Treatment of Knee and Hip Arthritis (Part I)
Conservative Care of Arthritis
A Patient's Guide

How will my care be provided at Paragon Orthopedics?
- The need for arthritis care and joint replacements is expected to triple in the next 10 years, yet medical schools are unable to fill the training slots for total joint surgeons.
- The care of arthritis is under served. Because of severe Medicare and other insurance cuts, most orthopedists do not provide nonsurgical care for patients with arthritis.
- To fill the present and future need for arthritis care; I have created the “Paragon Care Team” to provide you with the best arthritis care available, both nonsurgical and surgical.
- All of my staff members have been selected to care for you as if you were one of my family members.
- My Physicians Assistants and Nurse Practitioners provide most of the “Conservative Care” portion of hip and knee arthritis treatment. They follow my programs for care of knee and hip arthritis. On average they have more than 20 years each of orthopedic experience.
- I have created this program and team so I can spend as much time with you as you need when you need me, which is when you are ready to move ahead with a joint replacement. I want to spend time with you when I can be of the most benefit to you. I will be there when you need counseling to help you make the decision if surgery is the right option for you. If you have surgery, I will be there for you before, during and after.

What is Arthritis?
- Arthritis results from wearing away the cartilage padding between the bones. Pain results from the rubbing of bone on bone.
- Although boney spurs and deformities may occur, they are not the cause of your pain.

What are the Symptoms of Arthritis?
- Pain and stiffness when you first get going (Start Up Pain).
- Pain that gets worse as you do more activity.
- Pain that is worse at night or the next day after activity.

How do we treat Arthritis?
- A physical exam and plain old X-Rays to diagnose and determine the severity of your Arthritis.
- "Conservative Care"(for a minimum of 4 weeks) to try and keep you active for as long as possible without surgery.
- Joint replacement if you do not respond to "Conservative Care" and your symptoms persist. My goal is to get you back to the activities that make your life worthwhile.
When should I have a Joint Replacement?

- When “Conservative Care” does not meet your needs.
- When you start losing the ability to do the activities that make your life worthwhile, BUT… before you totally lose the ability to do the things that make life worthwhile. If you wait too long you may never be able to return to those activities.
- While your health is good enough to allow minimal risk from surgery.
- When you know in your heart and in your mind it is time to have surgery.

Why do I have to do a trial of "Conservative Care" for my arthritis?

- Many patients can buy years before they need a joint replacement and have near complete relief of their arthritis symptoms with "Conservative Care".
- Medicare and most insurances demand you try a course of "Conservative Care" before they will pay for a joint replacement.

What does "Conservative Care" entail?

- You faithfully perform an Independent Exercise Program for strengthening, range of motion and a Standing Low Impact Aerobic Exercise program.
- A short course of Physical Therapy to teach you the best way to strengthen your joints, increase your range of motion and get you started on an appropriate Standing Low Impact Aerobic Exercise program.
- A trial of Adaptive Aides (cane, crutches, walking sticks or walker).
- Lose Weight if you are overweight.
- A trial of non-narcotic pain relievers (NSAIDS and Tylenol/acetaminophen).
- Patients with knee arthritis must try Cortisone Injections (This is a Medicare mandate).
- Get Diabetes, Hypertension and Heart Problems under control if they are health issues for you.

Conservative Care: Independent Exercise – Standing Low Impact Aerobic Exercise Program

- Your physical therapist will help you develop a Standing Low Impact Aerobic Exercise program. You will perform this OUTSIDE OF YOUR PHYSICAL THERAPY SESSIONS 4-6 hrs. per week for 1-2 months.
- You must continue it on a regular basis to keep your joints strong.
- If your Conservative Care Program does not make a significant difference in your pain or function, and you decide to move ahead with a joint replacement, the gains you made in strength and endurance by exercising will make you ready for a joint replacement without delay.
- Water Walking, Elliptical Striders, Stair Climbers, Nordic Trae or walking on natural or cushioned surfaces are best. Doing a combination of these is easiest on your body. Why do I
recommend Water Walking? It is the easiest exercise on your arthritic joint and many arthritis sufferers cannot do anything else (water walking is walking only, not water exercise classes).

- Anything that is low intensity and simulates walking is fine. I recommend against swimming and cycling as your primary form of exercise. They do not simulate walking. If all you want to do is swim the English Channel or race in the Tour de France they are great. If you want to get back to walking, do something that simulates walking.
- Treadmills and walking on asphalt or concrete does not work for most people with arthritis. These surfaces tend to be very hard for patients with arthritis. It just hurts too much for most patients to use them. On the other hand, if it works for you do it!
- Many Physical Therapy offices offer the use of their pool, gym and equipment for a very reasonable monthly fee. Ask them. If your therapist does not, we can refer you to one who does. Do not let lack of access to a pool or equipment become an obstacle in your Independent Exercise program.

