Comparison of Digital Musculoskeletal (MSK) Solutions

	Hinge Health	SWORD HEALTH	♥PHYSERA by omada	kala
Key Points	 US Enterprise market leader Only solution with end-to-end Digital MSK Clinic Only solution with 4 published studies demonstrating pain reduction, surgery avoidance, and financial savings First-dollar coverage eligible 	 Small-scale studies all focused on post-surgery rehab, none on chronic MSK to prevent surgeries HQ & engineers based in Portugal 21% of Sword participant dropout rate (3x avg)-Validation Institute Study (2020) Charges per episode 	 0 published clinical studies and no proven outcomes 5 programs "for ALL MSK injuries" Charges per episode 	 Studies^{8,9} found no correlation between Kaia app and pain reduction. User base mostly non-US. HQ & engineers based in Germany Charges per episode
Company Background	Founded in 2014600+ employees\$426M in funding	Founded in 2015< 145 employees\$50M in funding	 Founded in 2016 < 40 employees \$10.8M in funding, acquired by Omada 	Founded in 2016> 99 employees\$48M in funding
Technology	Software and sensor guided exercise therapy. Enso for non-addictive, non-invasive immediate MSK pain relief	Software and sensor guided exercise therapy	Software-only	Software-only
Clinical Support	In-house physicians and orthopedic surgeons, licensed Doctors of Physical Therapy, board-certified health coaches, team of specialists (nutritionists, nurses, counselors, and more)	PT only (not all Doctors of Physical Therapy)	PT-only: part-time contractors, not FTEs	Health coach only
Participant Support	Access in app to call/text on-staff HH support person anytime between 6am - 6pm PT	Support calls reported as unresponsive.	No support phone number offered in app. Help through outsource service	Unknown

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Enterprise Experience	 300+ US enterprise clients, 100% client retention ROI guarantee HITRUST CSF, SOC 2 certified Vetted and chosen by 20 health insurers and PBMs 	 20 US enterprise clients HITRUST CSF, SOC 2 certified 	 20 US enterprise clients Unknown client retention rate No IT security certifications Not First Dollar Coverage eligible 	 30 US enterprise clients No IT security certifications
MSK Care Programs	 4 distinct, dedicated programs for prevention, chronic, acute, and post-surgical rehab 100% body parts covered FREE Prevention & Expert Medical Opinion for entire memberbase 	 1-provider-fits-all approach for their entire population (before 2020, only covered post-surgical rehab) 100% body parts covered 	 5 programs for "ALL MSK injuries": Prevention, PT consultation, self-guided recovery, PT-guided recovery, post-care 100% body parts covered Fee per episode model 	 1-provider-fits-all approach for their entire population 100% body parts covered
App Store Review	2400 reviews 4.9 rating (#1 rated)	9 reviews 4.6 rating	796 reviews 4.7 rating	1,600 reviews 4.4 rating
Long-term Outcomes	 The average pain reduction at 2 years was 51%⁵ 7 out of 10 still do exercises after 2 years⁵ 	None. First active customer started in 2020	None	None
Published Peer-reviewed Clinical Studies	 4 studies 10,644 total participants 2 randomized controlled trials RCT showed average savings of \$4336.63/participant 	 3 studies (all on post-surgery) 204 total participants 3 randomized control trials 0 studies showing cost savings 0 studies showing pain reduction without surgery 	 0 studies 0 total participants 0 studies showing cost savings 	 4 studies 2,777 total participants 2 Randomized Control Trials 0 studies showing cost savings
Medical claims analysis	2-year, multi-employer, control-matched medical claims analysis reflecting a 2.26x ROI	0 medical claims analysis	0 medical claims analysis	0 medical claims analysis

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Clinical outcomes on chronic MSK conditions based on published studies						
Sustained Engagement	73%, 12 wk⁴(N=10,264)	None (only has post-surgery data)	None	54%, 12 wk ⁷ (N=1,251)		
Pain Reduction	69% reduction, 12wk ⁴ (N=10,264)	 None for chronic MSK. Only has post-surgery data: 58% pain reduction, 12wk¹⁰ 	None	33% reduction, 12wk ⁹ (N=1,245)		
Surgery Reduction	67% reduction ⁴ (N=10,264)	None	None	None		
Anxiety & Depression	58% reduction ⁴ (N=10,264)	None	None	None		

