Orthopaedic Connection

Don’t Want a Total Knee? Read On.

By Thomas J. Haverbush, M.D.
Orthopaedic Surgeon

*Transforming patient information into patient understanding.*

I rarely (probably never) walk into an exam room and after introductions the patient says, “Doctor, I have knee arthritis. Will you please do a Total Knee Replacement?”

Simply because I am able to do a Total Knee Replacement doesn’t mean the patient wants it. They usually don’t want to hear it is their only option either.

**Key Point:** My place is to give them the best information about treatment that applies to their particular knee problem. Then the person and often their family have to decide.

**Knee Replacement**

The number of total knee replacements has increased in recent years and is expected to continue. Knee problems seem to be epidemic. They are caused by trauma, sports injuries and osteoarthritis that in some people “just happens”.

If the knee problem is far advanced, there may be no other reasonable solution but Total Knee Replacement.

**OK, What Else?**

The Arthritis Foundation guidelines are something patients and physicians ought to accept. What are the choices for treatment less invasive than total knee replacement?

Ok, here goes. Gospel from the Arthritis Foundation.

- **Lose Weight**
  
  It is the *only thing* that actually slows down the progress of arthritis. The *only* one. Every pound lost greatly decreases stress and pressure on the bone and tissue in and around the knee. Very hard for most of us to do, but I have seen it work over and over again. Wouldn’t you rather try to lose weight, than to have a total knee?

- **Exercise**
  
  Walk, ride a bike, swim, almost anything that is low impact and gets you moving. For the great majority of knee arthritis patients exercise helps decrease pain and is, of course good for overall health. For a few patients, this does not work for them.

- **Increase Muscle**
  
  Stronger muscles help support and relieve pain in damaged joints. It’s like having a brace inside your leg. Strengthening muscles must be done correctly if it is to help. A Physical
Therapist or I have to show you the correct exercises to do for your problem.

- Possible Help
  Supartz pain relieving lubrication medication has been used with success in my office for years.
  Osteo-Bi-Flex (Glucosamine/Chondroitin) can, I believe, help some patients, but not all. Best if I help you decide so you don’t waste your money.
  Braces: maybe, but most people don’t continue wearing them.
  Acupuncture: worth a try if you want to.
  Cane: Definitely if you’re not too proud.
  Motrin, Advil or similar for pain and inflammation.
  Tylenol: for pain only, but don’t take to excess.

Well, there you have it. You might require a total knee replacement, which I can do for you, but I am willing to work with you on other possibilities.

**Gratiot County Herald Archive and Office Website**

A great source of all of the musculoskeletal information that you need can be found at [www.orthopodsurgeon.com](http://www.orthopodsurgeon.com). It contains a tremendous amount of musculoskeletal information that can be very helpful to you, your family and friends.

In addition, it is your entry to the Gratiot County Herald archive of all articles I have written for Gratiot County Herald Orthopaedic Connection. All of the articles are listed, most recent all the way back to the first. A couple of mouse clicks and the whole article appears.

The articles and website cover every thing I treat in 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