



Advanced Osteoarthritis of the Knee

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DIAGNOSIS: Your **diagnosis** is advanced osteoarthritis of the knee.

**INJURY or
CONDITION:**

This **condition** represents “wear and tear” (degenerative) changes in the cartilage of the knee that have progressed over several years (chronic). Cartilage has no blood supply and virtually no healing properties when injured. Excessive impact, shear stress or long term wear and tear creates cracking, ulceration and eventually erosion of cartilage down to the underlying bone. When bone is exposed, increased pain is often noted. High friction results in inflammation and bone spur development. Lower leg deformity (knock-knee, bow-leg) may occur.

The most common **cause** of osteoarthritis is prolonged mechanical breakdown and loss of the smooth cartilage layers of your knee joint.

SYMPTOMS: Typical **symptoms** include pain, stiffness, decreased range of motion and swelling in the knee. These symptoms limit your walking distance and may alter activity level and general health status.

TREATMENT: Our standard **treatment** includes:

1. Tylenol and/or anti-inflammatory medication as needed for pain.
2. Achieve optimal body weight. Weight loss of just 5 pounds can decrease osteoarthritic pain as one pound of upper body weight translates to four pounds of knee pressure.
3. Safe physical activity should be consistently performed every day. Activity is aimed at maintaining range of motion and strengthening important muscles which surround the knee. Swimming and seated activities such as a stationary bike are generally safe. (See Safe Exercise Guidelines).
3. Proper nutrition should include calcium, and vitamins E and C (See Nutritional Guidelines).
4. Glucosamine is a cartilage vitamin that can help to preserve healthy cartilage in joints (See Recommended Doses).
5. Knee sleeves, ice, or braces may reduce pain temporarily.
6. Surgery may be necessary for patients in whom pain treatment does not respond.

PRECAUTIONS: Important **precautions:**

1. No single treatment method is optimally successful. You must follow all recommendations in order to relieve pain.
2. Anti-inflammatory medication should be taken with food. If you remain on anti-inflammatory medication for six months or longer, a blood test should be conducted to check for side effects.
3. **Do not** become sedentary. Safe exercise is recommended every day (walking, biking, aquatic exercise, etc.). Sporadic activity which inflames the bone structure within the knee should be avoided.
4. Avoid hard surfaces and hard soled shoes, if possible.
5. Avoid narcotic pain relievers.

RECOVERY: Although non-surgical measures may reduce pain, **recovery** often necessitates knee replacement. After knee replacement, patients usually begin walking the same day as surgery. Hospitalization requires three or four days. Driving is often recommended after four weeks. Full recovery takes three to six months.