**Conservative Care: Independent Exercise Strengthening and Range of Motion**
- You will have 5-6 visits with a physical therapist to learn a strengthening and range of motion program.
- Your therapist will instruct you in exercises that include Knee and Hip strengthening, Core muscle strengthening, and joint range of motion.
- At home, your exercises should take about 15 minutes/ 4 times day/ 7 days a week. Make a calendar and put rewards you want on it (chocolate, showers, coffee), or use our weekly Exercise Reconciliation sheet. When you do your exercises, sign off on your calendar and get your treat! Look back every week and see if you are being compliant.

**Conservative Care: Adaptive Aides**
- Your physical therapist will determine which adaptive aide is best for you and instruct you how to use it. Any type of cane, walking stick, crutch or walker will help.
- Use the cane, walking stick or crutch on the opposite side of the bad joint.
- An Adaptive Aide may let you do more and hurt less. Using one is not a sign of weakness.

**Conservative Care: Weight Loss**
- Every extra pound on your belly translates into 3-8 pounds on your knee and 3-5 pounds on your hip.
- Losing 15% of your body weight is like taking a bag of Cement off of your back. Many patients become pain free for years.
- Weight loss is especially important for patients who need a joint replacement. The higher your weight, the more risks you have with surgery.
- If your Body Mass Index (BMI – a calculation using your weight and height) places you in the “Obese” category (BMI 30-39.9) and your Diabetes or High Blood Pressure is out of control, you have a 5 times increased risk of infection, blood clots (DVT) and pulmonary
embolisms (PE). Dr. Van Horne will not do a joint replacement unless you try to lose 15% of your body weight, be compliant with a Standing Low Impact Aerobic exercise program 4-6 hours a week and get your diabetes and high blood pressure under control.

- If your BMI places you in the “Morbid Obese” category (BMI 40-49.9), you have a 5-17 times increased risk of infection, DVT and PE. Dr. Van Horne will not do a joint replacement unless you lose 15% of your body weight, be compliant with a Standing Low Impact Aerobic exercise program 4-6 hours per week and get your Diabetes and High Blood Pressure under control. If you are compliant and are willing to take the increased risks caused by your “Morbid Obesity”, Dr. Van Horne is willing to work with you! Even with your extreme weight you can have most of the same benefits of a joint replacement enjoyed by patients with a BMI < 38.

- If your BMI places you in the “Super Obese” category (BMI > 50), your risks with joint replacement surgery are unacceptable and you will not receive any benefit from a joint replacement.

We will do everything we can to help you make the changes you need to get your BMI < 50.

Conservative Care: Non-narcotic pain medicines NSAIDs (Non Steroidal Anti-inflammatory Drugs) and Tylenol (acetaminophen)

- They are non-narcotic pain relievers. They help you hurt less and do more.
- The name “Non Steroidal Anti-Inflammatory Drug” is a bad one. These are non-narcotic painkillers. Only in huge doses do they bring down swelling.
- Examples of NSAIDs include: aspirin, ibuprofen (Motrin), naproxen (Aleve), meloxicam (Mobic), Celebrex, diclofenac (Voltaren) and many others.
- They have the risk of causing ulcers, reducing your kidney function and thinning your blood. If you have a history of ulcers, significant kidney failure, or are on blood thinners, you shouldn't try them.
- Tylenol (acetaminophen) is another non-narcotic pain medication that can be taken at the same time with any of the NSAIDs. It is in many over the counter cold and flu medications. Do not take more than 2700 mg of Tylenol (acetaminophen) a day. If you have severe liver disease or drink heavily do not take Tylenol (acetaminophen) along with a NSAID without consulting your physician.

Conservative Care: Cortisone Injections — Knees Only

- Cortisone injections into your knee can buy you time. They take down swelling, fluid build-up and pain. They do not cure arthritis. Cortisone just masks the symptoms. If they work for you, on average they can help to buy you several years before a Knee Replacement is needed.
- We can repeat the Cortisone Injections every 4-6 months as long as they give you relief.
- Generally, each injection gives less relief for a shorter period of time than the previous one.
- If you have diabetes, you may see a spike in your sugars for a few days after each cortisone injection.
Cortisone injections take about 7-10 days to work. You get immediate relief from the local anesthetic injection combined with the cortisone for about 1-2 hours after the injection.

