CORRECTION Open Access

## Correction to: Self-managed occupational therapy and physiotherapy for adults receiving inpatient rehabilitation ('My Therapy'): protocol for a stepped-wedge cluster randomised trial



Natasha K. Brusco<sup>1,2\*</sup>, Christina L. Ekegren<sup>1,3</sup>, Nicholas F. Taylor<sup>2,4</sup>, Keith D. Hill<sup>1</sup>, Annemarie L. Lee<sup>5,6</sup>, Lisa Somerville<sup>2,3</sup>, Natasha A. Lannin<sup>2,3,7</sup>, Derick Wade<sup>8</sup>, Rania Abdelmotaleb<sup>4</sup>, Libby Callaway<sup>1,9</sup>, Sara L. Whittaker<sup>1</sup> and Meg E. Morris<sup>2,10</sup>

Correction to: BMC Health Serv Res 21, 811 (2021) https://doi.org/10.1186/s12913-021-06462-9

Following publication of the original article [1], the author noted a small number of corrections:

1. In the first paragraph of the Background section, some content is missing due to a typesetting error. The updated first paragraph is given below and the missing part has been highlighted in **bold typeface**.

Globally, inpatient rehabilitation costs are substantial. In the UK, there are 2.2 million NHS-funded inpatient rehabilitation admission across Complex Specialised, Specialist and Non-specialist Services annually, which cost the NHS £858 million (GBP 2018/19) [1, 2]. In the US, Medicare is the main insurer for inpatient rehabilitation within skilled nursing facilities [3] and intensive rehabilitation within hospital settings [3, 4]. There are 2.5 million funded skilled nursing facilities admissions [3] and 408,000

The original article can be found online at https://doi.org/10.1186/s12913-021-06462-9.

Full list of author information is available at the end of the article

hospital inpatient rehabilitation admissions annually [4, 5] which respectively cost Medicare \$28 billion (USD 2016) [3] and \$8 billion (USD 2018) [4,5]. In Australia, there are half a million public and private rehabilitation hospital admissions per year [6–8], with the 91,000 public admissions costing the public health care system \$1.2 billion (AUD 2015/16) annually [6,7,8]. There is also evidence that the cost and demand for inpatient rehabilitation is increasing [9]. This growth is thought to be driven by the ageing population, increasing survival following acute illness and injury, greater comorbidity in patients, and higher expectations of recovery within the general population [9].

- 2. In Table 1 The Process Evaluation Protocol should be referred to as Reference 35, instead of Reference 36
- 3. In the Data collection and management section, the third sentence should start with "REDCap" instead of "EDCap".
- 4. In the second paragraph of the Statistical analyses part in the Data Analysis section, the reference in one sentence needs to be corrected from [35,37] to [37,38]. The updated sentence should be:



© The Author(s). 2021 **Open Access** This article is licensed under a Creative Commons Attribution 4.0 International License, which permits use, sharing, adaptation, distribution and reproduction in any medium or format, as long as you give appropriate credit to the original author(s) and the source, provide a link to the Creative Commons licence, and indicate if changes were made. The images or other third party material in this article are included in the article's Creative Commons licence, unless indicated otherwise in a credit line to the material. If material is not included in the article's Creative Commons licence and your intended use is not permitted by statutory regulation or exceeds the permitted use, you will need to obtain permission directly from the copyright holder. To view a copy of this licence, visit http://creativecommons.org/licenses/by/4.0/. The Creative Commons Public Domain Dedication waiver (http://creativecommons.org/publicdomain/zero/1.0/) applies to the data made available in this article, unless otherwise stated in a credit line to the data.

<sup>\*</sup> Correspondence: natasha.brusco@monash.edu

<sup>&</sup>lt;sup>1</sup>Rehabilitation, Ageing and Independent Living (RAIL) Research Centre, School of Primary and Allied Health Care, Monash University, 47-49 Moorooduc Hwy, Frankston, VIC 3199, Australia

<sup>&</sup>lt;sup>2</sup>La Trobe University Centre for Sport and Exercise Medicine Research, Plenty Road & Kingsbury Drive, Bundoora 3086, Australia

The proportion of people who achieve a MCID of 22 points in FIM $^{\text{\tiny M}}$  [37,38] will be analysed using mixed effects logistic regression, and the change in FIM $^{\text{\tiny M}}$  score and utility index will be analysed using mixed effects linear regression.

The original article [1] has been corrected.

## **Author details**

<sup>1</sup>Rehabilitation, Ageing and Independent Living (RAIL) Research Centre, School of Primary and Allied Health Care, Monash University, 47-49 Moorooduc Hwy, Frankston, VIC 3199, Australia. <sup>2</sup>La Trobe University Centre for Sport and Exercise Medicine Research, Plenty Road & Kingsbury Drive, Bundoora 3086, Australia. <sup>3</sup>Alfred Health, 55 Commercial Rd, Melbourne 3004, Australia. <sup>4</sup>Eastern Health, 5 Arnold St, Box Hill 3128, Australia. <sup>5</sup>Cabrini Health, 154 Wattletree Rd, Malvern 3144, Australia. <sup>6</sup>School of Physiotherapy, Monash University, 47-49 Moorooduc Hwy, Frankston, VIC 3199, Australia. <sup>7</sup>Department of Neuroscience, Monash University, Central Clinical School, 99 Commercial Rd, Melbourne 3004, Australia. <sup>8</sup>Physiotherapy and Rehabilitation, Faculty of Health and Life Sciences, Oxford Brookes University, Headington Campus, Oxford OX3 0BP, UK. <sup>9</sup>School of Occupational Therapy, Monash University, 47-49 Moorooduc Hwy, Frankston, VIC 3199, Australia. <sup>10</sup>Healthscope ARCH, The Victorian Rehabilitation Centre, 499 Springvale Road, Glen Waverley 3150, Australia.

Published online: 17 September 2021

## Reference

1. Brusco, et al. BMC Health Serv Res. 2021;21:811.