Aging gracefully is not only about looking great as we age, but even more importantly, feeling great, as we age. However, as time goes on we tend to feel the aches and pains of aging, making it harder to achieve the feeling great part. Injuries or conditions, such as arthritis, that lead to persistent pain can make everyday activities unpleasant, or even unbearable. However, with the help of orthopaedic doctors, many of these conditions can be lessened or even completely relieved, allowing you to live your day-to-day life with much more enjoyment.

Dr. Brian Ted Maurer, M.D., a board certified orthopaedic surgeon at Great Plains Orthopaedics, in Peoria, has dedicated his career to helping patients in Central Illinois feel better and live a better quality of life. Recently, he took a little time from his busy schedule to answer some of our questions about orthopaedic treatments.

What do the hip and knee do?
The hip and knee are bearings that allow motion so that we can move our bodies. The ends of the bones in the joints are covered with cartilage, which allows the bones to slide on each other without causing pain. Cartilage sliding on cartilage is slicker than an ice skate on ice. There are also other cartilages, besides the cartilage on the bone ends, within the joints which help them function better.

What is arthritis?
In the sense that we are speaking here, arthritis is the wearing out of the joint. In the most common form of “wear and tear” arthritis, the cartilage on the ends of the bones wears thin until bone is rubbing on bone, which causes pain and inflammation. The other cartilages in the joints may also break down or get injured, which can accelerate the overall arthritis within the joint. Some diseases caused by inflammation, such as rheumatoid arthritis, can also cause loss of cartilage within the joint.

What are some non-surgical treatments for arthritis?
Non-surgical treatments for knee and hip arthritis include: injections, medications and supplements, therapies and activities, and braces or orthotics. There are two well known types of joint injections for arthritis. Steroid (or “cortisone”) injections block inflammation within the joint and decrease pain. Gel (or “chicken comb”) injections relieve pain in the joint by improving lubrication within the knee joint. Medications can also help joint arthritis. Pain relievers such as acetaminophen block pain within the joint. Anti-inflammatories such as ibuprofen decrease inflammation, and thus pain, within the joint. Stronger prescription pain relievers and anti-inflammatories can be used under the supervision of your physician.

A number of nutritional supplements are also thought to help relieve the symptoms of arthritis. Therapies such as physical therapy, water therapy, bicycling, and elliptical training can help to preserve joint function and decrease pain. Occasionally knee braces or foot orthotics can redirect the forces within a joint to relieve pain. Finally, as is important for overall good health, the avoidance of obesity relieves the joint of
carrying so much force (joint forces can be up to eight times body weight) and is helpful in preventing the symptoms of arthritis.

What surgeries are there for hip and knee arthritis?

Joint replacement is the most common surgery for hip and knee arthritis. Other surgeries such as arthroscopy and limb realignment procedures are employed in rare circumstances.

What do you do in a joint replacement?

In a joint replacement surgery, the worn cartilage surfaces are replaced with artificial materials, such as metal and plastic, so that bone does not rub on bone and the joint can move fluidly again with less pain. Various methods such as cement (“glue”) or bone in growth are used to attach the parts to the bone. The tissues, such as ligaments, that hold the joint together, also can be assessed and adjusted in surgery to improve the joint function.

Do joint replacements wear out?

They used to wear out quickly – sometimes within 10 years. The newer joints, with newer sliding surface materials and designs, wear as much as 90% less than the older joint replacements, which is very encouraging news. Many joint replacements now last 20 to 30 years, but even these new joints will eventually wear out. Joint replacement in the younger patient (less than 60 years old) is much more common now than in the past, but should still be approached with caution. Problems other than wear can also shorten the lifespan of an artificial joint.

What activities can I do after a joint replacement?

Any motion or loading of the joint will cause wear. That being said, the reason to do the joint replacement in the first place is so that it can be used. Judicious use of the joint is acceptable. In general, moving the joint is not very detrimental to the artificial parts and good for the body. Repetitive pounding loads tend to wear the joint replacement out. There are activities such as swimming, bicycling, and walking that are acceptable for joint replacements. However, more aggressive activities such as running, tennis, skiing, basketball, etc. involve more loads on the joint, as well as risks to the ligaments around the joint, and should be undertaken only with an honest risk assessment with your joint surgeon.

Explain the recall?

Joint replacement is not an exact science. They are designed by human beings and are never completely perfect. There have been some failures and recalls of joint replacements in the last 50 years of joint replacement. Some have been for poor design and others for poor manufacture and they can have significant consequences. These have been rare. Your joint replacement surgeon will select the best joint replacement parts available for you.

Aging is inevitable; however aging gracefully is a choice. Talk to your doctor about the aches, pains or other problems you are experiencing, so the two of you can
come up with a treatment plan to help you live the life you want. Our age may just be a number, but the way we feel day to day, mentally and physically, is the key to our quality of life.