with previously used scales, indicating validity and relevance. Although the feasibility of the 9-HPT appears excellent, patients with severe hand disability are sometimes unable to achieve the test. These conditions constitute a limitation of the use of the 9-HPT, as described in the methods of the present work.

In clinical practice, the 9-HPT seems to be an appropriate test to assess treatment efficiency in CSM. Although hand disability is not a recognised symptom of surgery indication, 9-HPT could constitute a precious tool in association with gait impairment assessment for treatment decisions in CSM. Two main clinical dimensions of CSM should be considered in any clinical trial outcome measure: ambulation and hand function. The 9-HPT may be highly suited to assess hand dexterity in CSM. These preliminary data represent a step in the development of a composite scale that could include the assessment of gait and hand motion disability by the Walking Time test and the 9-HPT.

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CORRECTION

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M Jorns-Häderli, D Straumann, A Palla. Accuracy of the bedside head impulse test in detecting vestibular hypofunction. *J Neurol Neurosurg Psychiatry* 2007;**78**:1113–8. The videos relating to this paper have been moved to http://vertigocenter.ch/hit/. The previous link was http://web.unispital.ch/neurologie/hit.