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ORTHOPAEDIC SPECIALISTS OF NC

OSTEOARTHRITIS CONSERVATIVE CARE

Osteoarthritis of the knee is a degenerative condition characterized by deterioration and diminishment of joint cartilage (smooth, nearly, friction-free surface of the joint that allows the bones to glide smoothly in a pain-free manner). The American Academy of Orthopaedic Surgeons and the Arthritis Foundation recognize the following conservative treatments as effective management of the symptoms of Osteoarthritis:

❏ Achieve/ maintain ***ideal body weight***. Patient's who deviate from ideal body weight i.e. (BMI greater than 25) are encouraged to lose weight--a minimum of 5% and to maintain their weight at a lower level with an appropriate program of dietary modification and exercise.

❏ We encourage patients to participate in a low impact aerobic fitness exercise (i.e. walking, stationary bike, swimming and weight training) on a regular basis.

❏ Range of motion and flexibility exercises are also encouraged. Options include Yoga and Pilates.

❏ We suggest quadriceps strengthening for patients with symptomatic osteoarthritis of the knee. This can be done most simply by use of a stationary bike, Pilates, or a ***home exercise program*** (see attached).

❏ Lateral heel wedge may be used for symptomatic medial compartment osteoarthritis of the knee.

❏ Medial unloader brace may also be beneficial for symptomatic medial compartment osteoarthritis.

❏ A medial heel wedge may be used for patients with localized lateral compartment osteoarthritis of the knee.

❏ A lateral unloader brace may be helpful in alleviating the pain of lateral compartment osteoarthritis of the knee.

❑ You may benefit from the application of a Neoprene sleeve or a hinged knee brace. You may feel free to use this as often or as little as you desire for symptomatic relief.

❑ Routine and intermittent application of ice packs or ice massage (see attached) and heating pads or moist heat may be beneficial in alleviating the symptoms. Feel free to experiment with which works best for you.

❑ ***Glucosamine and Chondroitin Sulfate*** may prove beneficial in alleviating the symptoms and complaints of symptomatic osteoarthritis of the knee. However, no reputable study or research institution has shown any "reversal" of degenerative change associated with osteoarthritis. No reputable study or researcher has indicated a diminishment of progression of osteoarthritic change. Chronic use of glucosamine chondroitin sulfate may elevate serum cholesterol and we encourage you to discuss its use with your Primary Care Provider.

❑ We also recommend only the rare and intermittent use of anti-inflammatory drugs (NSAIDS). Considering the possible side effects of chronic use of NSAIDs, we do not recommend the routine and chronic use of NSAIDs. Instead, we recommend only the rare and intermittent use for "flare-ups" characterized by increased pain, increased swelling and diminished flexibility. We recommend the use of these medications not exceed one month period of treatment. An effective regimen for example: Ibuprofen 200mg, 3 pills, 3 times daily for 3 days, 3 days " rest" (no medication is taken). This cycle can be repeated for a total of 3 weeks or 30 days. We refer to this as our "Motrin Protocol" (see attached).

❑ Patients with increased risk of GI (Gastrointestinal) side effects (age greater than 60, peptic ulcer disease, GERD, GI bleeding, concurrent use of corticosteroids, and concomitant use of the anticoagulants, i.e. Coumadin, Lovenox, Plavix) may benefit from one of the following:

- Topical NSAIDs (Flector patch/Voltaren gel).
- Topical local anesthesia (Lidocaine patch).
- NSAID plus gastro protective agent (Arthrotec). o cyclooxyginase-2 inhibitors (Celebrex).

❑ All anti-inflammatory medications can result in undesirable side effects: cardiac, vascular, renal, and GI (among others). The risks include, but are not limited to these risks and these medications should be taken with caution and in

conjunction with recommendations of one's Primary Care Provider.

❏ We suggest the use of ***Tylenol Arthritis*** formula for treatment as directed and not to exceed a total of 4000 milligrams of Tylenol per day.

❏ We may recommend periodic steroid injections of the knee. These include a combination of local anesthetic as well as corticosteroid (powerful antiinflammatory medicine). These can be performed on a routine basis for "flare-ups" of pain and inflammation. There is no true "maximum number" of steroid injections any individual patient may have and is to be determined on the basis of patient need and the doctor's personal experience.

❏ We may recommend a trial of Visco supplementation, which is AKA "joint jelly", a natural product known as hyaluronic acid, which is normally found in a healthy knee. The process of Visco supplementation augments the body's natural supply of this substance, which has a lubricating, cushioning, and biochemical function in the healthy knee. This can be given on a twice yearly basis and may entail 3, 4 or 5 injections per series. (Insurance companies generally do not authorize the use of this medication more than twice yearly.)