

Correction: *Persistent effects of playing football and associated (subconcussive) head trauma on brain structure and function: a systematic review of the literature*

Table 2 (section: Category†) contained some errors. The correct version of the table is as follows.

Table 2 Summary information about included studies (n=30)

	Studies (n, (%))	Female football players (n (%))	Male football players (n (%))	All football players (n (%))
Control of type-1 errors				
Appropriate	12 (40.0)	104 (27.4)	414 (31.6)	518 (30.6)
Inappropriate / unclear	18 (60.0)	275 (72.6)	898 (68.4)	1173 (69.4)
Total	30 (100.0)	379 (100.0)	1312 (100.0)	1691 (100.0)
Selection of controls				
Appropriate	12 (40.0)	12 (11.1)	224 (54.2)	236 (45.3)
Inappropriate / unclear	8 (26.7)	96 (88.9)	189 (45.8)	285 (54.7)
NA	10 (33.3)	N/A	N/A	N/A
Total	30 (100.0)	108 (100.0)	413 (100.0)	521 (100.0)
Response rate*				
High (>50%)	7 (23.3)	0 (0.0)	462 (35.2)	462 (27.3)
Low (≤50%)	3 (10.0)	0 (0.0)	135 (10.3)	135 (8.0)
Not reported	20 (66.7)	379 (100.0)	715 (54.5)	1094 (64.7)
Total	30 (100.0)	379 (100.0)	1312 (100.0)	1691 (100.0)
Gender				
Football players	N/A	379 (22.4)	1312 (77.6)	1691 (100.0)
Control subjects	N/A	108 (20.7)	413 (79.3)	521 (100.0)
Category‡				
NCT	23	365	1153	1518
Case-control studies	14 ^{14-16 27-29 31 34 37 38 47 52 57 59}	56	525	581
Impact of heading	17 ^{12-19 28 29 32 34 37 52 53 57 59}	310	863	1173
Impact of head-injuries	13 ^{13-19 27 31-33 49 52}	293	810	1103
Neuroimaging	8 ^{17 37 38 44 48 50 51 54}	22	121	143
EEG	2 ^{55 56}	0	106	106
Postural control	1 ³⁷	0	15	15
Level of play‡				
Youth	3 (10.0)	69 (18.2)	100 (7.6)	169 (10.0)
High-school / college	9 (30.0)	280 (73.9)	234 (17.8)	514 (30.4)
University	3 (10.0)	22 (5.8)	47 (3.6)	69 (4.1)
Amateur	2 (6.7)	8 (2.1)	62 (4.7)	70 (4.1)
Professional	8 (26.7)	0 (0.0)	677 (51.6)	677 (40.0)
Former professional	5 (16.7)	0 (0.0)	192 (14.6)	192 (11.4)
Total	30 (100.0)	379 (100.0)	1312 (100.0)	1691 (100.0)

*Fraction of participants that agreed to participate after being invited to participate in the study. This includes football players and control participants.

†Some studies provided testing for more than one modality (eg, neurocognitive testing and neuroimaging or neuroimaging and balance testing), resulting in a total study number larger than 31. Within neurocognitive testing, also some studies provided case-control data as well as a correlation analysis for, for example, heading frequency and neurocognitive deficits in the football players.

‡Level of play as reported in the original studies. Age range for youth football players was 10–13¹ and 13–18.² The category 'High school/college' includes the 'interscholastic' as well.

NA, not available; NCT, neurocognitive testing.

© Article author(s) (or their employer(s) unless otherwise stated in the text of the article) 2018. All rights reserved. No commercial use is permitted unless otherwise expressly granted.

Br J Sports Med 2018;**52**:e8. doi:10.1136/bjsports-2016-096593corr1



REFERENCES

- 1 Janda DH, Bir CA, Cheney AL. An evaluation of the cumulative concussive effect of soccer heading in the youth population. *Inj Control Saf Promot* 2002;9:25–31.
- 2 Kontos AP, Dolese A, Elbin RJ, et al. Relationship of soccer heading to computerized neurocognitive performance and symptoms among female and male youth soccer players. *Brain Inj* 2011;25:1234–41.