

## Corrigendum

## Corrigendum to “Effects of physical therapy for temporomandibular disorders on headache pain intensity: A systematic review” [Musculoskeletal science and practice 50 (2020) 102277]

Hedwig A. van der Meer<sup>a,b,c,d,e,\*</sup>, Leticia B. Calixtre<sup>f</sup>, Raoul H.H. Engelbert<sup>c,e</sup>,  
Corine M. Visscher<sup>a</sup>, Maria WG. Nijhuis – van der Sanden<sup>d</sup>, Caroline M. Speksnijder<sup>b</sup>

<sup>a</sup> Academic Centre for Dentistry Amsterdam (ACTA), University of Amsterdam and VU University Amsterdam, Department of Orofacial Pain and Dysfunction, Amsterdam, the Netherlands

<sup>b</sup> University Medical Center Utrecht, Utrecht University, Department of Oral-Maxillofacial Surgery and Special Dental Care, Utrecht, the Netherlands

<sup>c</sup> Amsterdam University of Applied Sciences, Education of Physiotherapy, Faculty of Health, Amsterdam, the Netherlands

<sup>d</sup> Radboud University Medical Center, Research Institute for Health Sciences, IQ Healthcare, Nijmegen, the Netherlands

<sup>e</sup> University of Amsterdam, Amsterdam University Medical Centers (AUMC), Department of Rehabilitation, Amsterdam Movement Sciences, Amsterdam, Meibergdreef 9, the Netherlands

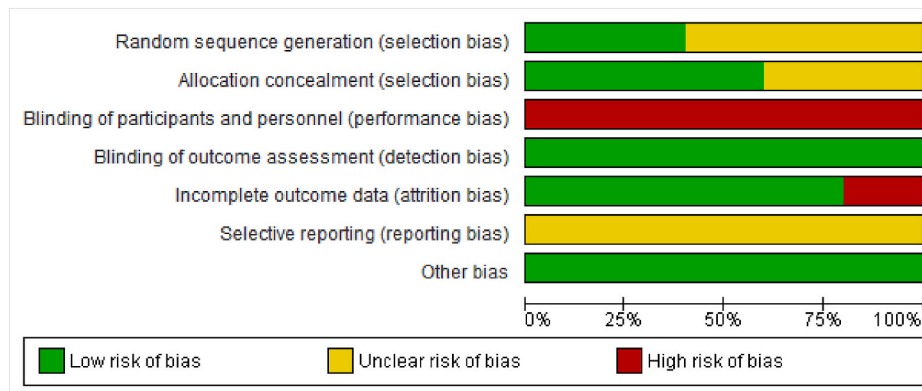
<sup>f</sup> Federal University of São Carlos (UFSCar), Physiotherapy Department, São Carlos, Brazil

The authors regret that the original paper had some omissions, and are thankful for the opportunity to present corrections in this corrigendum. The conclusion in the abstract and paper should state that physical therapy interventions presented a small, but not significant, effect on reducing headache pain intensity in subjects with TMD, with a

low level of certainty.

Secondly, the Risk of Bias figures were not matching the text, and therefore should be replaced by the correct figures as below:

Fig. 2. Risk of Bias graph (corrected)



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\* Corresponding author. Hogeschool van Amsterdam, Tafelbergweg 51, 1105 BD, Amsterdam, the Netherlands.

E-mail address: [h.a.van.der.meer@hva.nl](mailto:h.a.van.der.meer@hva.nl) (H.A. van der Meer).

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Fig. 3. Risk of bias summary (corrected)

The level of certainty based on the GRADE recommendations for

orofacial physical therapy combined with cervical manual therapy was downgraded due to serious risk of bias and inconsistency, resulting in a low level of certainty for effectiveness of this intervention. The adjusted (Table 3) can be found below:

The authors would like to apologise for any inconvenience caused.

|                   | Random sequence generation (selection bias) | Allocation concealment (selection bias) | Blinding of participants and personnel (performance bias) | Blinding of outcome assessment (detection bias) | Incomplete outcome data (attrition bias) | Selective reporting (reporting bias) | Other bias |
|-------------------|---|---|---|---|--|--------------------------------------|------------|
| Costa 2015        | +   | +                                       | -   | +   | +  | ?                                    | +          |
| Maluf 2010        | ?   | +                                       | -   | +   | +  | ?                                    | +          |
| Michelotti 2004   | ?   | ?                                       | -   | +   | -  | ?                                    | +          |
| Michelotti 2012   | ?   | ?                                       | -   | +   | +  | ?                                    | +          |
| von Piekartz 2013 | +   | +                                       | -   | +   | +  | ?                                    | +          |

**Table 3**  
**Summary of findings table according to the GRADE recommendations for studies comparing different types of PT for TMD applied to patients with TMD and headache. (corrected)**

| <b>Overall PT for TMD versus control interventions</b>                      |                                  |                                      |   |
|---|----------------------------------|--------------------------------------|---|
| Outcome   | N patients (studies)             | Standardized Mean Difference (95%CI) | Certainty of the evidence (GRADE quality)                               |
| Headache pain - VAS   | 220 (5 RCTs) <sup>45-49</sup>    | -0.12 (-0.39, 0.16)                  | ⊕○○○<br>VERY LOW<br>Due to risk of bias, inconsistency and imprecision. |
| <b>Counseling and exercise versus counseling and / or splint therapy</b>    |                                  |                                      |   |
| Outcome   | N patients (studies)             | Standardized Mean Difference (95%CI) | GRADE quality   |
| Headache pain - VAS   | 153 (3 RCTs) <sup>45,47,48</sup> | 0.15 (-0.17, 0.46)                   | ⊕⊕○○<br>LOW<br>Due to risk of bias and imprecision.                     |
| <b>Static stretching versus global stretching</b>                           |                                  |                                      |   |
| Outcome   | N patients (studies)             | Standardized Mean Difference (95%CI) | GRADE quality   |
| Headache pain - VAS   | 24 (1 RCT) <sup>46</sup>         | -0.91 (-1.76, -0.06)                 | ⊕⊕○○<br>LOW<br>Due to risk of bias and inconsistency.                   |
| <b>Orofacial and cervical manual therapy versus cervical manual therapy</b> |                                  |                                      |   |
| Outcome   | N patients (studies)             | Standardized Mean Difference (95%CI) | GRADE quality   |
| Headache pain - CAS   | 43 (1 RCT) <sup>49</sup>         | -1.57 (-2.26, -0.88)                 | ⊕⊕○○<br>LOW<br>Due to risk of bias and inconsistency.                   |

GRADE: Grades of Recommendation, Assessment, Development, and Evaluation; PT: physical therapy; TMD: temporomandibular disorder; n: number of participants; VAS: visual analog scale; CAS: colored analog scale.

\* Methodological quality limitations based on the Cochrane Risk of Bias tool (high risk: serious -1 or very serious -2; unclear risk; not serious or serious -1).

#### **GRADE Working Group grades of evidence**

**High certainty:** We are very confident that the true effect lies close to that of the estimate of the effect.

**Moderate certainty:** We are moderately confident in the effect estimate: The true effect is likely to be close to the estimate of the effect, but there is a possibility that it is substantially different.

**Low certainty:** Our confidence in the effect estimate is limited: The true effect may be substantially different from the estimate of the effect.

**Very low certainty:** We have very little confidence in the effect estimate: The true effect is likely to be substantially different from the estimate of effect.