

What do arthritic knees need?

Study, doctors suggest surgery isn't always best route By TIM KANE - tkane@nwherald.com

Local doctors are not surprised by what has been called a landmark Canadian study regarding who should and who should not be getting arthroscopic surgery.

Many people with arthritic knees should not have arthroscopic surgery and instead ought to be treated with dietary supplements, pain relievers and exercise, or be getting knee replacements, according to a study published last month in the *New England Journal of Medicine*.

"The results [of the study] ... prompt immediate changes in clinical practice to prevent patients from unnecessarily undergoing a procedure that may not yield tangible benefits," said Bob Litchfield, a co-lead author and medical director of the Fowler Kennedy Sport Medicine Clinic at the University of Western Ontario.

"I don't think there is enough of a benefit to warrant the procedure in a majority of patients," Litchfield said.

Local doctors said the new study has similar results to one done in the United States several years ago.

"It confirms our suspicions," said Dr. William Cox, an orthopedic surgeon at McHenry County Orthopedics in Crystal Lake.

Cox said arthroscopic knee surgery still had a place, such as after a recent sports injury or an accident. But it shouldn't be done routinely for older patients who have osteoarthritis, a slowly progressive form of arthritis found chiefly in older people and characterized by cartilage deterioration and bone enlargement.

Cox has performed an estimated 5,000 arthroscopic surgeries on shoulders and knees during the past 15 years.

"The cartilage in a knee is white and smooth," Cox said. "If you have arthritis, the cartilage can look like the surface of the moon, pitted with craters, sometimes looking like peeling paint."

Cox said skipping arthroscopic surgery, taking vitamin supplements, getting shots of cortisone to treat inflammation, having injections of protein to lubricate the inside of the knee, and taking pain relievers often is a more advisable treatment.

Dr. Robert Nixon, Cox's partner at McHenry County Orthopedics, said there could be a dilemma. Nixon said a patient with an arthritic knee could have the compounded problem of loose bodies, such as particles of calcium floating round in the knee, or a torn meniscus that, if removed, would aid with the knee's mechanics, but the pain still would be there because of the arthritis.

"All the treatments give you incremental improvements," Nixon said. "Say you get a shot of cortisone, and that improves your condition 30 percent, and you get physical therapy, and that improves your condition another 30 percent. We're trying to get to a manageable level of symptoms. When these various treatments do not achieve the results we'd like to see, that's when knee replacement becomes the best option."

In agreement with the recent study, Cheryl Moffett, a physical therapist, said strengthening muscles in the lower extremity – hips, quadriceps and hamstrings – could take more of the load off the knee and that people with arthritis saw "great benefits" when they exercise.

Moffett is the owner of Moffett Physical Therapy with offices in Huntley, Hampshire and Lake in the Hills.

What is osteoarthritis?

Almost 27 million Americans have osteoarthritis, a top cause of disability. Symptoms usually begin after age 40 and progress as a breakdown of cartilage on the end of bones, causing them to rub together at joints, leading to stiffness and pain, limiting movement. About 1 million arthroscopic knee surgeries are done in this country each year, costing about \$7,000 depending on the location, when done as an outpatient procedure.

Source: *New England Journal of Medicine*