
The authors have unfortunately discovered that the originally published version of this article contains errors, due to the incorrect merging of two datasets. These errors lead to minor changes of the paper, but need to be corrected.

In this corrigendum, we supply the corrected data in Table I and also updated abstract, results and discussion sections. These corrections do not alter the study’s findings of significance or overall interpretation of the study results. The authors regret for any inconvenience caused.

**ABSTRACT**

In the Abstract the following is sentence is changed:

**Original abstract sentence**

A strong negative correlation was found between the TSK-NL Heart and the HADS (Anxiety) (rs = −0.51).

**Corrected abstract sentence**

Strong positive correlations were found between the TSK-NL Heart and de HADS (Anxiety) (rs: 0.60) and between the TSK-NL Heart and the CAQ (rs: 0.61).

**RESULTS**

In the Results section the following sentence is changed in the paragraph on **Construct validity, Relationship TSK-NL Heart and external measures**:

**Original**

A strong negative correlation was found between the TSK-NL Heart (13-items) and HADS-A: r_s = −0.51 (95% CI: −0.42–0.60).

**Corrected**

A strong positive correlation was found between the TSK-NL Heart (13-items) and HADS-A: r_s = 0.60 (95% CI: 0.48–0.70).
DISCUSSION

In the Discussion section the following paragraph is changed:

Original paragraph
A strong negative correlation was found between the TSK-NL Heart and the HADS-A. A more detailed look at our data revealed that a substantial proportion of patients (62%) had high levels of general anxiety (HADS-A >11) without being fearful of movement, while general anxiety and kinesiophobia co-existed in only in a small proportion (38%). This explains the negative correlation between the HADS-A and the TSK-NL Heart. Theoretically it is unsurprising that almost all patients with kinesiophobia also have high levels of general anxiety, since anxiety is the primary factor in kinesiophobia (18). The HADS-A is commonly used in to assess the level of anxiety in patients in CR (19), but it appears unsuitable to determine the level of specific anxiety symptoms (19), such as kinesiophobia. Based on the current results, we conclude that the HADS-A and TSK-NL Heart measure different constructs (anxiety vs kinesiophobia) and recommend including the TSK-NL Heart in the psychological evaluation of patients referred to CR

Corrected paragraph
A strong correlation was found between the TSK-NL heart and the HADS-A. This finding is in line with a previous study of Back et al. that showed that anxiety, measured on the HADS, increased the odds of having kinesiophobia with 19,2% (5). Theoretically this makes sense since anxiety is the primary affective component in phobias (18). In our study, 27% of the patients were classified with an anxiety disorder (possible anxiety disorder: 11,2%, likely anxiety disorder: 15,8%) on the HADS-A, while 45,4% had high kinesiophobic scores measured on the TSK-NL Heart. The HADS-A is commonly used to assess the level of general anxiety in patients in CR (19) however, it does not measure specific anxiety symptoms related to (avoidance of) physical activity (19), such as kinesiophobia.

The correlation between the TSK-NL Heart and the CAQ was also classified as strong.