There are a lot of aspects of knee osteoarthritis that are misunderstood. Please read on.

1. **Activity will make knee arthritis worse.**
   Apparently a lot of people mistakenly believe this because studies show that men and women with knee arthritis are notoriously inactive. Groan! Gasp! What to do? Get moving. Walk, bike, or swim if you possibly can without excessive pain. Exercise reduces pain and strengthens the quadriceps and hamstring muscles which in turn reduces stress on the knee.

2. **“I know lots of people that are of average size that have arthritis and a lot of overweight people who don’t have arthritis.”**
   Maybe you know some people, but many studies have found being overweight doubles your risk of knee arthritis and if a person is greatly overweight it quadruples it. Ouch.

3. **Shots don’t help.**
   Not sure who you have been talking to, but they do help if you match the injection product to the right patient and get it into the knee joint. These two aspects are critical. There are different medications that are used for different patients and different degrees of arthritis. And you have to be sure it gets into the knee joint. It is not always easy to inject the medications into the knee joint. A lot of experience insures proper injection into the joint. When someone injecting the knee doesn’t get it into the proper place (in the knee) it won’t work. In fact knee pain may worsen temporarily.

4. **What do you mean you didn’t have an MRI?**
   Most of my patients think they need an MRI exam to know what degree of arthritis they have. Not!! MRIs are way over ordered by many Physicians, PAs and Nurse Practitioners. Plain standing knee x-rays which Orthopaedic Surgeons order are the gold standard for diagnosis of knee arthritis. Many of my patients have bones touching on standing x-rays that are taken in the office. An MRI adds nothing to the diagnosis. Do I ever order an MRI? Sure, lots of times if the person may have torn cartilage or something similar. But routine MRI. No way. It’s wrong.

5. **Knee braces don’t help.**
   Knee braces don’t always help depending on the degree of arthritis, patient’s age and size of the leg to be braced. It is in many cases worth trying a knee brace of the wrap around variety with hinges, straps and Velcro. Sorry you can’t get what you need at Walmart! It can be prescribed for a patient as medical equipment and many insurances will pay for it.
My patients put their trust in me and what I do improves the quality of their lives.

Gratiot County Herald Archive and Office Website
I hope what you have read has raised questions. No problem!
Please log onto www.orthopodsurgeon.com. It has a huge amount of musculoskeletal information in the Website and the Archive of all previous GCH articles.
Check it out and be amazed what you can learn.
Good health. Good life. All the best to you. Be well.
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