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No Bones About It

While you can't prevent osteoarthritis, there is plenty you can do to minimize the effects, says local orthopaedic surgeon

By Gail Kent



The bad news is, if you live long enough, you're going to get arthritis. The good news is, there is much you can do to minimize its effect.

There are many types of arthritis, but osteoarthritis, the most common, is the swelling, pain, decreased range of motion and stiffness in joints as you age due to wear and tear. It not only affects the cartilage, the hard, slippery tissue covering the ends of bones where they form a joint, but also the connective tissue attaching muscles to bones and the joint lining.

While arthritis can't be prevented, it can be slowed and its symptoms can be managed, says orthopaedic surgeon Adrian Baddar of Hampton Roads Orthopaedics Spine and Sports Medicine (HROSM). "Cartilage doesn't have nerves or a blood supply, so it doesn't hurt," he says. "But when we lose cartilage and get down to bone-on-bone, it can hurt like a fracture."

Baddar says the most important actions to reduce arthritis pain is to maintain a healthy weight and to remain active. "Excess weight puts extra stress on your joints and bones and can lead to the need for earlier knee and hip replacements."

An active lifestyle, including moderate exercise, boosts the production of synovial fluid, the greasy, gel-like substance that lubricates joints. "Sitting too much is not helpful," he says. But if high-impact exercises, such as running and jumping, cause pain, switch to lower impact exercises, such as biking or swimming, or use an elliptical machine.

The first line of treatment for arthritis is Tylenol for pain, and Advil and Aleve for inflammation, Baddar says. Voltaren Gel, applied topically to the pain site, recently became available over the counter and can be very effective. Physical therapy may also be helpful.

When those measures become ineffective, a visit to the orthopedic surgeon is the next step. The surgeon may recommend cortisone injections, which may relieve pain for up to 12 months and can be repeated every three months. The steroid shots, ad-

ministered with ultrasound guidance, are not generally as harmful to other organs as are oral steroids, Baddar says. Diabetics may be adversely affected, however.

The most invasive and final line of defense in arthritis treatment is joint replacement. There are many joints that can be replaced, but knees and hips are the most common. The average "new" joint will last for 15 to 20 years, and new technology is raising their expected life.

Baddar says his office often performs partial knee replacements rather than full knee replacements because "the recovery is faster and offers a more natural feeling result."

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