Corrigendum

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Corrigendum to: Carpal tunnel dimensions following osteopathic manipulation utilizing dorsal carpal arch muscle energy: a pilot study

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The authors regret errors that appeared in the following article:

Zhan L, Brown J, Gustowski S, Davis P, Loomis M. Carpal tunnel dimensions following osteopathic manipulation utilizing dorsal carpal arch muscle energy: a pilot study. *J Osteopath Med*. 2025. doi: 10.1515/jom-2024-0167.

The errors relate to units were reported as millimeters instead of centimeters, and the vertical axis of the carpal tunnel ellipse was reported as the tunnel's depth, when, in fact, it is one half of the total tunnel depth.

1) The first two sentences of the abstract's Result's section should be listed as:

Results: Comparison of the OMT and control groups revealed a mean increase in carpal tunnel depth from 0.89 cm ± 0.27 cm pre-OMT to 0.95 cm ± 0.28 cm post-OMT (p=0.0146, Cohen's *d*=0.214, 95 % CI 0.013 to 0.103). There was also a mean increase in cross-sectional area from 1.83 cm^2 ± 0.56 cm^2 pre-OMT to 1.98 cm^2 ± 0.59 cm^2 post-OMT (p=0.0138, Cohen's *d*=0.260, 95 % CI 0.06 to 0.48).

2) The first paragraph of the article's Results section should be listed as:

Twenty-five participants, mean age of 26 ± 2.18 (male=6, female=19) completed the study. Comparison of the OMT and control groups revealed a mean increase in carpal tunnel depth from 0.89 cm ± 0.27 cm pre-OMT to 0.95 cm ± 0.28 cm post-OMT (p=0.0146, Cohen's *d*=0.214, 95 % CI 0.013 to 0.103). There was also a mean increase in cross-sectional area from 1.83 cm^2 ± 0.56 cm^2 pre-OMT to 1.98 cm^2 ± 0.59 cm^2 post-OMT (p=0.0138, Cohen's *d*=0.260, 95 % CI 0.06 to 0.48). There was no significant difference in canal width (p=0.5973) or transverse carpal ligament length (p=0.2673) following OMT intervention. The control group, which received the sham procedure, demonstrated no significant differences in the transverse carpal ligament length 3.14 cm ± 0.24 cm vs. 3.14 cm ± 0.32 cm (p=0.8977), carpal tunnel width 2.43 cm ± 0.29 cm vs. 2.48 cm ± 0.35 cm (p=0.2517), depth 0.97 cm ± 0.42 cm vs. 0.95 cm ± 0.42 cm (p=0.3952), or cross-sectional area 1.84 cm^2 ± 0.81 cm^2 vs. 1.83 cm^2 ± 0.81 cm^2 (p=0.8559) before and after the sham intervention (Figure 4). A post-hoc power analysis was conducted utilizing G'Power 3.1.9.7 and showed that the achieved power was low at 0.351, likely due do the small effect size and sample size in this pilot study. The effect sizes were calculated and the 95 % confidence interval (CI) of the difference are presented with significant p values.

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3) Figure 4 and its legend should be listed as:

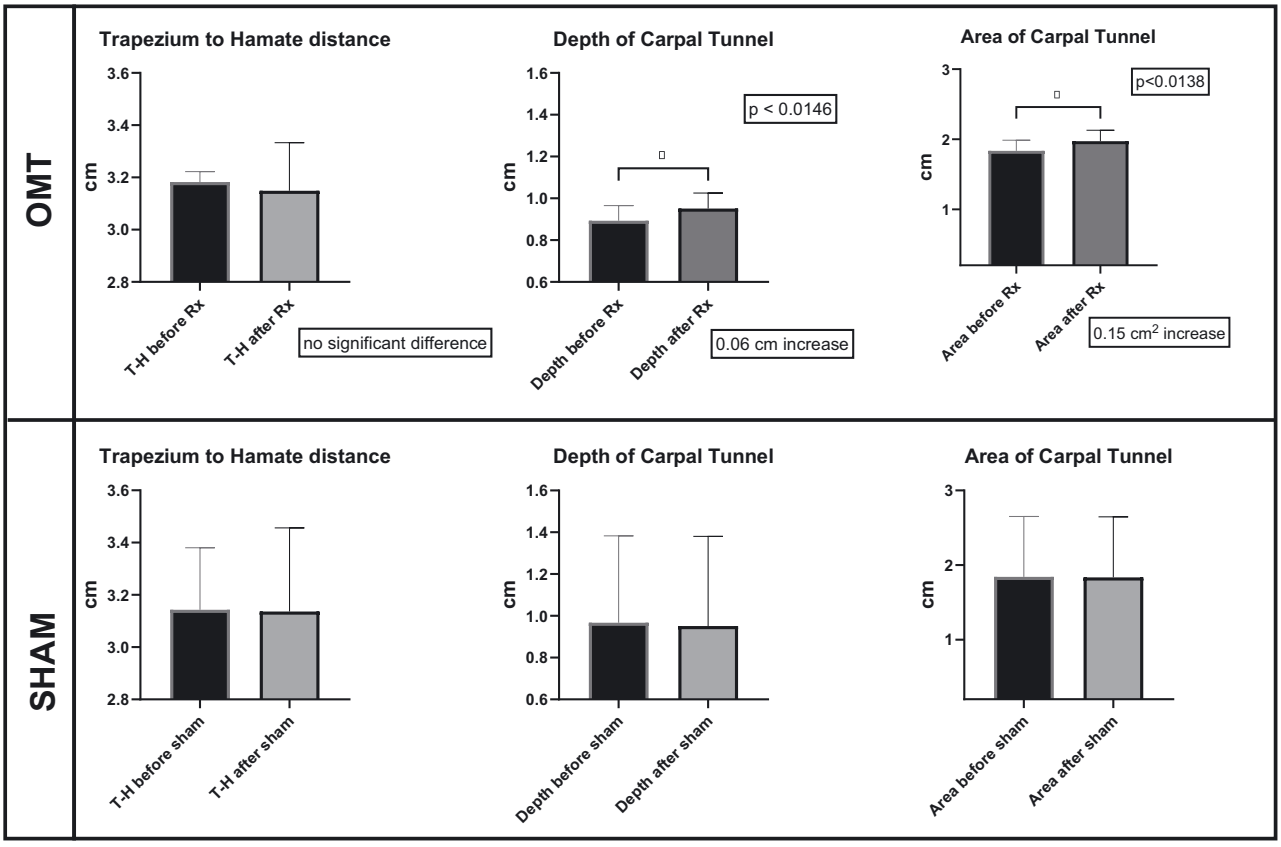

Figure 4: Comparing the means of measurements made before and after manipulation. The top row shows the results following DCA-ME OMT with no significant difference in the distance from trapezium to hamate (the length of the transverse carpal ligament), a 0.06 cm increase in depth of the carpal tunnel, and a 0.15 cm^2 increase in carpal tunnel area. The bottom row shows the results following the sham manipulation with no significant difference between any of the measurements made before and after.