



## Grade III Chondrosis of the Medial Compartment

### ROSENBERG COOLEY METCALF

THE ORTHOPEDIC CLINIC AT PARK CITY

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- DIAGNOSIS:** Your **diagnosis** is deep (Grade III) cartilage damage of the inner (medial) weight-bearing compartment.
- INJURY or CONDITION:** This **condition** represents a breakdown of the weight bearing (articular) cartilage of your knee. Cartilage cracks lead to deep fissures. The outer cartilage “skin” is lost and leads to progressive erosion of the deeper cartilage layers. This condition is pre-arthritis in most patients.
- CAUSE:** The most common **cause** is abnormally accelerated “wear and tear” of this protective cartilage layers within your knee. This may evolve from a previous high impact injury (often unrecognized), obesity or prolonged weight-bearing on hard surfaces. It can develop from a prior injury or loss of the shock absorbing fibrocartilage (meniscus) within the inner (medial) weight-bearing compartment of your knee.
- SYMPTOMS:** Typical **symptoms** include pain that is related to weight-bearing activities and is relieved by rest. Pain is often located along the inner (medial) aspect of the knee. Slight swelling and weakness are commonly present. Also, some patients may experience a catching or grinding sensation.
- TREATMENT:** Our standard **treatment** usually includes:
1. Weight loss: 1 lb. of upper body weight translates to 4 lbs. of force on the knee.
  2. Regular non-weight-bearing exercises such as biking, rowing or swimming.
  3. Cartilage and bone nutrients like glucosamine, chondroitin, calcium and vitamin K twice per day.
  4. Tylenol and/or anti-inflammatory medication (i.e. Diclofenac/Voltaren or Ibuprofen/Motrin).
  5. Walking and standing on softer surfaces.
  6. Wearing soft-soled shoes.
  7. Arthroscopic surgery to remove damaged and inflamed tissue. Surgical stabilization of the cartilage defect may be needed. Surgical stimulation to replace lost cartilage is successful in cases where the surrounding cartilage is healthy.
- PRECAUTIONS:** Important **precautions**:
1. No single treatment method is optimally successful. Try to follow most, if not all, recommendations.
  2. Anti-inflammatory medication should be taken with food. If you remain on anti-inflammatory medication for six months, a blood test is indicated to document safety.
  3. Try to avoid abusive activities which involve impact or shear stress on the knee such as running and tennis.
  4. Improvement from cartilage nutrients often takes 2-3 months.
- RECOVERY:** Complete **recovery** is rare. Treatment is designed to improve knee function and delay the development of osteoarthritis. In cases treated by arthroscopic surgery, recovery takes 1-6 months depending on the extent of cartilage damage.

