that this does not reflect clinical practice and therefore, as suggested by Morrow et al., we have provided the test characteristics that include uninformative scans (table 2). The test characteristics of BMD and Bethlem myopathy are still markedly better compared with the other LGMDs. When calculating the reliability of muscle imaging, no scans were excluded.

1. ten Dam L, van der Kooi AJ, van Wattingen M, de Haan RJ, de Visser M. Reliability and accuracy of skeletal muscle imaging in limb-girdle muscular dystrophies. Neurology 2012;79:1716–1723.
2. Mercuri E, Clements E, Offiah A, et al. Muscle magnetic resonance imaging involvement in muscular dystrophies with rigidity of the spine. Ann Neurol 2010;67:201–208.
3. Hicks D, Sarkozy A, Muelas N, et al. A founder mutation in Anoctamin 5 is a major cause of limb-girdle muscular dystrophy. Brain 2011;134:171–182.
4. Mercuri E, Bushby K, Ricci E, et al. Muscle MRI findings in patients with limb girdle muscular dystrophy with calpain 3 deficiency (LGMD2A) and early contractures. Neuromuscul Disord 2005;15:164–171.
5. Carboni N, Mura M, Marrosu G, et al. Muscle imaging analogies in a cohort of patients with different clinical phenotypes caused by LMNA gene mutations. Muscle Nerve 2010;41:458–463.

CORRECTION

Vision assessment using the NIH Toolbox

In the article "Vision assessment using the NIH Toolbox" by R. Varma et al. (*Neurology*® 2013;80:S37–S40), there is an error in the references. The author in reference 12 should read Hays R. The authors regret the error.

Author disclosures are available upon request (journal@neurology.org).