



KNEES IN THE NEWS

Get to know your Knee Doctors



Dr. Degenhardt is co-director of The Sports Medicine Center at SRO and has extensive experience in complex reconstructive procedures of the knee, including articular cartilage regeneration and transfer techniques, multiple ligament reconstructions and primary and revision knee replacement.



Dr. Stein specializes in orthopaedic surgery, adult reconstructive surgery, sports medicine, and back care.

He pioneered techniques in hip and knee replacement surgery and has been performing (MIS) minimally invasive hip replacement surgical techniques since 2001.



Dr. McDermott is a board certified orthopaedic surgeon specializing in sports medicine and other

orthopaedic problems, with emphasis on arthroscopic, complex reconstruction and minimally invasive procedures of the knee, hip and shoulder.

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When it's time for total knee replacement

More than 90% of people who have total knee replacement surgery experience a dramatic reduction of knee pain and a significant improvement in the ability to perform common activities of daily living.

The decision to have total knee replacement surgery should be a cooperative one between you, your family, your family physician, and your orthopaedic surgeon.

WHEN SURGERY IS RECOMMENDED

There are several reasons why your doctor may recommend knee replacement surgery. People who benefit from total knee replacement often have:

Severe knee pain or stiffness that limits your everyday activities, including walking, climbing stairs, and getting in and out of chairs. You may find it hard to

walk more than a few blocks without significant pain and you may need to use a cane or walker

Moderate or severe knee pain while resting, either day or night

Chronic knee inflammation and swelling that does not improve with rest or medications

Knee deformity — a bowing in or out of your knee

Failure to substantially improve with other treatments such as anti-inflammatory medications, cortisone injections, lubricating injections, physical therapy, or other surgeries

CANDIDATES FOR SURGERY

There are no absolute age or weight restrictions for patients seeking total knee replacement surgery.

Recommendations for surgery are

based on a patient's pain and disability, not age. Most patients who undergo total knee replacement are age 50 to 80, but orthopaedic surgeons evaluate patients individually.

Total knee replacements have been performed successfully at all ages, from the young teenager with juvenile arthritis to the elderly patient with degenerative arthritis.

With normal use and activity, every knee replacement implant will begin to wear in its plastic spacer. Excessive activity or weight may speed up this normal wear and may cause the knee replacement to loosen and become painful.

Therefore, most surgeons advise against high-impact activities such as running, jogging, jumping, or other high-impact sports for after surgery.

Know when to get help with knee complaints

Be sure to seek treatment for knee issues that don't respond to traditional at-home care measures (rest, ice, gentle compression and elevation) particularly if you:

- Feel your knee give out at the time of injury
- Have severe pain
- Cannot move the knee
- Begin limping
- Have swelling at the injury site

The type of treatment your doctor recommends will depend on several factors, such as the severity of your injury, your age, general health, and activity level.

ACL Injury

When surgery becomes necessary

The anterior cruciate ligament (ACL) is one of the most commonly injured ligaments of the knee. Athletes who participate in high-risk sports, such as basketball, football, skiing, and soccer are most vulnerable to ACL injury.

Up to 50 percent of all ACL injuries occur in combination with injury to the meniscus, articular cartilage, or other ligaments. And many patients also experience bruising of the bone beneath the cartilage surface.

ACL injury is often associated with a rapid stop combined with cutting, pivoting or sidestepping maneuvers, awkward landings or "out of control" play. Several studies have shown that female athletes have a higher incidence of ACL injury than male athletes in certain sports.

Telltale signs of ACL injury include pain and swelling, knee instability. This is usually followed by an increase in knee swelling, a loss of full range of motion, pain or tenderness along the joint line and discomfort while walking.

At this point patients tend to seek out medical advice and the first thing an orthopaedic specialist will do is test for meniscus tears and to evaluate possible injury to other ligaments of the knee. The physician will often perform the Lachman's test to see if the ACL is intact.

If the ACL is torn, the doctor will feel increased forward (upward or anterior) movement of the tibia in relation to the femur (especially when compared to the normal leg) and a soft, mushy endpoint (because the ACL is torn) when this movement ends.

What happens next usually depends on the patient's activity level, degree of injury and instability symptoms.

The prognosis for a partially torn ACL is often favorable, with the recovery and rehabilitation period usually around 3 months. However, some patients with partial ACL tears may still have instability symptoms. Close clinical follow-up and a complete course of physical therapy helps identify those patients with unstable

knees due to partial ACL tears.

Complete ACL ruptures have a much less favorable outcome and commonly requires surgical intervention. Following a complete ACL tear, some patients are unable to participate in cutting or pivoting-type sports, while others have instability during normal daily activities, such as walking. There are some rare individuals who can participate in sports without any symptoms of instability. This variability is related to the severity of the original knee injury, as well as the physical demands of the patient.

Patients who choose not to have surgery may be at risk for developing secondary injury to the knee due to repetitive instability episodes.

Surgical treatment is usually advised in dealing with combined injuries (ACL tears in combination with other injuries in the knee). Physical therapy is a crucial part of successful ACL surgery, with exercises beginning soon after the surgery.

The impact of arthritis on knee health

Osteoarthritis is the most common type of arthritis, and women are more likely to have osteoarthritis than men. While it can occur even in young people, the chance of developing osteoarthritis increases after age 45.

According to the Arthritis Foundation, more than 27 million people in the U.S. have osteoarthritis, with the knee being one of the most commonly affected areas.

Pain, swelling, and stiffness are the primary symptoms of arthritis. Any joint in the body may be affected by the disease, but it is particularly common in the knee.

Knee arthritis can make it hard to do many everyday activities, such as walking or climbing stairs. It is a major cause of lost work time and a serious disability for many people.

Other types of arthritis besides osteoarthritis include rheumatoid arthritis, but there are more than 100 different forms. While arthritis is mainly an adult disease,

some forms affect children.

Although there is no cure for arthritis, there are many treatment options available to help manage pain and keep people staying active.

Some changes in your daily life can protect your knee joint and slow the progress of arthritis.

Minimize activities that aggravate the condition, such as climbing stairs.

Switching from high impact activities (like jogging or tennis) to lower impact activities (like swimming or cycling) will put less stress on your knee.

Losing weight can reduce stress on the knee joint, resulting in less pain and increased function.

Specific exercises can help increase range of motion and flexibility, as well as help strengthen the muscles in the leg. A healthcare provider can help develop an individualized exercise program to meet personal needs and lifestyle.



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