

## **Orthopaedic Connection**

### **What To DO - And Not Do, To Treat Knee Arthritis**

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#### ***Transforming patient information into patient understanding.***

What I will be telling you about today comes straight from the American Academy of Orthopaedic Surgeons. The knee arthritis "guidelines" were published in February 2009 by the Academy. I have been a member of the Academy for many years. It is the largest and most prestigious Orthopaedic Surgery organization in the world. As members we look to it as our professional information and teaching source. When the Academy says something we listen very attentively.

#### ***What The Academy Said***

##### **Key Recommendations**

For people with knee arthritis, regular exercise is a priority. Specifically strengthening exercise for thigh muscles, low impact aerobic exercise and flexibility exercise.

Weight Loss is equally important to exercise. There just is no getting away from it.

##### **Pain relief**

Tylenol, but not more than four grams a day.  
Advil or Motrin. Coated if you have stomach problems.  
Topical gels or creams. Voltaren, Theragesic, etc.  
Glucosamine/Chondroitin such as Osteo-Bi-Flex might be helpful.

##### **Viscosupplementation**

Or as I call it, a pain relieving lubrication injection. I use Supartz in a five injection program. There are others. Supartz has worked best for my patients.

##### **A Cane**

Absolutely. It can help greatly, used in the opposite hand; if you're not too proud to use it.

##### **Arthroscopic Surgery**

Uh. Maybe. But not just because you have arthritis. I will do it if I think you have a torn cartilage or loose pieces in addition to the arthritis. In that case, I can help you by doing an arthroscopy.

### **Orthotics**

Again, maybe. Everyone with knee arthritis doesn't need orthotics. You may need orthotics if I determine you have a certain foot type or some condition in your foot that is affecting your body mechanics.

### **A Knee Sleeve or Brace**

No harm in trying, but they usually don't help much and my patients get tired of wearing them.

### **Steroid Injection**

I give them at times for pain relief, but they don't cure the arthritis and I can't predict how long it will help you. Injections do have a place, however.

### **Total Knee Replacement**

The most complicated form of treatment. It has to be matched to the right person. Most of the patients I see want to at least try some other forms of treatment before committing to a total knee. I will not pressure you to have a total knee just because I can do the surgery. That is wrong.

It is a process. For some nothing short of a total knee will help. I don't make those patients go through all the other stuff. I like to work out with the individual patient what is best for them. It might come down to a total knee or on the other hand they may never end up having one. We will together work out what's best for you.

### **Office Website - Gratiot County Herald Archive**

[www.orthopodsurgeon.com](http://www.orthopodsurgeon.com) and Your Orthopaedic Connection are your source for all things Orthopaedic and musculoskeletal. You reach the GCH archive of all previous articles through the website. All past articles are listed by title and the complete text is available at the click of the mouse.

All of the information pertains to everything I treat at the office and hospital. Please log on and check it out.

Our goal is simple - To help people return to more pain free functional lives. I specialize in you.

Good health. Good life. All the best to you.

Be well.

Dr. Haverbush