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ERRATUM

Erratum to: Biofield Therapies: Helpful or Full of Hype? A Best Evidence Synthesis

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The original version of this article, which published in volume 17, issue 1 (Spring 2010), contained some errors in the text and online supplementary tables. The errors in the text are:

1) In the "Results" section, under the subheading "Hospitalized and Postoperative Patients," the second sentence should read: "Five studies (four high quality and one low quality, using..." as opposed to "Six studies, (five high qualities and one low quality..."
2) In the "Results" section, under the subheading "Best Evidence Synthesis", the first line of the second paragraph should read: "All 66 studies (separated by population/ailment studied) are presented in Tables 4a, b, c, d, e, f, g, h as electronic supplementary material." (as opposed to "All 67 studies...").
3) In the "Results" section, within the first paragraph of the second column on page 13, the sentence should read "It should be noted that of 66 studies....", as opposed to "It should be noted that of 67 studies".

The online version of the original article can be found under http://dx.doi.org/10.1007/s12529-009-9062-4.

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Study Reference	Patient Population (N, gender, ethnicity)	Intervention(s) (duration, design)	Biomarkers/functional measures examined	Psych and other outcome variables	Results	Study +/−	Comments
Aghabati, Mohammadi, Esmaiel (2009)	90 hospitalized female cancer patients undergoing chemotherapy (mean age=41; ethnicity not reported)	B/wn Ss design TT (n=30)	None	VAS for acute pain Rhoten Fatigue Scale (VAS-based)	TT group had significantly reduced pain and fatigue scores over the	+ placebo and standard care controls	Only one TT practitioner used, experience unclear
						+ adequate sample size	
		Mock TT (n=30) Control (standard care) (n=30)				+ assessed for covariates between groups	
		TT and mock TT administered for 30 min in the morning for 5 days, during patients' hospitalization and receiving of chemotherapy					

The errors in the online supplementary tables are:

1) Table 4b (Cancer Studies) is missing a study, which should be placed after Smith et al., and before Olsen et al. Specific verbiage and format follows:

(Please note that the table currently linked to Table 4d for dementia patients is actually the CORRECT table for 4b; that is, this table is for cancer patients and includes the Aghabati et al. study placed correctly in the table).

2) Table 4d (Dementia studies) is incorrectly linked to another table (see above). The table for 4d should be as indicated on the following page:

3) Table 4g (Student Populations) includes a study by Woods & Dimond, 2002 on Alzheimer's patients and should not appear in this table.

Table 4d. Biofield studies conducted with dementia patients, in order of total quality ratings (highest to lowest). Problematic studies marked with an asterisk (*). *(TT = Therapeutic Touch)*

Study Reference	Patient Population (N, gender, ethnicity)	Intervention(s) (duration, design)	Biomarkers/functional measures examined	Psych and other outcome variables	Results	Study +/−	Comments
(Woods et al., 2005)	57 Moderate to severe patients with dementia,mean age=41, female = 46, male=11, 56 Cacuasian, 1 Asian	B/wn Ss design	None	Modified Agitated Behavior Rating Scale (MABRS) – 6 subscales	Group difference on percent change for overall behavioral symptoms of dementia; TT group showed significant reductions in vocalization and manual manipulation subscales compared to control group	+ placebo control	Well-delineated efforts to maintain blinding of patients and staff
		TT (n=19)				+ control group	
		mimic TT (n=19)				+ good design to maintain blindness of 3condition both for participant and staff	
				6 observers blinded to condition conducted evaluations using above questionnaires			
		no-treatment control (n=19)			No significant difference mimic TT and control or TT groups on MABRS	+ reliable/valid measure	

(continued)

Study Reference	Patient Population (N, gender, ethnicity)	Intervention(s) (duration, design)	Biomarkers/functional measures examined	Psych and other outcome variables	Results	Study +/−	Comments
		TT administered with contact on neck and shoulders; 2×/day for 3 days, length of session 5–7 min. 3 TT practitioners, with 5–8 years experience; 3 research assistants blinded to study purpose conducted mimic TT.				+ tested for inter-rater reliability of MABRS	
						+ alpha control for multiple comparisons in subscales	
						- only one outcome measure used	
(Simington & Laing, 1993)*	105 institutionalized elderly (34 male, 71 female; all Caucasian; mean age=75)	B/wn Ss design	None	State Trait Anxiety Inventory (STAI)	TT group showed significantly lower mean STAI score than back rub by non-TT practitioner	+ placebo and control groups	TT administered "in the form of a back rub" for very short duration (3 min)
		TT (in form of back rub, given by TT practitioner) (n=34)			No significant difference between TT group and group who received back rub by TT practitioner; no significant difference between back rub by TT practitioner and back rub by non-TT practitioner	- suboptimal statistical analysis	Rated problematic due to no report of means and SD, as well as improper analysis (t-test on mean STAI posttest score, instead of between-groups repeated-measures ANOVA)
		Back rub (given by nurse practitioner, who attempted not to administer TT) (n=37)					
		Back rub (given by registered nurse who was not practicing TT) (n=34)					
		3-minute sessions, 2× daily for 2 weeks					
(Woods & Dimond, 2002)	10 resident special care patients with AD; male=3, female=7; mean age = 79, all Caucasian	W/in Ss design	salivary & urine morning cortisol	agitated behavior overall and subscales (ABRS, trained nursing student rated)	Sig decrease in overall agitated behavior and vocalization, pacing subscales	+ assessed interrater reliability, good quality control	authors report on repeated measures analysis for 6 timepoints
		TT for 5–7 min, 2× day for 3 days			No sig change in cortisol over entire duration of tx	+ observers were blinded to study purpose	
						+ control for diurnal variation of cortisol	salivary and urine cortisol changes from baseline to initial treatment suggest some initial intervention effect
						- small sample size (but assessed over 6 timepoints)	
						- no control group	

(continued)

Study Reference	Patient Population (N, gender, ethnicity)	Intervention(s) (duration, design)	Biomarkers/functional measures examined	Psych and other outcome variables	Results	Study +/−	Comments
Crawford, Leaver, & Mahoney (2007)*	24 patients with Alzheimer's disease (age range 60–80; females=16, males=8; 11 Native American, 13 Caucasian)	B/wn Ss design	None	Annotated Mini-Mental State Examination (AMMSE)	Significant pre-post differences between groups on RMBPC total score, but not AMMSE	+ control group	Brief report; noted problematic because no means or standard deviations reported
		Reiki (n=12)_		Revised Memory and Behavior Problems Checklist (RMBPC)		+assessment of baseline differences on demographic variables	
		Control (n=12)			Individual items analyzed for each measure; AMMSE showed no differences between groups for any item; RMBPC showed significant differences in 8 of 24 questions	- no alpha control or multiple (individual item) comparisons	
		Sessions were 30 min in duration, once a week for 4 weeks					
		Reiki administered by 2 Reiki Masters					