

Orthopaedic Connection

Knee Arthritis - Treatment

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Transforming patient information into patient understanding.

Treatment of knee arthritis should be covered thoroughly so you will get some valuable information to use. I would like to cover the conservative treatments I use first and then in a separate part go over surgical treatment. Trust me, it will be less confusing to do it this way. Ready, let's go.

Conservative Non Surgical Treatment

- Life style change.
Patients who are overweight are told to lose weight, but often can't because the knee hurts too much to walk. Losing 10 pounds can do amazing things for knee arthritis. Try to set a goal of 10 pounds and go for it.
- Wear the best energy absorbing shoes you can find. Consider orthotics to give proper support to feet that may have some problems.
- Use a cane. It can do wonders. Don't be too proud to use one.
- Knee bracing. It ranges all the way from an ace wrap to knee supports you can get at a store. More specialized braces need to be prescribed after I properly evaluate the knee. They come from brace shops. If prescribed, insurance may pay for them.
- Exercise. It must be individualized for each patient. It can be an important aspect of treatment. Possibilities are walking of course, anything in water, bike.
- Ice can help decrease swelling and pain. Heat especially at night can benefit some people. We all respond differently. See what works for you.
- Theragesic applied to the knee can help reduce aching and stiffness.
- Physical therapy. Specific exercises can improve range of motion and strengthen the muscles in your leg that support the knee joint. Physical therapy has to be prescribed and I might feel this could help based on exam and x-rays.
- Osteo-bi-flex is a glucosamine and chondroitin preparation that I often recommend if I think it can help a particular person's degree of arthritis. But I don't have everyone taking it because some people it can't help.
- Viscosupplementation. A 25 cent word that means injecting a pain relieving lubrication substance into the knee in a series of shots to relieve pain. I use Supartz and it seems to help a lot in properly selected patients.
- Tylenol. Also called acetaminophen. Mild pain can be relieved.

- Advil, Motrin, Aleve, Naproxen. Pain relief and some anti-inflammatory help. No harm in trying if you're not on Coumadin!
- Nonsteroidal anti-inflammatory prescription medication. There are many. They need a prescription. Your doctor or I would need to decide whether one might help.
- Steroid (Cortisone type of medication) shot. Can be really helpful if used carefully and not too often.
- Acupuncture. It certainly seems to help some people, but it's hard to predict who. I don't do it, but I don't discourage it. No harm to try.
- Magnetic Pulse Therapy. It is available. Probably not covered by insurance. Expensive. I don't have a lot of patients who have used it.
- OxyContin. No way will I prescribe this. Don't ask.

Conclusion

Whew! We have covered a lot, but I wanted to get all the conservative treatments covered that I use before going on to procedures. I will cover those next week.

Office Website and Gratiot County Herald Archive

www.orthopodsurgeon.com and Your Orthopaedic Connection provide all the Orthopaedic and musculoskeletal information you need! And you can reach the archive of all Gratiot County Herald previous articles which I have written through the office website.

All past articles are listed by title and the complete text is available at the click of a mouse.

All of the information available concerns what I treat daily in the office and hospital. Please log on and check it out.

I very much appreciate all of you loyal readers, patients and future patients.

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