	88 (16)
BMI, kg/m ²	29 (5.0)	31 (5.2)
Gender, (F/M)	44/31	51/27
Leg-press power, W/kg	1.4 (0.7)	1.2 (0.7)
Timed Up & Go, sec	10 (3.8)	9.3 (2.3)
HOOS-pain, points	46 (18)	–
HOOS-symptoms, points	43 (19)	–
HOOS-ADL, points	48 (18)	–
HOOS-sport/rec, points	29 (21)	–
HOOS-QOL, points	32 (17)	–
KOOS-pain	–	46 (16)
KOOS-symptoms, points	–	56 (20)
KOOS-ADL, points	–	52 (17)
KOOS-sport/rec, points	–	17 (20)
KOOS-QOL, points	–	30 (17)
METtotal, METs	45 (12)	43 (12)

THA: total hip arthroplasty;
TKA: total knee arthroplasty;
BMI: body mass index;
HOOS: hip dysfunction and osteoarthritis outcome score;
KOOS: knee injury and osteoarthritis outcome score;
MET: metabolic equivalent of task.