

Orthopaedic Connection

Knee Pain: Surgery? Injections? Physical Therapy?

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Transforming patient information into patient understanding.

Knee pain is one of the most common problems that an Orthopaedic Surgeon sees in the office. It can also be one of the most difficult to manage. It is difficult because there are a very large number of reasons a knee can hurt. Basically it comes down to making the correct diagnosis in the individual patient.

When you have come to the diagnosis that you feel is correct by various means, then you can begin a plan of treatment.

I am going to bypass the diagnosis process and point out to you some of the reasons our knees can hurt.

Age Is A Factor

As all of us grow older the little gristle like discs in the knee (menisci) can develop little tears in their substance.

Also the protective cushion substance covering the end of the bone can begin to wear away and thin (i.e. arthritis change).

It has been estimated that 1/3 of adults over fifty have a torn cartilage (meniscus).

Now comes the hard part. The dilemma is this. Is the knee pain coming from the tearing of the cartilage or is it coming from the arthritis changes? Or is it coming from both?

An Interesting Study

There was a pertinent article in a very respected medical journal recently addressing this situation – torn cartilage and arthritis in the same knee.

The study found that physical therapy can be very helpful to relieve knee pain in knee patients if the cartilage tear is not large and if the arthritis changes are not big or advanced as doctors like to term it.

A lot can be known from a good history (more than where does it hurt!), a careful physical exam and plain standing knee joint x-rays.

An MRI might be important to diagnose the extent of the problem, but not always.

The conclusion of the study was that many patients can improve a lot with physical therapy and other non surgical means (to be discussed).

All Knees Are Not Equal

What I mean is, there shouldn't be a cookie cutter approach to knee pain. Physical therapy whether done in a PT place or on your own can definitely strengthen the knee and thigh muscles thereby relieving stress on the "bad" knee reducing discomfort to a tolerable level.

Sometimes I supplement exercises with injections, oral medications or even a wrap around brace.

We are managing your knee problem, but these measures are not curing the arthritis. Nevertheless physical therapy and non surgical treatment can be very helpful in lessening pain and making the patient much more functional.

What About Surgery?

Am I against surgery? Of course not, I am an Orthopaedic Surgeon, but I know when to do surgery and when to try something else first.

Arthroscopic surgery might be the answer if the cartilage tear is large and arthritis change is mild to medium.

Sometimes the arthritis changes are so bad that even arthroscopic surgery is not the answer.

For those patients a Total Knee Replacement is the only answer surgically.

For those patients who need surgery, but refuse for various reasons occasional steroid injection, lubrication injections and oral anti-inflammatory medication might help somewhat.

Complicated Subject

Knee problem in middle age to older patients is a complicated subject. Choosing the best treatment is a decision I make with each patient individually.

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 sincerely appreciate all of you loyal readers and patients present and future and welcome to all newcomers!

Besides what you read today there is a huge treasure trove of Orthopaedic and musculoskeletal information at www.orthopodsurgeon.com. It contains the 1) Website Library 2) Your Orthopaedic Connection 3) complete archive of every GCH article I have written.

I specialize in you. Be well.

Dr. Haverbush