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Corrigendum

Corrigendum to “Exercise related care pathways for people with diabetes: Literature review and expert consensus” [Diabetes, Metab Syndr: Clin Res Rev 13 (4) (2019) 2755–2762]



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The authors regret that Tables 1, 2 and 5 were published in a possibly ill-understood sequence. The corrected versions appear below for better understanding.

The authors would like to apologise for any inconvenience caused.

Table 1

Needs	Responsible persons	Actions
1. Complication screening	Diabetes specialist	1 doctor appointment
2. Selection	Diabetes specialist	1 doctor appointment
3. Motivation		
o assessment	Nurse	1 nurse appointment
o counseling	Diabetes specialist	1 doctor appointment
4. Evaluation	Adapted Exercise Specialist (AES)	3 AES appointments
o anthropometry	Nurse	1 nurse appointment
o metabolic	Diabetes specialist	1 doctor appointment
o performance	AES	1 AES appointment
5. Education	Diabetes Team/Educator	3 structured sessions
6. Personalized therapeutic indications	Diabetes specialist	2 doctor appointments
7. Planning	AES	1 AES appointment
8. Realization	Regularly spaced supervised sessions	2 AES appointments
9. Verification		
o anthropometry	Nurse	1 nurse appointment
o clinical/metabolic	Diabetes specialist	1 doctor appointment
o performance	AES	1 AES appointment

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Table 2

Complication	Finding	How to proceed
Cardio-vascular disease	<ul style="list-style-type: none"> o No symptoms? o Any symptoms suggestive of CVD? o Any symptoms suggestive of autonomic neuropathy? 	<ul style="list-style-type: none"> o No screening is recommended. o Cardiologist evaluation is required. o Specific cardiologist evaluation required.
Peripheral Neuropathy Retinopathy	<ul style="list-style-type: none"> o Background o Moderate non proliferative o Severe non proliferative or unstable proliferative 	<p>Periodic foot examination is required. Appropriate footwear is mandatory.</p> <ul style="list-style-type: none"> o All activities are allowed. Yearly check is recommended. o Sports causing sudden blood pressure spikes are not allowed. o Jumps or sudden head shakes/lowering, or apnea or very intensive efforts are not allowed.
Nephropathy	<ul style="list-style-type: none"> o Intravitreal bleeding o Grades 1 through 3 o Grades >3 	<ul style="list-style-type: none"> o Stop o All activities are allowed. o Caution suggests to start training at low intensity and volume.

Table 5

Needs	Responsible persons	Actions
1. Complication screening	Diabetes specialist	1 doctor appointment
2. Selection	Diabetes specialist	Virtually no need
3. Motivation		
o assessment	Nurse	Virtually no need
	Diabetes specialist	Virtually no need
o counseling	Adapted Exercise Specialist (AES)	1 AES appointment
4. Evaluation		
o anthropometry	Nurse	1 nurse appointment
o metabolic	Diabetes specialist	1 doctor appointment
o performance	AES	1 AES appointment
5. Education	Diabetes Team/Educator	2-4 structured sessions
6. Personalized therapeutic indications	Diabetes specialist	1-2 doctor appointments
7. Planning	AES	1 AES appointment
8. Realization	Regularly spaced supervised sessions	5 AES appointments
9. Verification		
o anthropometry	Nurse	1 nurse appointment
o clinical/metabolic	Diabetes specialist	1-2 doctor appointments
o performance	AES	1 AES appointment