anesthesia, all cases had not only locked in the gains from extension but had also made progress. Because the posterior knee pain was gradually relieved, all patients participating in the study were able to withstand the pain during knee-stretching, with simultaneous improvement in both their level of confidence and compliance with the stretching protocol. As a result, they were able to complete the treatment regimen, thereby gradually improving and eventually maintaining the amelioration in flexion contracture and HSS score.

The outcome in this study suggests that patients with severe flexion contracture after TKA for more than 6 months, especially those who develop fixed contractures, may not be appropriate candidates for this treatment protocol, which could lead to a persistent and uncorrectable deformity. The limitation of this study is the smaller sample size of our patient cohorts. Additional studies with larger patient cohorts are currently underway, and the authors are awaiting the long-term results in order to determine if the promising results obtained in this study are reproducible.

In summary, these findings suggest that CPSNB combined with physical therapy provide improved clinical results for patients with flexion contractures who do not respond to conventional treatment modalities. This approach offers an alternative regimen that can be incorporated into rehabilitation protocols for the treatment of knee flexion contractures after TKA.

**References**


**Corrigendum**

In the article “Isthmus Undivided Bilateral Nephrectomy in a Patient with Polycystic Horseshoe Kidney”, which appeared in vol. 128, issue 5, page 698 of Chinese Medical Journal,[1] due to the carelessness of authors, name of the author Yi-Min Wang incorrectly appeared as Yi-Ming Wang. This has now been corrected and reposted online.

**Reference**


**DOI:** 10.4103/0366-6999.155132