

Two problems have been discovered in the recently published "Research Diagnostic Criteria for Temporomandibular Disorders: Review, Criteria, Examinations and Specifications, Critique" (J Craniomandib Disord Facial Oral Pain, 1992; 6:301-355).

1. The final complete paragraph on page 332 contains an error in the listing of items on the scale of non-specific physical symptoms. The following corrected paragraph should be substituted:

SCL scale items appear in the RDC History Questionnaire Q 20 as follows: Depression and Vegetative Symptom Scale — b,e,h,i,k,l,m,n,v,y,cc,dd,ee; "Additional items" (these are added to the depression scale) — f,g,q,z,aa,bb,ff; Somatization Scale (nonspecific physical symptoms) — a*,c,d*,j*,o*,p*,r,s,t,u,w,x. (Items with an asterisk are dropped when scoring the "nonpain" nonspecific physical symptom scale.)

2. In addition, attention has been called to the omission of relevant publications from our literature review of reliability and validity of examination methods. The omission was inadvertent and we apologize for this oversight. In the section of the Literature Review entitled *Indices for TMD, Diagnostic Reliability and Validity*, pp 324-325, relating to discussion of the TMJ Scale (trademark of the Pain Resource Center, Inc, Durham, NC), we make the following correction:

Present text

Page 325, top paragraph. Replace the final three sentences of the paragraph (which now begin: "Assessing the diagnostic validity . . ." and end with ". . . to calculate sensitivity or specificity.") with the following two paragraphs.

Corrected text:

A number of studies have dealt with the issue of reliability and diagnostic validity of the TMJ Scale.¹⁷⁻⁴¹ One study¹⁷ reported Pearson product correlation validity coefficients that ranged from 0.34 to 0.69 and were assessed as "satisfactory" as diagnostic measures. Evaluating sensitivity and specificity of the TMJ Scale, like other indices, is difficult when the test is very similar to the "gold standard" that is used to validate it. The scoring rules for the TMJ Scale are not in the public domain so it remains unclear how the TMJ Scale differs from the "gold standard" employed. This also impedes replication by other investigators.

A sensitivity of 84% and specificity of 80% has been determined for the TMJ Global Scale score for a mixed

patient population,^{38,41} and, assuming a TMD prevalence of 10% in a general population, the positive predictive value was reported to be 32%.⁴¹

References

37. Lundeen TF, Levitt SR, McKinney MW. Discriminative ability of the TMJ Scale: Age and gender differences. *J Prosthet Dent* 1986;56:84-92.
38. Levitt SR, McKinney MW, Lundeen TF. The TMJ Scale: Cross-validation and reliability studies. *J Craniomand Pract* 1988;6:17-25.
39. Levitt SR. The predictive value of the TMJ Scale in detecting psychological problems and non-TM disorders in patients with temporomandibular disorders. *J Craniomand Pract* 1990;8:225-233.
40. Levitt SR. Predictive value of the TMJ Scale in detecting clinically significant symptoms of temporomandibular disorders. *J Craniomandib Disord Facial Oral Pain* 1990; 4:177-185.
41. Levitt SR. Predictive value: A model for dentists to evaluate the accuracy of diagnostic tests for temporomandibular disorders as applied to a TMJ scale. *J Prosthet Dent* 1991;66:385-390.

Reprints noting these corrections are available from the authors on request. — Samuel F. Dworkin, DDS, PhD; James R. Friction, DDS, MS; Lars Hollender, DDS, Odont Dr; Kimberly H. Huggins, RDH, BS; Linda LeResche, PhD; James P. Lund, BDS, PhD; Norman D. Mohl, DDS, ScD; Richard Ohrbach, DDS, MS; Sandro F. Palla, Dr Med Dent; Earl E. Sommers, DDS, MSD; Christian S. Stohler, LDS, Dr Med Dent; Edmond L. Truelove, DDS, MSD; Michael Von Korff, ScD; Charles G. Widmer, DDS, MS.

In abstract 90, "TMJ Structures: Comparison Between Anatomical and MR Findings" by M.H. Steenks, R.L.A.W. Bleys, and Th.D. Witkamp (J Orofacial Pain 1993;7:120), the word "patient" was inadvertently substituted for "specimen" in line 6. The publisher regrets this error.

In the article "The Incidence of TMJ Dysfunction in Patients Who Have Suffered a Cervical Whiplash Injury Following a Traffic Accident" (J Orofacial Pain 1993;7:209-213), the author's academic degrees and corresponding address should have appeared as follows: Estelle Kronn, BSc(Physio), MISC, The Hospital for Special Surgery Rehabilitation, 535 East 70th Street, New York, New York 10021. The article presented was based on a thesis in partial fulfillment of the BSc (Physio) TCD degree.