Common Misconceptions of Hip & Knee Problems

WHAT IS 'ARTHRITIS'?

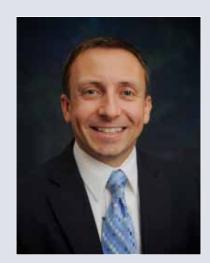
The term arthritis is often used very casually to refer to any ache or pain in a joint (or even, incorrectly, in an area that is not a joint). I often hear patients say "I have a touch of arthritis" or "I don't think my pain is a big deal, just a little arthritis, but I thought I would get it looked at anyway." This can leave the impression that this is not a serious condition or that there is nothing to be done for it. On the one hand this is somewhat correct. The literal root meaning of the word arthritis is inflammation (-itis) of a joint (arthro). So an achy knee joint could be described as arthritis literally, but this does not describe why. There are many potential causes of an inflamed joint. On the other hand, when an orthopedic surgeon makes the diagnosis of arthritis, he or she is being much more specific and using this term to define an actual disease state. An arthritic hip or knee joint is a complex disease involving the progressive degeneration of the cartilage (or smooth gliding surface which lines the bone ends and makes up the joint articulation) and the surrounding, supporting structures. This degenerative process plays out over time and the cause is usually a combination of genetics, individual anatomy, and previous trauma/injury. As the degenerative process progresses, inflammation (or the body's reaction to this degeneration) causes pain and symptoms. Arthritis is treatable. In the early stages optimizing the strength and function of

the joint is important (such as by doing physical therapy). As the disease progresses controlling inflammation and pain is key. Once advanced to end-stage disease, joint replacement to resurface the bones with a prosthetic gliding surface may become necessary.

WHAT ABOUT THAT NEW TREATMENT?

We are all influenced by advertising on a daily basis. There is no shortage of "new" treatments advertised in newspapers and on TV for the treatment of hip and knee arthritis. It is surprising that with these ads there is a misconception that many treatments available today are new or only available at certain special clinics when, in fact, they have been around a long time and are readily available. There is not really anything revolutionary in the treatment of hip and knee arthritis. Viscosupplementation (gel injections, "rooster-comb" injections) have been around at least since the late 1990's and are offered in almost any orthopedic practice as treatment for osteoarthritis. Reading some ads, you may conclude that this injection was invented last week. Certainly there can be benefits from this treatment but it will not prevent surgery (joint replacement) if surgery is what is indicated. Another "new" treatment is the direct anterior (DA) hip replacement. This is not new either. The surgical exposure was first

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described around 1939 and hip replacements have been performed through this exposure since the 1970s. With modern multi-modal pain regimens and accelerated rehab protocols orthopedic surgeons are still trying to determine if there is a "best" way to do a hip replacement. Doing so is proving hard because hip replacement is so successful in general that determining a difference between two approaches is like splitting hairs. What we do know is that a high volume, well-trained joint replacement surgeon gets the best results.



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