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Physician Publication

Arthritis and Joint Replacement

By Alan S.Nasar, MD

Joint replacement surgery has increased in popularity over the last five years. People have become more involved with sports, exercise, and recreational activities and are staying active later in life. These patients often have old joint injuries that never healed completely, and others have had arthroscopic surgery. At a certain point, the pain, stiffness, and other symptoms in their joints begin to limit function and patients' ability to participate in the activities that they enjoy. There are many non-operative treatments for arthritis and joint pain; however many patients with arthritis eventually require joint replacement surgery to regain function in their injured or worn out joints.

Arthritis is the primary reason for joint replacement surgery. The knee, hip, and shoulder are the joints that most commonly need replacement. Arthritis can have many different causes, but the end result is the same – irreversible joint damage that causes pain, stiffness, and limited function.

The three most common types of arthritis are osteoarthritis, post-traumatic arthritis, and rheumatoid (inflammatory) arthritis. Osteoarthritis is a generalized wear-and-tear disease of joints. The knees, hips, and spine are most commonly affected, but any joint in the body can be affected. Although osteoarthritis is considered to be a wear-related disease, not everyone will suffer from it. Some very active patients live their whole lives without a problem, while other patients get severe osteoarthritis at an early age. In general, the longer you live, the higher your chances of developing arthritis. However, age and activity level are not the only factors. Some people are genetically predisposed to developing arthritis – that is, it runs in families. If your mother has bad knees or hips, you may develop the same problems.

The first signs of arthritis are usually mild and may go unnoticed. The motion of the affected joint may become increasingly limited. After extended or strenuous activities, mild aches and swelling may be apparent at the end of the day. As the disease progresses, the symptoms become noticeable on a daily basis. Regular activities, such as walking up or down stairs and getting up from a seated position, become more difficult. Crouching to pick up an object from the floor or putting on socks and shoes are often difficult. Patients can no longer enjoy recreational activities like golf or tennis. This is when people usually seek medical help. For those who do not seek help, the disease may continue to worsen to the point that they need to

use a cane or walker to get around. They are no longer able to leave their homes or do common household activities like cleaning or going upstairs. This severe stage is known as end-stage disease. It is best to seek medical advice before the disease becomes severe, because the earlier your treatments begin, the better your results. You may suffer unnecessarily by waiting too long.

Post-traumatic arthritis has the same symptoms and appearance as osteoarthritis. The main difference is the cause. In post-traumatic arthritis, there is a clearly identified injury to the joint. Common injuries that result in arthritis include fractures, dislocations, cartilage tears, and ligament injuries. Patients with cartilage (meniscus) tears or ligament injuries, such as the anterior cruciate ligament (ACL), of the knee develop arthritis at a high rate even if the injuries are properly treated with surgery. Having joint surgery for any reason may increase the chance of developing arthritis in that joint. Post-traumatic arthritis seems to affect younger patients more than osteoarthritis does, because it is related to injuries that are common in young adults. Patients in their 30s and 40s may develop arthritis from injuries that they sustained in their 20s and 30s.

Inflammatory arthritis includes rheumatoid arthritis and many similar diseases. Approximately ten percent of patients with arthritis have an inflammatory disease, which is caused when the body's immune system attacks the joints. Rheumatologists can treat inflammatory arthritis with powerful medications. Many patients eventually develop severe disease and require joint replacement surgery.

Many recent advances in joint replacement design, surgical technique, and pain management strategy have improved results for patients. As joint replacements have begun to function better and last longer, they have helped the lives of patients who were not traditionally considered candidates for joint replacement. Younger patients recover quickly from joint replacement surgery and can often return to work and recreational activities in 4-6 weeks.

