



OSTEOARTHRITIS OF THE KNEE

Osteoarthritis of the knee is a very common problem afflicting millions of Americans. This is a degenerative process where the cartilage of the knee wears down. It is much like the tread on the tire of your car where years of wear and tear

lead to breakdown and eventually a worn-out knee. Many things contribute to the development of osteoarthritis of the knee; previous sports injuries can take "chunks" out of the cartilage, excessive weight is a major contributor, abnormal biomechanics and occasionally other medical conditions.

Unfortunately it is difficult to predict the course of osteoarthritis of the knee. Many individuals with severe osteoarthritis of the knee do quite well, while at the same time many with relatively mild osteoarthritis of the knee do extremely poorly. The course may vary significantly depending on how active you are in your treatment program. Important to your treatment is pain control, control of swelling, increasing the range of motion, increasing the strength of the joint, avoiding activities that aggravate the pain, and losing weight.

Controlling pain of osteoarthritis of the knee requires focusing on the various treatment aspects for the long run. Over-the-counter medications such as Tylenol are very safe and do quite well for a number of individuals for short term relief. Try this first prior to moving up to medications such as Advil, Aleve, ibuprofen, Nuprin, or Naprosyn. Please do not use any of these medications in combination, as they are all in the same class of medications called nonsteroidal anti-inflammatory medications. The main side effects of these medications are ulcers and kidney failure. If you develop any abdominal discomfort you should discontinue these immediately.

Stronger medications may be used if these are ineffective. However, stronger medications carry with them the risk of dependence. Other treatment options include corticosteroid injections to control the pain. These are helpful in treating the inflammation of the knee capsule itself and do not do anything for the arthritic component of the knee pain. Controlling swelling of the knee is most often done through the use of wraps and/or knee sleeves. These are readily available as over-the-counter items in most drug stores or sporting good stores. It is very important to try to keep the swelling down, because swelling causes excessive stretch and distention of your kneecaps, resulting in more pain in addition to the arthritic process.

Increasing the strength of your knee is key to the long-term treatment of osteoarthritis of the knee. Your muscles and tendons act as shock absorbers for the knee and lessen the stress

on the arthritic components. Unfortunately when you develop osteoarthritis of the knee and have a great amount of pain, your knee tends to become weak and atrophied; this is exactly the opposite of what your body really needs. Exercise needs to be started very slowly and gradually, being very careful that the exercises do not aggravate your symptoms, and unfortunately this is fairly common in initially starting a program. Start with a few minutes on an exercise bicycle with no resistance: do this on a daily basis and gradually increase it by adding one or so minutes each week.

Generally speaking it takes three to six months just to get up to a basic program if you have significant osteoarthritis of the knee. This is done through a consistent exercise-training program. Strength training activities to strengthen particularly the quadriceps are very important and should be done three times a week. Other types of exercise include a gradual walking program, water aerobics, or a more formal strength-training program. These should be done in moderation and not to the point where they actually aggravate your pain.

Avoiding activities that aggravate your pain is very important because once the pain starts, you begin the vicious cycle of pain, which promotes atrophy and weakness, which increases pain and swelling and more pain, and more pain. Try to avoid lots of walking up and down hills, stairs, and excessive bending or squatting, or prolonged periods of time on your knees. The irregular surfaces of your knee will tend to grind on each other resulting in torn off pieces, bleeding, swelling and more pain. This is a typical scenario when a person has a "flare-up" of their knee problems.

Losing weight markedly decreases the stress across the joint and a little bit goes a long way. Initially try losing two to three pounds on a regular basis every month. You will definitely notice a significant change in your knee as the pounds begin coming off. Just as in your exercise program, your dietary and weight loss program should be one that is gradual and consistent.

Other treatment options include injections, surgery and knee replacement; these are evaluated on a case-by-case basis. The goal of the initial treatment program is to get you out of pain and functioning normally so that you do not have to face the prospect of going to surgery. Generally speaking, arthroscopic knee surgery is very poor for osteoarthritis of the knee, and thus the decision to have surgery generally comes down to whether or not to have a complete knee replacement. If you are facing the possibility of having a total knee replacement the steps noted above are critical prior to your knee replacement, because those with the most strength and mobility in their knee prior to replacement do the best after surgery. Once again, the initial treatment program would be identical. Knee replacement surgery unfortunately tends to be limited by the life span of the knee joints, which at this time is on average 10-15 years.

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