

Knee Arthritis Frequently Asked Questions

Knee arthritis is one of the more common problems I see in my practice. Below are some common questions and their answers. Please remember that every person's situation is unique and if you are seen in our office, you will have your specific problems and questions addressed. (You will also be exposed to my lousy sense of humor...)

“Doc, my knee hurts. It must be arthritis, right?”

The term “arthritis” is usually used as shorthand for the term “osteoarthritis.” A lot of things can make a knee hurt, so not all pain in the knee is arthritis. Arthritis (osteoarthritis) is the loss of the articular cartilage from the ends of the bones in the knee. The smooth, white surface you see on the end of a chicken bone is articular cartilage. When it is gone from the knee, it is similar to losing the Teflon from a frying pan. Instead of being smooth, slippery and painless it becomes rough, bumpy and painful. A thorough physical exam and possibly x-rays and/or an MRI will be needed to determine what is causing the knee pain, and to make a treatment plan.

“How can I fix the arthritis in my knee?”

Treating arthritis is very different from many of the problems you go to the doctor to correct. For example, if someone has pain from a bladder infection, the doctor doesn't just give that person medicine for the pain. Instead, they are put on the correct medicine(s) to eliminate the infection, and then the pain goes away. Since arthritis is the loss of cartilage from the knee, and since there is no way to put cartilage back into a knee, there is no way to truly “fix” the problem. With arthritis, the focus is on controlling the pain, using either non-surgical methods or a knee replacement.

“Can't you just go in there and cut the spurs out to fix my knee?”

Spurs in an arthritic knee are rarely the cause of the pain. Instead, spurs come from the knee trying to make up for the loss of cartilage. In other words, spurs are a symptom of the arthritis, not the cause of the arthritis. As a result, just removing the spurs is unlikely to help.

“I know I have bone-on-bone in my knee. I guess that means it's time for a knee replacement, right?”

The answer is maybe. Fortunately, there are lots of options for knee arthritis other than surgery. Options include just living with the pain if it is not too bad, physical therapy to strengthen the supporting muscles, use of walking aids such as trekking poles/canes/grocery carts/etc., knee bracing, occasional steroid (“cortisone”) injections, anti-inflammatories/acetaminophen, and injection of a material derived from rooster combs. In my mind, surgery should be the last option. If someone can control their pain without surgery, they should keep doing that.

“Since I have arthritis, will I wear my knee out by walking on it?”

The best answer to that is maybe. And it really isn't the important question. Arthritis can worsen rapidly and lead to increased pain. However, sometimes even very bad arthritis will remain relatively pain-free for years. A better question is, “If I can put up with the pain or control it without surgery, am I losing the chance to have a knee replacement in the future?” The answer to that is no.

“How long will it take for me to rehab my TKA?”

That depends on what you consider to be recovered. Typically, a patient is up walking on their new knee the day of surgery. Most go home from the hospital in 2-4 days. Physical therapy is 2-3 times per week for the first 2-4 weeks and then it varies depending on how well the patient is doing with therapy and how hard they are working on their home exercises. People are back to jobs that require a lot of time on their feet in 6-10 weeks, and sooner if they have a desk job. However, to be completely done with recovery and have all their strength back can take 12-18 months, depending on how weak they became before surgery and other medical issues they may be facing.

“What about a partial knee replacement?”

Partial knee replacements have been getting better over the last several years. Some implants have had good short-term success. However, they only work in people who have cartilage loss in just one part of the knee. Since most people with arthritis have cartilage loss in more than one part of the knee, very few people are candidates for this procedure.

“How long will my knee replacement last?”

The real answer to that question is: no one knows. There have been some exciting developments in the materials used to make knee replacement components that suggest some knee replacements may last 30 years or more. However, even a great knee replacement can fall victim to fracture, infection, or something else that shortens its life.

“How do you replace the knee cap?”

The knee cap is not truly replaced as part of the procedure. The technical term used to describe what is done is “resurfacing.” Basically, a special plastic device is put on the back of the knee cap to replace the lost cartilage.

There is a lot more to knee arthritis than I have covered here. When a patient comes to see us, we do everything we can to answer all their questions while developing a treatment plan that’s best for them.

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