

Orthopaedic Connection

Knee Arthritis Myth Busters

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Transforming patient information into patient understanding.

I have never done a Myth Busters on a single subject before so I thought why not? Maybe you will like it.

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*.

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 a study in 2011 found being overweight doubles your risk of knee arthritis and if a person is greatly overweight it quadruples it.

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.

There are different medications I use for different patients and different degrees of arthritis. And I have to be sure I get it in the knee joint which I confirm by the use of ultrasound in the office.

It is not always easy to inject the medications into the knee joint. A lot of experience and Ultrasound guidance 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.

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 I and other Orthopaedic Surgeons order are the gold standard for diagnosis of knee arthritis. Many of my patients have bones touching each other on standing x-rays that I take in the office. An MRI adds nothing to the diagnosis. Do I ever order an MRI? Sure, lots of times if I think the person has 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! I can prescribe one for a patient and as medical equipment, many insurances will pay for it.

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.

Dr. Haverbush