

Corrigendum

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Following publication of the Research Article by Craig T Hartrick, Jeffrey Abraham & Li Ding titled ‘Ease-of-care from the physical therapists’ perspective comparing fentanyl iontophoretic transdermal system versus morphine intravenous patient-controlled analgesia in postoperative pain management’, which appeared in the November 2016 issue of *Journal of Comparative Effectiveness Research* (*J. Comp. Eff. Res.* 5[6], 529–537 [2016]), it has been brought to our attention the headings in [Table 1](#) were incorrectly printed. The correct table headings are shown here:

Table 1. Overview of included studies and subject characteristics (evaluable for efficacy population).				
Parameter	Grond [20]		Hartrick [21]	
	Fentanyl ITS	Morphine iv. PCA	Fentanyl ITS	Morphine iv. PCA
Location	Europe		USA	
Surgery type	Orthopedic, abdominal, pelvic, general		Hip replacement	
Evaluable population (n)	322	334	389	397
Sex, n (%):				
– Female	184 (57.1)	190 (56.9)	204 (52.4)	202 (50.9)
– Male	138 (42.9)	144 (43.1)	185 (47.6)	195 (49.1)
Age (y), mean (SD)	53.4 (14.5)	53.0 (14.6)	62.8 (12.0)	62.8 (12.4)
BMI (kg/m ²), mean (SD)	–	–	29.7 (5.5)	29.2 (5.5)
Race, n (%):				
– Caucasian	305 (94.7)	322 (96.4)	356 (91.5)	365 (91.9)
– Black	4 (1.2)	6 (1.8)	24 (6.2)	21 (5.3)
– Asian	2 (0.6)	2 (0.6)	3 (0.8)	0
– Hispanic	0	0	5 (1.3)	6 (1.5)
– Other/unknown	11 (3.4)	4 (1.2)	1 (0.3)	5 (1.3)
ITS: Iontophoretic transdermal system; iv.: Intravenous; PCA: Patient-controlled analgesia; SD: Standard deviation.				

The authors and editors of *Journal of Comparative Effectiveness Research* would like to sincerely apologise for any confusion this may have caused our readers.