

## Oh, My Aching Joints!

The average adult skeletal system has 206 bones and 360 joints. The joints that cause us the most pain are those that allow motion and the three that most commonly are candidates for joint replacement surgery in those of us 50+ in age are the knees, hips and shoulders.

Shoulders are our most mobile joints. Hip joints are less mobile but more stable. Knee joints are the body's largest joints. The knee is a form of a hinge joint but unusual because it can swivel on its axis allowing the foot to turn from side to side. Also the knee is constantly rolling and gliding during walking and its surfaces roll and glide against each other as the knee bends.

Over the past few years I personally experienced an increase in knee stiffness and pain and was diagnosed as having osteoarthritis. Also called "wear and tear" arthritis or degenerative joint disease, osteoarthritis (OA) is the progressive breakdown of the joint's natural shock absorbers. Essentially the protective cartilage lining the joint becomes worn away and increases damages to the bone surfaces inside the joint. When it deteriorates enough, bone rubs against bone, causing pain and reducing range of motion.

OA is the most common reason that leads to knee replacement surgery. It is also known as knee arthroplasty and was performed first in 1968. Other causes of knee degeneration include rheumatoid arthritis, post-traumatic (sports injury or fracture of knee joint) arthritis, and misalignment of the knee joint. Slightly over one million knee replacements are performed in the world each year and about half of these are in the USA. In all likelihood, the numbers will increase as baby boomers age and because many people have very active lifestyles in their later years also.

Certainly knee surgery was not my first choice of treatment for the knee pain. Over a time period of almost 18 months I tried low impact strengthening exercises, over the counter anti-inflammatory medications, joint supplements including two types of Glucosamine-Chondroitin dietary supplements that are widely advertised, and then physician administered cortisone injections and a specialty designed knee brace. Upon referral to orthopedic physician Dr. Ben Mayne III, I also tried synthetic hyaluronic acid (e.g. Synvisc) injections using ultrasound guidance. None of these substantially helped. I appreciated that neither Dr. Mayne nor Jeff Gandy, Physician Assistant pressured me into surgery but they were direct enough to let me know that I was likely out of alternatives. They also took the initiative to explain knee joint replacement surgery and to enumerate the following pros and cons.

### **PROS:**

- Severe knee pain can be alleviated within a relatively short time
- Mobility will be much improved
- Postoperative knee pain typically diminishes 4-6 weeks into recovery
- A rotating knee implant now ensures more natural motion
- Recovery is usually within 6 months if physical therapy is strictly followed

### **CONS:**

- It is considered major surgery and therefore there are potential complications of infections, blood clots, nerve damage, etc.
- The new joint might have to be replaced in 20 years
- The joint may have some swelling and feel tight/stiff for months
- Extensive physical therapy will be required
- There will be a 5-7" scar and some of the area around the joint may be permanently numb

Although surgery recovery differs from one person to another, age, weight, activity level, previous physical fitness, attitude and your personal dedication to the rehabilitation process are all normal factors. Yes, pain will be present but the good news is that medication can help you manage this pain.

Exercising the knee and leg muscles following surgery is the key to the success of the knee replacement surgery and the physical therapy will begin the day after surgery. At Mid Michigan Health they call it "Joint Camp"!

After you leave the hospital you will select a physical therapy agency to work with you about three times per week for six to eight weeks. Fortunately I chose the Physical Therapy & Rehab Specialist facility and received my rehabilitation therapy from Ben Archangeli, P.T.A. His positive encouragement, overall professionalism, explanations why we were doing certain exercises and his ability to answer my questions were exceptional. The goals he outlined for me were to:

- Improve muscle strength
- Increase knee joint movement and flexibility
- Be able to return to most normal activities

I was also fortunate to have a husband willing to be my coach and to constantly encourage my progress. These two men were much more important to my recovery than the pain medication.

More than 90% of individuals who have total knee replacement surgery are satisfied with the results but you must avoid falls and not participate in physical activities that will have a negative impact on the joint. However, appropriate physical exercise (swimming, walking, bicycling, etc.) is encouraged and avoiding slips and falls are important for every one of us. The Friday, April 15<sup>th</sup> "Bits and Bites" meeting (the format is a bite to eat followed by an informational session) of the Delta College 50+...*Just Like Gold Program* will focus on the new SLIP program at St. Mary's of Michigan and a second presenter will introduce the five components of physical fitness. Advance registration is requested so we have an accurate food count. You are invited to join us as we learn together.

Sue Montesi  
Dean of Learning Centers and Innovative Programs  
Delta College