stroke onset prevention but in prevention of a more severe stroke and stroke recovery.

Joshua Z. Willey, New York, NY

Disclosure: The author reports no disclosures.

Reply from the Authors: We thank Dr. Willey for his interest in our article. In the ExStroke pilot Trial, we included stroke patients within 90 days of stroke and followed them for 2 years.[2] The median time from stroke onset to inclusion was 10 days and the information was provided in table 1.

In the current article, we wanted to examine the association between prestroke physical activity and stroke severity and between prestroke physical activity and long-term outcome.[1] Therefore, we chose to include only the Rankin scores from the end of trial visit to best answer our scientific question. We have data on Rankin scores from other time points and plan to publish these data in the future.

The mRS is an ordinal scale. For the main analyses, we used ordinal logistic regression, the so-called shift analysis, which, contrary to binary logistic regression, uses all possible cutoff points and gives one cumulative OR as a result. This method omits the need for dichotomization and the problems that arise when ordinal scales are reduced to binary scales. Physical training may be a way to improve recovery after stroke although further studies are needed.[3]

In a paper currently under review, we address the effect of repeated encouragement to be physically active as a way to generally increase physical activity. Our goal is that this will then affect stroke recovery and risk of recurrent stroke.

Lars-Henrik Krarup, Thomas Truelsen, Gudrun Boysen, Copenhagen, Denmark

Disclosure: The authors report no disclosures.

1. Krarup L-H, Truelsen T, Gluud C, et al. Prestroke physical activity is associated with severity and long-term outcome from first-ever stroke. Neurology 2008; 71:1313–1318.
2. Krarup LH, Gluud C, Truelsen T, et al. The ExStroke Pilot Trial: rationale, design, and baseline data of a randomized multicenter trial comparing physical training versus usual care after an ischemic stroke. Contemp Clin Trials 2008;29:410–417.
3. Mead GE, Greig CA, Cunningham I, et al. Stroke: a randomized trial of exercise or relaxation. J Am Geriatr Soc 2007;55:892–899.

CORRECTION

Reduced circulating angiogenic cells in Alzheimer disease

In the article "Reduced circulating angiogenic cells in Alzheimer disease" by S.-T. Lee et al. (*Neurology*® 2009;72:1858–1863), there is an error in the funding information. It should read as follows: "Supported by a grant (SC4120) from the Stem Cell Research Center of the 21st Century Frontier Research Program funded by the Ministry of Science and Technology, South Korea." The authors regret the error.

CORRECTION

Correspondence regarding "Assessment: Botulinum Neurotoxin in the Treatment of Autonomic Disorders and Pain (An Evidence-Based Review): Report of the Therapeutics and Technology Assessment Subcommittee of the American Academy of Neurology"

In the Correspondence regarding the article "Assessment: Botulinum Neurotoxin in the Treatment of Autonomic Disorders and Pain (An Evidence-Based Review): Report of the Therapeutics and Technology Assessment Subcommittee of the American Academy of Neurology" (*Neurology*® 2009;72:1367–1368) by Alexander Mauskop and Ninan Mathew, the disclosures listed for the authors were incomplete. Dr. Mauskop has participated in clinical trials sponsored by Allergan, Inc., maker of Botox, and has been paid for lectures on this topic. Dr. Mathew has received grants for clinical trials from Allergan, Inc., maker of Botox. He has also served on the advisory board for Botox in Migraine.

Correspondence regarding "Assessment: Botulinum Neurotoxin in the Treatment of Autonomic Disorders and Pain (An Evidence-Based Review): Report of the Therapeutics and Technology Assessment Subcommittee of the American Academy of Neurology"

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