

Ask *the* Expert

Knee Health.

It is said we carry the weight of the world on our shoulders but it only takes one bad knee to bring us down. A knee pain is one of the most common reasons for a visit to the orthopedic surgeon. One of the bodies largest joints, your knees support your body's weight and help provide the mobility most people take for granted until injury, arthritis or other problems interfere.

Typical knee pain questions:

My knee locks up on occasion and pain radiates up and down my leg. Should I be alarmed? I can walk, but it aches more when lying in bed or sitting.

Often asking a few questions helps find the source of pain.

- Is this a new/recent problem, or did it start slowly without an injury?
- Is there swelling associated with the pain?
- What activities make it worse or better? Does the pain come and go or is it constant?
- Are there mechanical symptoms (catching, popping, locking) with the pain?

Catching or locking sensations can often be signs of a torn meniscus. The meniscus or cartilage is the soft "pad" or "cushion" that separates the femoral and the tibial joint surfaces of the knee. Tears of the meniscus are quite common. Treatment options range from simple over the counter medications and activity modification to arthroscopic surgery if the symptoms are severe enough.

The answers to these questions and a physical exam can help determine if the pain is from a torn meniscus. An MRI scan helps visualize these structures.

I'm a mother of two who knelt down to pick up a toy and my knee popped. A hour later my knee was sore. I had some mild swelling and it feels like something is "out of place" in my knee when I walk. Should I see someone?

Pain is a great sign of injury or damage. The "pop" and swelling, may indicate tissue tearing. This may be a ligament or meniscal injury. Generally, with new injuries, you may use some ice, compression with an ACE wrap, and ibuprofen for a few days - if it is not getting better see your doctor.

Why should I see an orthopedic surgeon for knee pain especially if I don't want surgery?

Orthopedic surgeons are experts in both the surgical and non surgical management of knee pain. Each one of our doctors is board certified and participates in the maintenance of certification process to help ensure optimal patient care and safety.

I'm in my 50's and play tennis, run two miles three times a week and lift weights. My knees ache after I play. I ice afterwards and take naproxen at times. How do I know if there is knee damage?

It is excellent that you are still participating in activities that you enjoy. Medical studies show that people who are active usually do better in terms of their arthritis versus people that are not active. Many years ago, doctors preached the opposite. Exercise limits weight gain, which coupled with age is a major risk for arthritis progression and further joint damage. I tend to not make absolute yes or no statements regarding exercise. Listen to your body. Your amount of activity sounds ideal but if your

knees hurt more than a day or two after your activity or are swollen, then you are likely over doing it.

I've been having problems with my knee hurting when I bend it or straighten it out. Should I see a doctor?

These symptoms can be from a simple knee sprain or a more long term problem like degenerative joint disease. If you've had a recent injury that relates to these symptoms then a visit may be needed especially if symptoms persist despite rest and anti inflammatory medications. But, if the symptoms have been slower in onset (months to years) without a specific injury and are more of an ache in the knee, arthritis may be the cause.

Arthritis is common in the over 60 age group, however, it is not uncommon to see arthritis in patients in their 30's and 40's. The 'old football injury' can cause problems many years down the road. That is one reason we are aggressive in treatment of younger athletes with meniscal and ligamentous injuries. An X-Ray and physical exam paired with the history can help establish the diagnosis. Common symptoms of arthritis are stiffness, swelling, generalized aching, and pain with flexing and extending the knee. Treatment aims at relieving the pain and increasing motion. This can be accomplished with medications, injections, and physical therapy. Surgery is always the last option.

I have arthritis but am not interested in surgery. What non surgical options exist?

Many think surgery is the only option, but a variety of options exist.

Weight loss, while not the easiest or most popular treatment, has the biggest single impact on reducing knee pain. The knee bears three times a person's weight going up stairs and nearly five times their weight going down stairs. Even a 10 pound reduction in weight can make a huge difference in overall knee health. Physical therapy helps by strengthening the muscles around the joint which relieves pressure on the joint. Oral medications from traditional anti inflammatories to newer ones like Celebrex to pain medications like Tylenol are all viable options. Bracing and the use of walkers and canes can decrease pain on the knee. Injections with corticosteroids or hyaluronic acid (rooster comb) are beneficial to many.

I'm 65 with an arthritic knee and the medicines, injections, and activity modifications aren't working. How has knee replacement surgery changed over the years.

There have certainly been improvements in the implants and surgical technique that have benefited patients.

For certain patients, partial knee replacement allow more normal knee motion and faster rehabilitation. Changes in total knee replacement designs more closely replicate normal knee motion and function. Smaller incisions may allow for less discomfort and quicker return to function. Postoperative pain control has also been markedly improved with combinations of pain medicines given at surgery and pain medications given afterwards. These advances are utilized by the orthopedic surgeons at NEA Baptist Clinic.



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