

In the article “Spinal Cord Stimulation for Parkinson’s Disease: A Systematic Review and Meta-Analysis of Pain and Motor Outcomes” [Stereotact Funct Neurosurg. 2023, DOI: 10.1159/000531089] by Sarica R. et al., the labels in Figure 2 have been shifted. The figure should appear as below.

In addition, references 2 and 3 were wrong. The correct references are as follows:

2. Paff M, Loh A, Sarica C, Lozano AM, Fasano A. Update on Current Technologies for Deep Brain Stimulation in Parkinson’s Disease. *JMD*. 2020 Sep;13(3):185–98.
3. Chen R, Berardelli A, Bhattacharya A, Bologna M, Chen K-HS, Fasano A, et al. Clinical neurophysiology of Parkinson’s disease and parkinsonism. *Clin Neurophysiol Pract*. 2022;7:201–27.

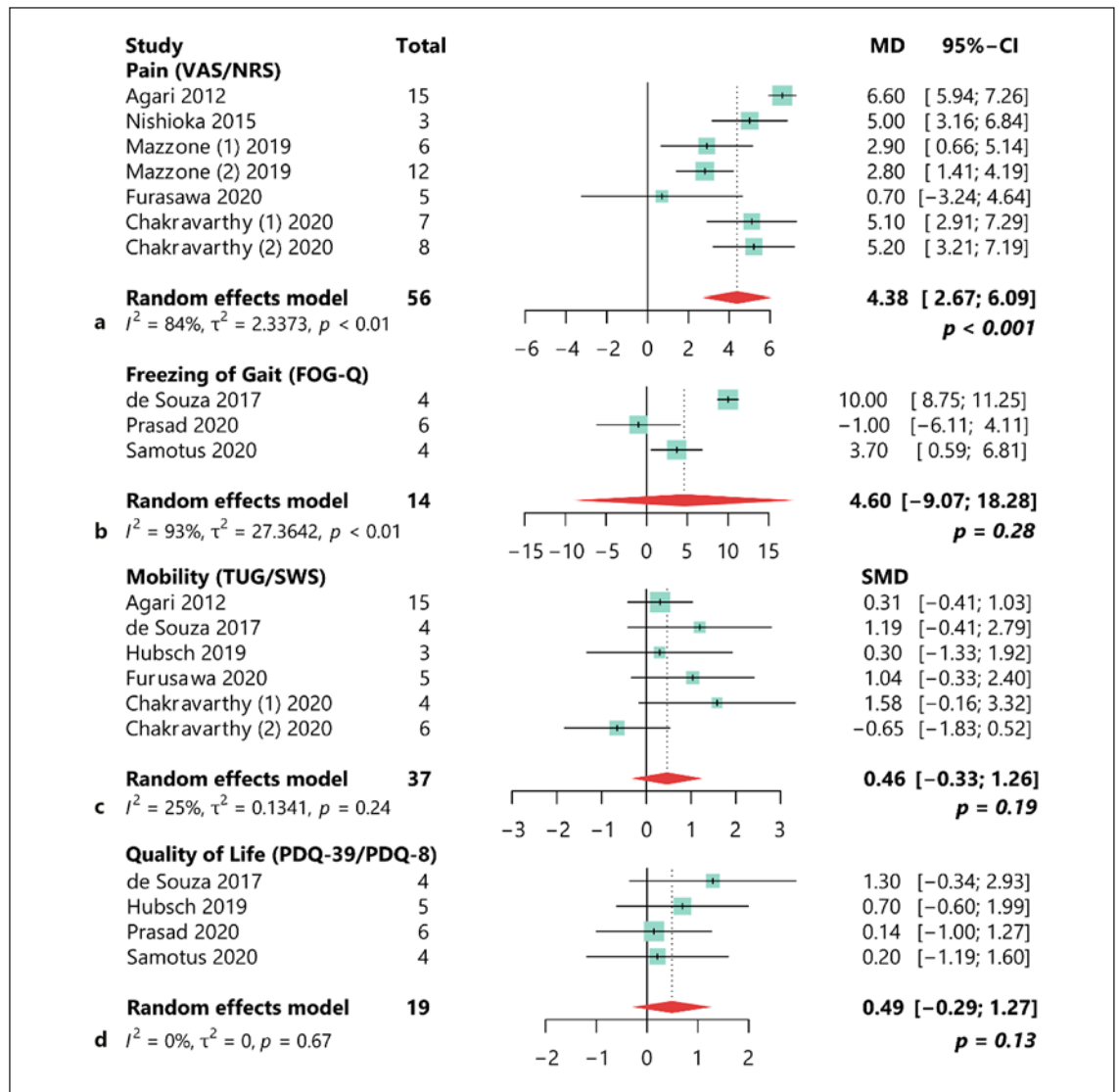


Fig. 2. Effect of stimulation on: pain (VAS/NRS), freezing of gait (FOG-Q score), mobility (TUG and SWS scores), and quality of life (PDQ-39 or PDQ-8 scores). **a** In 56 patients with low back or leg pain, the VAS/NRS was reduced by an estimated 4.38 (95% CI: 2.67; 6.09, $p < 0.001$), equivalent to a 59% (36–82%) reduction. Heterogeneity testing revealed excess variation in the data ($Q = 36.57$, $df = 6$, $p < 0.001$) with an I^2 value of 84% (95% CI: 68–92%). **b** The FOG-Q scores were reduced by an estimated 4.6 points in 14 patients across three studies (95% CI: -9.07; 18.28, $p = 0.28$) with significant heterogeneity among studies ($Q = 27.92$, $df = 2$, $p < 0.001$, $I^2 = 93\%$ [95% CI: 82–97%]). Data from Hubsch et al., which did not provide exact values, were excluded from the analysis. **c** The TUG and SWS scores were reduced by a standardized

mean difference of 0.46 (95% CI: -0.33; 1.26, $p = 0.19$) in 37 patients. In the study by Chakravarthy et al., group 1 consisted of patients receiving continuous burst stimulation, while group 2 received cycling burst stimulation. Hubsch et al. used the SWS score, while other studies used the TUG score. **d** Quality of life, as assessed by PDQ-39 or PDQ-8, was reduced by an estimated 0.49 (95% CI: -0.29; 1.27, $p = 0.13$) in 19 patients across four studies. All assessments were conducted in the medication-ON state, except for the study by Pinto de Souza et al., which reported results in the medication-OFF state. Total refers to the total number of patients; (S)MD: (standardized) mean difference (positive values indicate favorable outcomes); CI: confidence interval; df : degrees of freedom.