

# **Argus Orthopaedic Zone**

## **More About Arthritis of the Knee**

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

The great majority of our patients have primary osteoarthritis or wear and tear arthritis. Post injury arthritis has a more definitely known cause, but the effect on the knee is the same. In our continuing discussion of knee arthritis I will not be considering (for now) rheumatoid arthritis and the metabolic causes that affect the whole body. I will leave that for later.

One of the things about knee arthritis that has always amazed me is how unpredictable it is. You would think eventually everybody's knees should wear out with the countless number of times our knees bend and we put weight on them. As we said last time the cushion between the bones begins to wear away as arthritis begins. It may begin to bother you early or it may take years. Hugely variable and not the same from one knee to the other.

### **Signs**

Usually the primary symptoms are pain and swelling, developing gradually. A few people experience the onset suddenly. You're also likely to have knee stiffness and pain when you get up in the morning, but it gets better as you move about. The knee can make a clicking sound when it is moved. Weakness can develop or the knee may lock or buckle. As symptoms progresses you may have pain at night.

### **Patient Response**

I see patients in the office every week who have had knee symptoms of arthritis for two weeks and others who say they have had symptoms for many months or in some cases for years. We are all so different in how we respond to things that bother us. It has been noted, by me and many others that women tend to put up with these symptoms much longer than men before seeking help. There are several theories about why this is so.

### **Diagnosis**

I mentioned in an earlier "class" that my patients tend to call anything around the knee that hurts, "arthritis". Maybe they do because there are a lot of busy doctors who do that too. They reach for a

prescription pad, prescribe something and don't even get an x-ray. Sigh. So, I guess I shouldn't be too hard on patients calling everything around the knee that hurts arthritis.

Fact is though, you can't diagnose true knee arthritis without a good history, careful exam of the entire leg, hip, and possibly lower back. Then I get plain standing x-rays of the knee to see what is going on. An MRI might be needed, but often isn't.

### **Risk Factors and Progression**

Before we get into all the treatment options of knee arthritis it will be very informative to spend time talking about how knee arthritis seems to progress and what causes it. We'll take that up next week in our continuing course on knee arthritis.

Check out our teaching website for patients and families, which is [www.orthopodsurgeon.com](http://www.orthopodsurgeon.com), which can take you to Your Orthopaedic Connection. You can learn much more about knees and all the things I treat in the office and hospital.

Our goal is simple - To help people return to more pain free, functional lives.

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

Be well.

Dr. Haverbush