References: Published Clinical Studies

Hinge Health - 4 published studies on chronic MSK

- 1. Smittenaar, et al. (2017). 12-Week and 6-Month Outcomes (Knee). Retrospective Study. N=41
 - a. Each participant avg. pain reduction (VAS Visual Analog Scale. Unidimensional measure of pain intensity (0-100), 100 is highest):
 - i. 57% at 12 weeks
 - ii. 60% at 6 months
 - b. 5-year surgery reduction:
 - i. 67% at 12 weeks
 - ii. 69% at 6 months
- 2. Mecklenburg, et al. (2018). Effects of a Digital Care Program (Knee). Randomized Controlled Trial. N=162 (101 treatment, 61 control)
 - a. Each participant avg. pain reduction (VAS):
 - i. 61% vs. 21% control at 12 weeks
 - b. 5-year surgery reduction:

- 63% vs. 17% control at 12 weeks
- c. Avg. weekly engagement per participant: 95%
- d. Net cost savings per year: \$4340 per participant
- 3. Bailey, et al. (2019). Effects of a Digital Care Program (Low Back). Randomized Controlled Trial. N=177 (113 treatment, 64 control)
 - a. Each participant avg. pain reduction (VAS):
 - i. 62% vs. 3% control at 12 weeks
 - b. Avg. weekly engagement PP: 90%
- 4. Bailey, et al. (2020). Digital Care for Chronic Musculoskeletal Pain: 10,000 Participant Longitudinal Cohort Study. N=10,264
 - a. Avoided 2 in 3 surgeries
 - b. Each participant avg. pain reduction (VAS):
 - i. 69% at 12 weeks
 - c. 58% improvement in depression and anxiety at 12 weeks
 - d. 73% completion at 12 weeks
 - e. Pain reduction directly correlated with Hinge Health exercise therapy and coach interactions
- 5. Krauss, et. al. (2021). 2 Year Outcomes Comparison Study: Demonstrated long-term back and joint pain relief. N=276

Kaia - 4 published studies

- 6. Huber, et al. (2017). Short-Term Results (Low Back). Retrospective Study. N=180
 - a. Each participant avg. pain reduction (NRS Numeric Rating Scale. A whole number version of the VAS (0-10 integers), 10 highest):
 - i. 21.9% at 12 weeks
 - b. 17.8% completion rate at 12 weeks
- 7. Clement, et al. (2018). User Retention (Low Back). Retroactive Cohort Study. N=1251 (196 version 0.x, 1055 version 1.x)
 - a. 54% completion at 12 weeks
- 8. Toelle, et al. (2019). App-based Back Treatment vs PT Plus Education, Randomized Control Trial. N=101 (53 treatment, 48 control)
 - a. Participant avg. pain reduction (NRS):
 - i. 47% vs. 37% PT control at 12 weeks
 - b. No correlation between Kaia App activity and pain reduction
- 9. Priebe, et al (2020). Digital Treatment of Back Pain vs. Standard Care. N=1,245 (933, treatment, 312 control)
 - a. Participant avg. pain reduction:
 - i. 33.3% vs. 14.3% control
 - b. No correlation between Kaia App activity and pain reduction

Sword - 3 published studies (on post-surgery only)

- 10. Correia, et al. (2018). Conventional vs. Home-based Rehab (Knee). N=69 (38 home-based, 31 conventional/control)
 - a. Post-surgery rehab avg. pain reduction (KOOS The Knee/HIP Injury and Osteoarthritis Outcome Score):
 - i. 57% vs. 34% control at 8 weeks
- 11. Correia, et al. (2019). Medium-Term Outcomes: Digital vs. Conventional Rehab (Knee). N=69 (38 digital, 31 conventional/control)
 - a. Post-surgery rehab avg. pain reduction (KOOS):
 - i. 58% vs. 31% control at 12 weeks
- 12. Correia, et al. (2019). Conventional vs. Home-based Rehab (Hip). Parallel Group Pilot Study. N=66 (35 home-based, 31 conventional/control)
 - a. Post-surgery rehab avg. pain reduction (HOOS):
 - i. 60% vs. 60% control at 8 weeks
 - b. Post-surgery rehab avg. pain reduction (HOOS):
 - i. 65% vs. 53% control at 6 months