Correction to: Enhanced Effective Connectivity Between Primary Motor Cortex and Intraparietal Sulcus in Well-Recovered Stroke Patients

In the article by Schulz et al, “Enhanced Effective Connectivity Between Primary Motor Cortex and Intraparietal Sulcus in Well-Recovered Stroke Patients,” which published online on January 7, 2016, and appeared in the February 2016 issue of the journal (Stroke. 2016;47:482–489. DOI: 10.1161/STROKEAHA.115.011641), a correction was needed.

The second paragraph of the Results section, titled “Task-Related Focal Brain Activation,” and Supplemental Table I included the averaged peak coordinates of the subject-specific analysis but not, as stated, the average peak coordinates at group-level derived from the second level SPM analysis. The corrected text now reads: “In stroke patients, the blood oxygenation level–dependent signal at group level significantly increased during hand grip in ipsilesional M1 (MNIx/y/z: −36/−22/52), PMv (−50/6/32), and SMA (−4/−4/56). … Moreover, there was also significant activation both in aIPS and cIPS, more on the ipsilesional than contralesional hemisphere. The ipsilesional group-level peak coordinates were −36/−42/54 for aIPS and −24/−64/54 for cIPS.” Accordingly, Supplemental Table I was revised for stroke patients and controls.

In Table 1, the initial UEFM score of patient 1 was corrected to 37, and the initial NIHSS value was changed from 2 to 0 for patient 5. For patient 14, the UEFM value was changed from 59 to 58. Accordingly, the results of the correlative analyses with the coupling estimates were corrected in Supplemental Table V.

This correction has no impact on the statistical results and conclusions of the study.

This correction has been made to the current online version of the article, which is available at http://stroke.ahajournals.org/content/47/2/482.
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