

September 22, 2014

Dear Editor,



Please find enclosed the edited manuscript in Word format (file name: State management of knee osteoarthritis.doc).

of the art

**Title:** State-of-the-Art Management of Knee Osteoarthritis

**Author:** Fibel KF, Hillstrom HJ, and Halpern BC

**Name of Journal:** *World Journal of Clinical Cases*

**ESPS Manuscript NO:** 02926948

The manuscript has been improved according to the suggestions of reviewers:

1 Language and grammar (language polishing) as mentioned by a couple of the reviewers has been corrected. The rest of the manuscript was reviewed and similar attention was paid to language and grammar and corrected to the best of our ability.

2 We addressed the reviewers comment that the conclusion be re-written to better summarize the review and provide recommendations for the non-operative management of knee OA and future direction of research. Please see conclusion which has been significantly expanded to address these points.

3. We addressed statements that the reviewer mentioned that might be controversial topics. We also added wording to include a more global audience as some of our statements were based on data and population statistics in the United States so we felt keeping some of this wording was important but again we recognized the need to expand our statements to include a larger, more global audience.

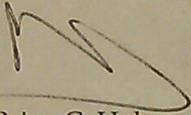
4. One of the reviewers had stated that the review lacked discussion of physical therapy treatment however we would like to point out that this was extensively addressed in the weight loss and strengthening section which discusses aerobic activity, strengthening, and flexibility which are all the components that a formal or home physical therapy prescription would include.

5. With regards to some of the comments about the PRP injections, we understand that PRP is viewed by some as a controversial topic however our goal in this section of the review was to present literature that is available to evaluate PRP's potential role in the treatment of knee OA and there are certainly emerging treatments that are being studied for knee OA so we do not in any way feel that our discussion of the PRP data is inappropriate. With regards to some of the other PRP directed questions by the reviewer, we discussed a study which looked at receiving a series of 3 PRP injections while another study compared 1 injection vs 2 injections and we state that it "found a single dose of PRP to be as effective as 2 injections to alleviate symptoms in early knee OA which further questions whether multiple subsequent injections are needed rather than a single injection only." We do not feel that it is appropriate for us to determine "why" the studies used their intervals or number of injections in their study design but more appropriate for us to evaluate the information available and their results to suggest that PRP does appear to have a role in the treatment of knee OA however the specific number of injections, timing of injections, and composition of injections are still needing further investigation to determine optimal treatment. To further support this, at the end of this section on PRP, we do state

that "it does appear that PRP can be a useful treatment for knee OA and certainly additional studies are needed before conclusions regarding true efficacy can be confirmed. Future studies are also needed to determine the optimal composition of PRP (i.e. platelet concentration, leukocyte-rich or poor)."

Thank you again for publishing our manuscript in the *World Journal of Clinical Cases*.

Sincerely yours,



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