

Combating chronic knee pain, a growing problem



Aging knees can be painful as a result of osteoarthritis, a degenerative disease affecting many older adults. (Brand X)

By **Kay Manning**
Chicago Tribune

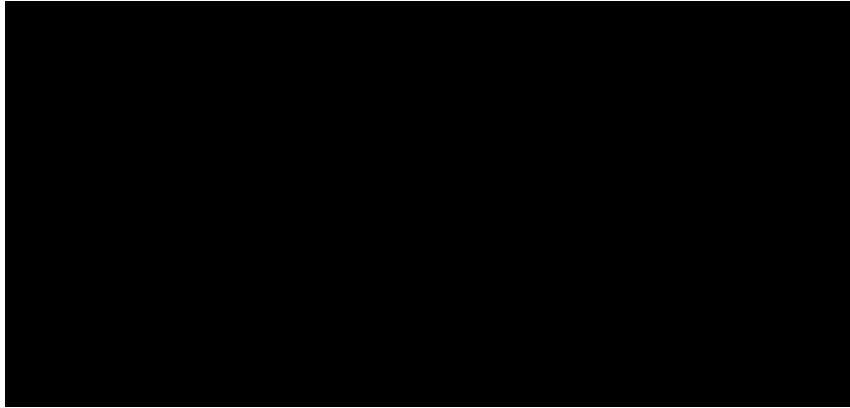
MARCH 14, 2016, 11:57 AM

Call it a sign of the times: The number of knee replacements in older adults shot up by a dramatic 46 percent from 2009 to 2013.

Chalk it up to an aging population. Obesity. Sports injuries. All contribute to debilitating knee pain — and the growing demand to do something about it.

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"Getting old, age-wise, is not a sentence to not be active," said Dr. Ravi Bashyal, an orthopedic surgeon at NorthShore Orthopaedic Institute in Evanston.

One of his patients, Andrea Siegel, had both knees replaced last year.

"If I didn't have surgery, I'd be a miserable person," she said. "It's depressing to be in pain. You might as well curl up and die."

While medical professionals focus on treating the widespread problem of knee pain, researchers are working on a blood test to identify those at risk for one of the most common causes, osteoarthritis, and to diagnose the problem earlier to lessen damage.

Osteoarthritis — a degenerative disease afflicting more than a third of those over 60, according to the Centers for Disease Control and Prevention — diminishes the cartilage covering the ends of the femur and tibia in the knee, causing them to rub rather than glide smoothly. Symptoms besides pain include decreased function, the inability to sleep through the night or walk more than three blocks, inflammation and rashes.

Dave Finzer was only 45 when he learned he needed a total knee replacement. After decades of sports — including two years as an NFL punter for the Chicago Bears and [Seattle Seahawks](#) — osteoarthritis had left him with "bone on bone," he said.

Still, he resisted surgery, waiting for the technology to improve.

"If I could get out of bed, play golf, bike, I'd ice and keep the arthritis under control," he said.

But a year or so ago, it became painful to walk the golf course, prompting him to see Bashyal.

X-rays showed the severity of the problem, yet Finzer first opted to try something called viscosupplementation. This entailed getting a series of injections of a gel made of hyaluronic acid extracted from rooster combs. He said it provided temporary relief, as did a cortisone shot.

"That got me through a dance with my daughter at her wedding," said Finzer, who eventually scheduled surgery.

Physical therapy, pain medications, shoe insoles and lab-grown cartilage transplants are other possible remedies for chronic knee pain. Maintaining a healthy weight helps, too, with a loss of one pound taking four pounds of stress off the joint.

Jason Hui, owner of three medical clinics in the Chicago suburbs, offers injections of Hyalgan, a gel that lubricates the knee joint. The shots are covered by many health insurance plans, including Medicare.

"It's like squirting oil on a rusty hinge," Hui said. "If the joint is not gliding, but rubbing bone on bone, it causes pain. If somehow we can cause the joint to not rub together as much, we have a shot at relieving pain."

Injections are considered conservative therapy, as are exercise, physical therapy and weight loss. A regimen of the treatments was compared head-to-head against knee replacement surgery in a study of 100 arthritis patients in Denmark. The results, published in The New England Journal of Medicine, found 68 percent of the 50 patients who had nonsurgical treatment reported pain relief and improved function, compared with 85 percent of those who had surgery. The surgery group reported 24 serious adverse events, such as blood clots and infections.

"Surgery is much better at improving pain than physical therapy," wrote Dr. Jeffrey N. Katz, director of the Orthopaedic and Arthritis Center for Outcomes Research at Brigham and Women's Hospital in Boston, in an accompanying editorial. "But at the same time, it's a little bit surprising that this physical-therapy regimen was associated with substantial pain relief."

Modern joint-replacement surgery is much less invasive than in the past, Bashyal said.

"The more traditional way is to open up everything and look around," said Bashyal, who uses an MRI and computer to create a 3-D model of a patient's joints to make the surgery as specific as possible. This information also helps the artificial-parts manufacturer accurately create the plastic and metal components for the surgeon to cement in place.

"It definitely helps recovery based on my experience, though there are not enough studies on this," Bashyal said.

Finzer said he's glad he waited for technology to improve the surgical procedure, recovery and life of the artificial joint, generally thought to last between 10 and 20 years. He had a 6-inch incision at 11:11 a.m. on a Wednesday and was walking around by 4:30 that afternoon. He went home that Friday.

"I think it's unusual, but I really had little to no pain," Finzer said. "They'd ask me on a scale of one to 10, and I told them zero."

He took pain meds only before physical therapy sessions, which he initially did at home with a therapist before moving to an outpatient setting.

Siegel, meanwhile, believes her knee troubles came from long years on her feet as an elementary art teacher. Early visits to physicians left her feeling bad about herself because she was caught in the loop of having extra pounds but not being able to exercise.

"I could not get out of a chair; It took me 20 minutes to straighten my leg," she said. The last straw was when her first grandchild was due to be born and would live up a flight of 38 stairs that she couldn't climb.

She needed joint replacements in both knees, which she had a few months apart.

"It's just a miracle," said Siegel, 65. "I can get down on the floor with my 7-month-old granddaughter. Did I mention how adorable she is?"

Kay Manning is a freelance reporter.

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A version of this article appeared in print on March 23, 2016, in the Health & Family section of the Chicago Tribune with the headline "Bringing pain to its knees - Joint replacements in older adults, many suffering from osteoarthritis, jumps 46% from 2009 to 2013" — Today's paper | [Subscribe](#)

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