I appreciate the reviewers' comments, and address them as below.

1. Confusion as to concern that I was deprecating knee replacement surgery. I was not. To emphasize that point, I added "Not whether it works, but whether it is always necessary" to the title.
2. Reviewer is correct that not all patients have arthritis. This I have repeatedly emphasized in the manuscript:
   A. is the bone and cartilage damage (arthritis) actually the source of the patient's pain and disability?
   B. was the damage to the bone and cartilage (arthritis) actually the source of the patient's pain and disability?
3. Good or excellent results from knee arthroplasty. I have added the statement, "After all, 90% of patients have good or excellent result" to the manuscript.
4. Common cause for pain are now included, but distinguished from instability: Loosening, wear, infection and patellofemoral and alignment problems may result in return of pain, but would not be anticipated to be responsible for a less than satisfactory immediate clinical response.
5. The majority of pts undergoing arthroplasty do not have knee ligamentous instability. Not challenged as far as testing for cruciate ligament and meniscus damage-related instability, but medial-lateral instability does not seem to be routinely assessed. A common physical finding in patients with knee pain is instability of that joint. This seems often overlooked as it is not revealed by the traditionally maneuvers utilized to identify meniscal- or cruciate ligament-related instability, but rather movement produced by medial-lateral stress applied to the leg with the knee as the fulcrum and the thigh stabilized. Was already in the manuscript
6. Patient felt improved. What tool was used to evaluate?
   A. medial-lateral stability was restored in half of the patients (50 in number)
   B. the previously compromised patients no longer felt the need for knee replacement – which as already stated in the manuscript. As unrelenting pain interfering with activities of daily living was at that time considered the indication for joint replacement, the feeling that surgery was no longer needed speaks for itself.
7. What is the simple exercise program? This has been previously reported, but is now included in the manuscript: The patients were instructed to sit with legs dangling, so they did not contact the floor. They were then directed to extend one leg to produce a 30 to 45 degree knee angulation and hold that position for 10 seconds. They were to allow the leg to assume neutral position (90 degrees of knee flexion) and perform the same procedure for the other leg. This was to be repeated four times a day, four times at each sitting.
8. How was it determined that the program eliminated instability? medial-lateral stability was restored in those with pain relief.
9. Authors should conduct a study. AGREED. This report is a retrospective consideration of the routine approach utilized in my office. A prospective analysis of the efficacy of this simple exercise intervention should be conducted. It is proposed that the patient would be their own control, as restoration of stability and reduction or elimination of pain are the pertinent measures of efficacy.