

FREQUENT ASKED QUESTIONS

WHAT IS ARTHRITIS?

Arthritis affects the musculoskeletal system, specifically the joints. It is the main cause of disability among people over fifty-five years of age in industrialized countries. There are more than 100 kinds of arthritis, with many different possible causes, but usually involves pain, swelling, and stiffness in the joints. The most common form of arthritis is osteoarthritis, where patients lose cartilage – a critical tissue that protects the joints from damage caused by movement and pressure. This is the most common cause for knee pain.

WHICH ARE RISK FACTORS FOR THE KNEE?

A number of factors can increase your risk of having knee problems, including:

Excess weight: Being overweight or obese increases stress on your knee joints, even during ordinary activities such as walking or going up and down stairs. It also puts you at increased risk of osteoarthritis by accelerating the breakdown of joint cartilage.

Biomechanical problems: Certain structural abnormalities — such as having one leg shorter than the other, misaligned knees and even flat feet — can make you more prone to knee problems.

Lack of muscle flexibility or strength: A lack of strength and flexibility are among the leading causes of knee injuries. Tight or weak muscles offer less support for your knee because they don't absorb enough of the stress exerted on the joint.

Certain sports: Some sports put greater stress on your knees than do others. Alpine skiing with its rigid ski boots and potential for falls, basketball's jumps and pivots, and the repeated pounding your knees take when you run or jog all increase your risk of knee injury.

WHICH COMPLICATIONS CAN I HAVE WITH MY KNEE?

Not all knee pain is serious. But some knee injuries and medical conditions, such as osteoarthritis, can lead to increasing pain, joint damage and disability if left untreated. And having a knee injury — even a minor one — makes it more likely that you'll have similar injuries in the future.

WHAT SHOULD I DO BEFORE MY APPOINTMENT?

Before your appointment, you may want to write a list of answers to the following questions:

- When did you begin experiencing symptoms?
- Did a specific injury make your knee start to hurt?
- Have your symptoms been continuous or occasional?
- How severe are your symptoms?
- What, if anything, seems to improve your symptoms?
- What, if anything, appears to worsen your symptoms?
- What medications and supplements do you take regularly?
- What to expect from your doctor?

Your doctor may ask some of the following questions:

- Do you exercise or play sports?
- Do you experience any swelling, instability or locking of the knee?
- Are you experiencing symptoms in other areas, or just in your knee?
- Have you ever had knee pain before? If so, do you know what the cause was?

WHAT COULD HAPPEN ON MY FIRST APPOINTMENT?

During the physical exam, the doctor is likely to:

- Inspect your knee for swelling, pain, tenderness, warmth and visible bruising
- Check to see how far you can move your lower leg in different directions
- Push on or pull the joint to evaluate the integrity of the structures in your knee

HOW IS THE TREATMENT?

Treatments will vary, depending upon what exactly is causing your knee pain. For more severe knee pain we use injection treatments which will improve the condition of your joints.

This injection is an effective treatment to help you cope with discomfort in the knee, before any surgical intervention is considered; this therapy is recommended before embarking on an expensive and critical medical procedure.

Injections to relieve knee pain administered in our clinic usually caused by arthritis, frequently numbing hits the surface of the skin with a spray and then some desensitizing medication with a corticosteroid, which is an effective anti-inflammatory drug injected under the skin. Once the needle is inside the knee joint and often fluid is aspirated knee in preparation for administering anesthesia and injecting material into the joint. It is not necessary to have x-rays to aid injections because the joint is not far from the surface of the skin.

Through a diagnosis made for each patient, following treatment developed specific care plans that may include therapeutic exercise, manual therapy techniques, modalities and electrotherapeutic or physical agents such as heat or ice, helping more quickly the healing process, which prevent disability and ultimately eliminating the need for risky surgery painful knee replacement.



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CAN ARTHRITIS BE PREVENTED?

Since most forms of arthritis are inherited to some degree, there is no real way to prevent them. Arthritis that follows joint injury could be prevented by adhering to safety regulations and trying to avoid becoming injured. Arthritis related to infection (for examples, septic arthritis, reactive arthritis, Whipple's disease) could be prevented by not becoming infected with the causative organism. The extent to which this is possible varies depending upon the individual condition.