



Arthritis:

Is it a Life Sentence?

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Susan has been complaining to her family about knee pain, without a precipitant, for years. She finally decides to see her family doctor and, after a cursory examination, is diagnosed with arthritis. Upon leaving the office, Susan experiences an overwhelming feeling of hopelessness. Does she truly have arthritis, and has she received a "life sentence" of inactivity?

The "A" word has been greatly overused, and misused, over the years. Many patients perceive a diagnosis of arthritis as a death sentence. While arthritis just means an inflamed joint, by sticking a word before it, you enter into the realm of "life sentences".

Susan's knee was not examined by her family doctor, nor were any weight-bearing X-rays performed. Therefore, at this point, we don't know if she has arthritis.

Susan is persuaded to see her friend's doctor, who at least examined her affected knee and ordered an X-ray. Upon review, she was told her X-ray was "normal".

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This family doctor did not tell Susan she had arthritis, but rather, that she should receive some physical therapy and lose a bit of her extra weight. Anti-inflammatories were offered, which she took for a couple of weeks.



Susan's physical therapy treatment consisted of ultrasound, interferential current, and icing. She continued to attend the 15-minute sessions for two months, then returned to the referring doctor to inform him her knee wasn't improving. He subsequently referred her to a sports medicine physician for further delineation of the problem.

The sports medicine physician took a detailed history and performed a complete physical examination of Susan's affected knee. The resulting diagnosis of patella femoral pain syndrome explains why the previous X-ray looked normal.

Susan does a lot of cleaning in her home, requiring bending, squatting, and stair climbing, all of which aggravate her condition. She was sent back to the physical therapist with very specific instructions to strengthen her front and back thigh muscles. After two weeks of therapy, her knee pain improved significantly.

Why order X-rays if they don't provide much additional information to help treat the patient?

This question raises the whole issue of chondromalacia of the joint surface. While moderate to severe changes can be found on an X-ray, the same cannot be said for mild wearing of the joint surface. The point is, many patients have chondromalacia, not bony arthritis, in their knee. Since there are treatments for chondromalacia, patients should be offered hope they can improve. However, in cases of osteoarthritis, the chances of marked improvement are slimmer.

Standing anteroposterior and lateral X-ray views of the knees must be ordered as part of the routine radiologic examination. These weight-bearing views will provide additional information in regards to how much the joint is worn. The spectrum of pathology extends from the normal knee, to the osteoarthritic knee; everything in between is a variation of chondromalacia.

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While Susan is thrilled to hear she doesn't have a serious arthritic joint, she wants to know what else she can do treat her knee condition.

Many people are taking all sorts of supplements, with varying results, to help build cartilage in worn joints. The bottom line is that genetics are believed to play a much greater role in the development and management of these degenerative joints than we are able to identify. Individuals are taking glucosamine sulphate, 500 mg tablets three times/day, changing to a Mediterranean diet, and maintaining an ideal body weight to reduce the load on the degenerative joint surface(s).

The individual should avoid any activities that require hard running, jumping, or twisting. Orthotics and supportive braces are also used to assist in patient recovery. Icing the joint when swollen or painful, 10 to 15 minutes, three to four times/day, can be helpful. Viscosupplement is another option if the joint doesn't have more advanced wearing of the joint surface(s).

Susan did very well with her exercise program from the physical therapist, and some weight loss. With less pain in her knee, she was able to exercise more consistently. This contributed further to her weight loss.

The biggest mistake patients make after being treated for any musculoskeletal condition is failing to keep up their exercises! Remember, stay away from the "A" word unless there is obvious evidence of arthritis in the joint. Exercise is a life-long project, with no short cuts. If you put the effort in, the symptoms will usually stay away. [CME](#)