


CORRECTION

Open Access



Correction: Effects of Chinese medicine for COVID-19 rehabilitation: a multicenter observational study

Linda Li-Dan Zhong^{1*} , Yi-Ping Wong¹, Chor-Yin Leung¹, Bo Peng¹, Zhi-Xiu Lin², Vivian Chi-Woon Wong Taam³, Yi Luo³, Hai-Yong Chen³, Chao-Dong Chao⁴, Chor-Fung Wong⁵, Freddie Shung-Chi Tam⁶, Kui Chan⁷, Kwan-Yiu Lee⁸, Lai-Fun Ho⁹, Alan Yat-Lun Wong¹⁰, Chi-Fung Choy¹¹, Bacon Fung-Leung Ng¹², Rowena How-Wan Wong¹², Yi-Bin Feng³, Ching Liong², Zhao-Xiang Bian^{1*} and COVID-19 CM Research Working Group

Correction: Chinese Medicine (2022) 17:99
<https://doi.org/10.1186/s13020-022-00654-z>

Following publication of the original article [1], the authors would like to make corrections after identifying the errors below which were caused by typo mistakes and the latest update of data analysis prior to publication but updating on some texts and Fig. 6A correspondingly had been missed. These changes will not impact the results nor alter the conclusion of this study.

Correction (1): Clinical symptoms, diagnosis and health conditions during hospitalization

Published version: Fever, fatigue, and dry cough were the most common symptoms, exhibiting in 59.3% (89 of 150), 55.3% (83 of 150), and 46.67% (69 of 150) participants, respectively.

Corrected version: Fever, fatigue, and dry cough were the most common symptoms, exhibiting in 59.3% (89 of 150), 55.3% (83 of 150), and 46.67% (70 of 150) participants, respectively.

Reason for correction: it is a typo mistake made by the authors.

Correction (2): Improvement in 6MWT performance

Published version: However, with each increased age year, the distance achieve in 6MWT will decrease by 1.03 m.

Corrected version: However, with each increased age year, the distance achieve in 6MWT will decrease by **0.961** m.

Reason for correction: texts were not updated upon the latest update in data analysis with changes in linear mixed model equation. The authors believe it is necessary to correct the numerical values in text even though the change doesn't impact on the findings. The corresponding data in Table 9 is correct and do not require any change.

The original article can be found online at <https://doi.org/10.1186/s13020-022-00654-z>.

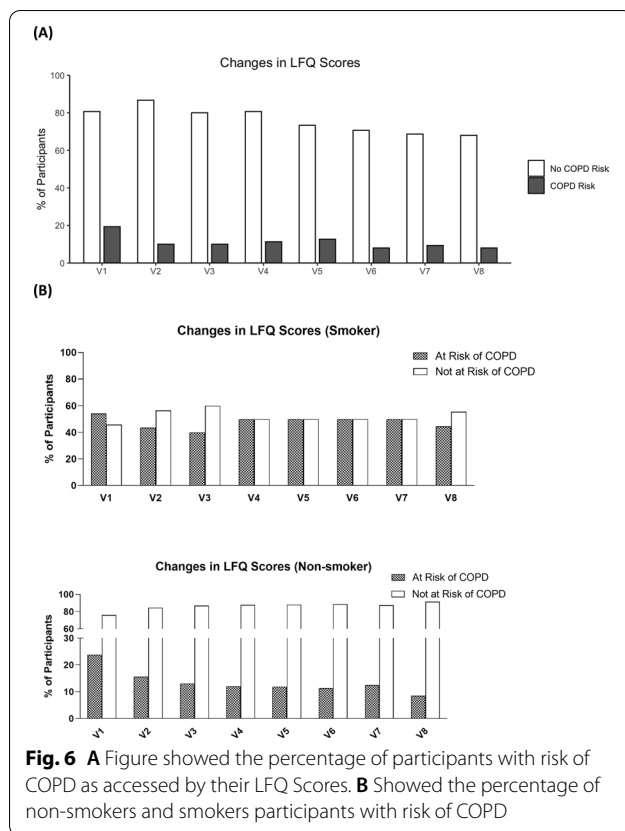
*Correspondence: ldzhong@hkbu.edu.hk; bzxiang@hkbu.edu.hk

¹ School of Chinese Medicine, Hong Kong Baptist University, Hong Kong, China

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



© The Author(s) 2022. **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.



Correction (3): Lowered risk of COPD

Published version: However, with each increased age year, the score obtained in LFQ will decrease by 0.11.

Corrected version: The statement “However, with each increased age year, the score obtained in LFQ will decrease by 0.11” has been removed.

Reason for correction: texts were not updated upon the latest update in data analysis with changes in linear mixed model equation. Although the statement would be correct under another calculation, it is no longer valid under the Model 2 calculation as published in the current article and serves no argument or discussion in this study. The authors believe that removing the statement can avoid inaccuracy and confusions.

Correction (4): Fig. 6(A)

Reason for correction: The authors identified an error in Fig. 6A which the graph was resulted from an earlier data analysis and was not from the latest one. The corresponding texts referring to this graph are correct and do not require any change.

The original article [1] has been corrected.

Author details

¹School of Chinese Medicine, Hong Kong Baptist University, Hong Kong, China. ²School of Chinese Medicine, The Chinese University of Hong Kong, Hong Kong, China. ³School of Chinese Medicine, LKS Faculty of Medicine, The University of Hong Kong, Hong Kong, China. ⁴United Christian Nethersole Community Health Service, The Chinese University of Hong Kong Chinese Medicine Clinic Cum Training and Research Centre (Tai Po District), Hong Kong, China. ⁵HKFTU Workers' Medical Clinics - Hong Kong Baptist University Chinese Medicine Clinic Cum Training and Research Centre (North District), Hong Kong, China. ⁶Pok Oi Hospital - Hong Kong Baptist University Chinese Medicine Clinic Cum Training and Research Centre (Kowloon City District), Hong Kong, China. ⁷The Hong Kong Tuberculosis Association, The University of Hong Kong Chinese Medicine Clinic Cum Training and Research Centre (Southern District), Hong Kong, China. ⁸Pok Oi Hospital, The Chinese University of Hong Kong Chinese Medicine Clinic Cum Training and Research Centre (Yuen Long District), Hong Kong, China. ⁹Pok Oi Hospital, The Chinese University of Hong Kong Chinese Medicine Clinic Cum Training and Research Centre (Shatin District), Hong Kong, China. ¹⁰Haven of Hope, The Chinese University of Hong Kong Chinese Medicine Clinic Cum Training and Research Centre (Sai Kung District), Hong Kong, China. ¹¹Department of Medicine, Tseung Kwan O Hospital, Hospital Authority, Hong Kong, China. ¹²Chinese Medicine Department, Hospital Authority, Hong Kong, China.

Published online: 24 October 2022

Reference

- Zhong LL-D, Wong Y-P, Leung C-Y, Peng B, Lin Z-X, Taam VC-WW, Luo Y, Chen H-Y, Chao C-D, Wong C-F, Tam FS-C, Chan K, Lee K-Y, Ho L-F, Wong AY-L, Choy C-F, Ng BF-L, Wong RH-W, Feng Y-B, Liong C, Bian Z-X, COVID-19 CM Research Working Group. Effects of Chinese medicine for COVID-19 rehabilitation: a multicenter observational study. *Chin Med.* 2022;17:99. <https://doi.org/10.1186/s13020-022-00654-z>.

Publisher's Note

Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.