Erratum

Erratum to “Cognitive Rehabilitation for Executive Dysfunction in Parkinson’s Disease: Application and Current Directions”

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In this paper which appeared in Parkinson’s Disease (2012, Article ID 512892), the reference citation numbers appearing by the authors’ names in the left-hand side column did not match the correct references shown and cited. The reference numbers should appear as follows: for Sinforiani et al., the reference number has been changed from [24] to [25], Mohlman et al., the reference number has been changed from [25] to [26], Sammer et al., the reference number has been changed from [26] to [27], Paris et al., the reference number has been changed from [27] to [28].
<table>
<thead>
<tr>
<th>Author(s)</th>
<th>Total N</th>
<th>Randomized study</th>
<th>Length of treatment</th>
<th>Treatment</th>
<th>Cognitive targets</th>
<th>Outcome measures</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sinforiani et al. [25]</td>
<td>20</td>
<td>No</td>
<td>12 1-hour sessions over 6 weeks</td>
<td>Computerized software for neuropsychological training</td>
<td>Attention, abstract reasoning, visuospatial</td>
<td>Babcock’s story, FAS, Raven matrices, Corsi-test, WCST, and Stroop</td>
<td>PD patients improved on Babcock’s story, FAS* and Raven matrices and at 6 months gains maintained. No differences from baseline on digit span, Corsi-test, WCST*, and Stroop after training. Improvement on digits backward, Stroop, Trail Making Test B, and FAS posttreatment. On average, self-ratings were given for “some” to “much” progress, enjoyment, and effort in the program.</td>
</tr>
<tr>
<td>Mohlman et al. [26]</td>
<td>14</td>
<td>No</td>
<td>4 90-minute sessions over 4 weeks</td>
<td>Attention process training</td>
<td>Sustained, selective, alternating, and divided attention</td>
<td>Digits backward, Stroop, Trail Making Test B, FAS</td>
<td>Improvement on digits backward, Stroop, Trail Making Test B, and FAS posttreatment. On average, self-ratings were given for “some” to “much” progress, enjoyment, and effort in the program.</td>
</tr>
<tr>
<td>Sammer et al. [27]</td>
<td>26</td>
<td>Yes 12 cognitive training</td>
<td>10 30-minute sessions during a 3-4 week rehabilitation hospital stay.</td>
<td>Working memory tasks</td>
<td>Executive functions</td>
<td>BADS</td>
<td>Cognitive Training Group significant improvement on BADS*</td>
</tr>
<tr>
<td>Paris et al. [28]</td>
<td>33</td>
<td>Yes 18 Cognitive Training Group 15 Control Group</td>
<td>12 45-minute sessions over 4 weeks</td>
<td>Computerized software and paper-pencil exercises</td>
<td>Attention/working memory, memory, psychomotor speed, executive functions and visuospatial</td>
<td>Digits forward, Stroop, ROCFT, semantic fluency, Trail Making B, TOL, PDQ-39 and CDS</td>
<td>Cognitive Training Group had more improvement than Control Group after treatment on the Digit Span Forward, Stroop Word Test, ROCFT, semantic fluency, Trail Making B, and TOL. No group differences on the PDQ-39 or CDS.</td>
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</tbody>
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