

ERRATUM

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# Erratum to: Barriers and facilitators to the implementation of orthodontic mini implants in clinical practice: a systematic review

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## Erratum

After publication of the original article [1], the authors noticed that one of their correction requests had been missed:

In Table 8, column “Prevalence of the barrier”, a superscripted “a” was included next to the “5 %” and “1 %” prevalence data. These “a”s should have been removed. This is now corrected in the original article and also shown in the below table. We apologise for any inconvenience caused by this error.

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## References

1. Meursing Reynders R, Ronchi L, Ladu L, Di Girolamo N, de Lange J, Roberts N, Mickan S. Barriers and facilitators to the implementation of orthodontic mini implants in clinical practice: a systematic review. *Systematic Reviews*. 2016;5:163. doi:10.1186/s13643-016-0336-z.

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**Table 8** Barriers and facilitators to the implementation of OMIs<sup>a</sup>

Study	Number	Facilitators	Stakeholders	Prevalence of the facilitator
Zawawi 2014[85]	1	Agree to have OMIs to facilitate tooth movement and reduce treatment time	165 orthodontic patients	82.4 % (136/165)
Zawawi 2014[85]	2	Choosing OMIs over extractions	165 orthodontic patients	86.7 % (143/165)
Zawawi 2014[85]	3	Agree to have OMIs when they were the only option	165 orthodontic patients	90.9 % (150/165)
		Barriers	Stakeholders	Prevalence of the barrier
Zawawi 2014[85]	4	Costs	165 orthodontic patients	65.5 % (108/165)
Meeran 2012[8]	5	Lack of training	952 orthodontic clinicians that were non-users of OMIs	67 % (638/952)
Meeran 2012[8]	6 <sup>b</sup>	Fear of risk factors like root damage and infection	952 orthodontic clinicians that were non-users of OMIs	54 % (514/952)
Meeran 2012[8]	7	Patient refusal to accept OMIs	952 orthodontic clinicians that were non-users of OMIs	29 % (276/952)
Meeran 2012[8]	8 <sup>b</sup>	Did not encounter any case requiring OMIs	952 orthodontic clinicians that were non-users of OMIs	14 % (133/952)
Meeran 2012[8]	9	Prefer traditional or conventional methods of treatment without unnecessary invasive procedures	952 orthodontic clinicians that were non-users of OMIs	5 % (48/952)
Meeran 2012[8]	10 <sup>b</sup>	Cost factor	952 orthodontic clinicians that were non-users of OMIs	1 % (10/952)
Bock 2015[5]	11 <sup>b</sup>	(Almost) no suitable indications	345 <sup>a</sup> orthodontic clinicians that were non-users of OMIs	51.0 % (176/345)
Bock 2015[5]	12	Skeptical about additional benefit of OMIs	345 <sup>a</sup> orthodontic clinicians that were non-users of OMIs	33.3 % (115/345)
Bock 2015[5]	13	Skeptical about success/failure rates of OMIs	345 <sup>a</sup> orthodontic clinicians that were non-users of OMIs	56.2 % (194/345)
Bock 2015[5]	14	Insertion/surgery too complex or time-consuming	345 <sup>a</sup> orthodontic clinicians that were non-users of OMIs	32.5 % (112/345)
Bock 2015[5]	15 <sup>b</sup>	Concerned about the complication/injury rate of OMIs	345 <sup>a</sup> orthodontic clinicians that were non-users of OMIs	24.3 % (84/345)
Bock 2015[5]	16	No appropriate surgeon nearby	345 <sup>a</sup> orthodontic clinicians that were non-users of OMIs	32.8 % (113/345)
Bock 2015[5]	17 <sup>b</sup>	Insertion/surgery too expensive	345 <sup>a</sup> orthodontic clinicians that were non-users of OMIs	9.6 % (33/345)

Items in black-type face represent those of the published manuscript. Items in red-type face represent those obtained through contacting the authors of the pertinent manuscript

<sup>a</sup>The numerators and denominators were not completely clear in the published article and were confirmed through contacting the authors of this research study

<sup>b</sup>Barriers 6 and 15, 8 and 11, and 10 and 17 overlap