Deyle et al. (1) should be commended on their randomized control trial demonstrating that knee osteoarthritis patients who underwent physical therapy (PT) had less pain and functional disability at 1-year than patients who received intraarticular glucocorticoid injection.

As value in healthcare has shifted to a measurement of quality and outcomes relative to the cost (2), there is more emphasis on developing measurements of efficacy for the treatments of knee osteoarthritis. Whenever high-quality evidence is available, such as the present study, challenges exist in its distribution and widespread adoption into clinical practice at an individualized patient level. With an increasing evidence-based care trend, bridging the gap between evidence and clinical practice is pivotal (3). The findings of this study contribute to the continuous development of clinical practice guidelines (CPG), which ultimately result in appropriate use criteria (AUC) in an attempt to improve the value of care through a personalized approach (4).

Finally, as there was no difference in mean cost between PT and injection groups, a formal cost-effective analysis is warranted as the high number of therapy visits may not be feasible in many healthcare systems. Challenges remain how to incorporate evidence-based data with patient-specific recommendation for knee osteoarthritis with emphasis in value.

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Footnote

Conflicts of Interest: Both authors have completed the ICMJE uniform disclosure form (available at http://dx.doi.org/10.21037/aoj-20-91). NSP reports grants from Zimmer, grants from RegenLab, grants from OREF, outside the submitted work. AS has no conflicts of interest to declare.

Ethical Statement: The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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