## In Response to Comment on "Effectiveness of Radiofrequency Ablation of the Genicular Nerves of the Knee for the Management of Intractable Pain from Knee Osteoarthritis"

## TO THE EDITOR:

We greatly appreciate your comments on our published paper, "Effectiveness of radiofrequency ablation of the genicular nerves of the knee for the management of intractable pain from knee osteoarthritis" (1).

Our study was prospectively conducted. Therefore, the statement regarding informed consent should be corrected to: "The study protocol was approved by the Institutional Review Board of the university hospital. All participants were fully informed about the study, and written informed consent was obtained from the study participants before beginning the study." Additionally, because the successful treatment outcome, defined as  $\geq 50\%$  reduction in pain intensity from baseline value at 6 months post-treatment, was not used in our analysis, the corresponding content in the methods section should be deleted. Furthermore, thank you for introducing research determining cut-off points on the Numeric Rating Scale (NRS) in patients with chronic musculoskeletal pain, showing that NRS scores  $\leq 5$  cor-

respond to mild pain, scores of 6–7 correspond to moderate pain, and scores ≥ 8 correspond to severe pain (2). However, the result of a single study cannot be considered absolute. More research is needed to establish definite standards for differentiating mild, moderate, and severe pain. Moreover, not only the magnetic resonance imaging (MRI) system used in our study but also using the MRI Osteoarthritis Knee Score (MOAKS) by Hunter et al (3) and radiographic correlation with the Kellgren-Lawrence scale could have provided valuable information. Lastly, we had a typo in the number of "Hyaline cartilage defect tibia (P) grade 2" in Table 3, which should be corrected from 36 to 33. The mean, SD, and P-value were correctly presented.

Min Cheol Chang, MD

Department of Rehabilitation Medicine, College of Medicine, Yeungnam University, Republic of Korea E-mail: wheel633@gmail.com

## **R**EFERENCES

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