Hip cortisone injections do not give any lasting relief and are only used for patients who are too ill for Hip Replacement or who need to delay Hip Replacement.

**Conservative Care: Get Diabetes, Hypertension and Heart Problems Under Control**

- If you want a joint replacement, uncontrolled Diabetes (Hba1c > 7) and poorly controlled High Blood Pressure, put you at risk for infection, DVT and PE. When you are ready for surgery, Dr. Van Horne will not proceed forward with a Joint Replacement until your diabetes and blood pressure are under control. Why not start taking care of them now? Also, if you have a history of heart problems, you will need your PCP or cardiologist to assess your risk of surgery and maximize your heart health. Not doing this in advance will delay surgery when you want to move ahead.

**How long does a course of “Conservative Care" take?**

- About 1-2 months.
- If you have not had “Conservative Care" in the past, we will work with you to move ahead as quickly as you want and need.

An Example of Conservative Care for knee/hip arthritis at Paragon.

**Appointment #1**

1. Exam and X-Rays
2. Cortisone injection (if you have knee arthritis).
3. You will start a weekly trial of NSAIDs (unless you have previously tried them) or have reasons not too. You will call us weekly to let us know if the NSAID you are trialing is or isn’t working so we can trial others if necessary.
4. Schedule you for Physical Therapy
   - We like you to begin physical therapy within 7-10 days (or sooner) of your appointment with us.
   - You will have about 5-6 visits with a physical therapist to teach you your Independent Strengthening and Range of Motion Exercise program. Do the exercise program 4 times a day/7 days a week.
   - Your Physical therapist will also help you develop a Standing Low Impact Aerobic Exercise program which you must do 4-6 hours per week.
   - The Physical Therapist will instruct you in using a cane, walker, crutch, etc.

**Appointment #2:** (approximately 1 month later) You have completed basic “Conservative Care".
1. If “Conservative Care” works for you and you are getting pain relief and increased mobility, we can continue this course of treatment for as long as you want.
2. If it is not working for you, we can try other non-surgical care such as joint lubricants.
3. OR you can opt to move on to a Joint Replacement.
4. IT IS IMPORTANT THAT YOU CONTINUE ALL EXERCISES ON A DAILY BASIS DURING CONSERVATIVE CARE AND BEYOND, REGARDLESS OF WHETHER OR NOT YOU DECIDE TO HAVE A JOINT REPLACEMENT!

How Long can Conservative Care work for Me?
● If it works initially, on average we can buy you 2-3 years before you need a Knee or Hip Replacement.

What if I have already done "Conservative Care" or it doesn't work for me?
● You don't have to repeat “Conservative Care” if you have done it elsewhere or continue “Conservative Care" beyond one month if it isn’t working for you.
● When you want to move on to a joint replacement, let us know.

Alternative Care for Arthritis
What about a knee or hip arthroscopy for my arthritis?
● Knee or Hip arthroscopy cannot cure arthritis.
● If you have mild to moderate arthritis and your major symptoms are more of a meniscus tear, a labral tear, or an impingement syndrome rather than arthritis, an arthroscopy for these non arthritis problems may allow "Conservative Care" to buy you some time before a joint replacement.

Viscosupplementation
● Joint Lubricant injections (Synvisc, Euflexxa, Supartz, Orthovisc, and Hyalgan) trick the joint into making better, thicker, more lubricating joint fluid.
● When “Conservative Care” does not work for you, Viscosupplementation is an alternative for some knee arthritis patients. The drugs are very expensive and some insurances will not pay for them or there maybe copays.
● Paragon Orthopedics has used Viscosupplementation for 18 years. In the right patient, it may buy you time.
● If you have pain relief with Viscosupplementation, you can have injections every 6 months. They take about 2-4 weeks to have full effect.

PRP (Platelet Rich Plasma) injections
● PRP is a new therapy for arthritis. A sample of your blood is spun down and injected into your knee or hip.
Early studies suggest it may help with arthritis pain.
Most insurances will NOT pay for it.
It IS available at Paragon Orthopedics.

**Prolo-Therapy**
- Prolo-Therapy is an injection of supplements into the arthritic joint. Some patients say it helps with arthritis pain.
- Studies do not support its effect at this time.
- It is NOT available at Paragon Orthopedics.

**Diet Supplements**
- There are many “Joint Supplements” containing glucosamine, MSM and Co-Enzyme Q.
- There are no long term studies that show a long lasting effect.
- I have many patients who believe they work. As long as it doesn’t “Bust the Bank” a several month trial is not unreasonable. I just cannot tell you that they will help.