

The ABCs of Osteoarthritis

“Hands, shoulders, hips, and knees” sounds a lot like a favorite childhood game. But if your joints are feeling creakier than usual, you may be one of the 50 million American adults who are coping with osteoarthritis (OA).

The program

From diagnosis through surgery, rehabilitation and recovery, Saint Anne’s Hospital Center for Orthopedic Excellence is focused on reducing pain, restoring motion, and renewing lives. Saint Anne’s orthopedic program includes both surgical and non-surgical care, including:

- **pre-surgical Patient Education Program** (known as the “PEP” class) for adults and children. The program addresses patient and family questions and ensures a more comfortable, safe and positive surgical experience.
- **modern operating rooms** at three locations
- **clinical leadership**, including the use of regional anesthesia for orthopedic surgery. This approach to anesthesia has been shown to speed recovery by reducing post-operative pain, bleeding, blood clots, and surgical site infections.
- **all-digital diagnostic imaging**, including X-ray, CT, ultrasound, and MRI, at convenient locations
- **nationally accredited clinical laboratory and pathology services**
- **state-of-the-art technologies**, including first-in-Massachusetts MAKO® robotic-assisted procedures for partial knee and total knee replacement and total hip replacement
- **specialized post-surgical inpatient care** that includes private rooms with special touches
- **personalized rehabilitation** before and after discharge from the hospital

Learn more

To get more information about orthopedic care at Saint Anne’s Hospital:

- **Visit SaintAnnesHospital.org/Orthopedics.**
- **For consultation with a physician, visit Steward.org/DoctorFinder, or call 1-800-488-5959.**
- **Call the Center for Orthopedic Excellence at Saint Anne’s Hospital, 1-855-651-BONE (2663).**

What is osteoarthritis?

Osteoarthritis – from the Greek arthro (joint) + -itis (inflammation) – is a degenerative bone disease. It causes cartilage found in healthy joints to break down, removing the cushion between bones that helps to protect and absorb impact.

OA is usually the result of normal wear and tear or overuse, but can also result from a direct injury. It’s different from other forms of arthritis, such as rheumatoid arthritis, an autoimmune disease in which the body’s immune system attacks its own tissue, resulting in pain, stiffness and inflammation of the joints.

Who develops OA?

About half of adults age 65 or older have arthritis in some form. OA affects more women (25.9 percent of the U.S. population) than men (18.3 percent). OA of the knee, one of the most common forms, will affect 46 percent of people in their lifetime. And with the explosion of the baby boomer generation, the 55+ age group – peak knee pain candidates – will grow three times the average rate of the U.S. population, reaching 96 million by 2020.

However, Edward Klein, DO, an orthopedic specialist with Hawthorn Medical Associates and member of Saint Anne’s Hospital medical staff and Center for Orthopedic Excellence, notes that OA is not just a function of aging.

“Former or longtime athletes may develop OA years after an injury, or after years of intense activity,” says Dr. Klein. “Other factors may be job-related – for example, laborers, like construction workers or fisherman, or even jobs that involve repetitive motion, such as factory or assembly line workers. Although being overweight may not be a direct cause of arthritis, it is an additional risk, since extra weight puts stress on hips, knees, ankles and feet. Genetics also have been found to play a role, as people whose parents have arthritis are at higher risk.”

How does OA feel?

Arthritis can cause joint pain that ranges from mild to severe. Other symptoms may include:

- stiffness, which may be eased by mild activity – for example, stiffness when getting out of bed in the morning that subsides after moving around

- cracking or crunching noise in the joint when moving
- swelling, redness and/or warmth around the joint
- reduced range of motion

Treating your aching joints

Although there is no cure for OA, it often can be managed non-surgically.

“Prior to surgical treatment, we first recommend conservative approaches to managing osteoarthritis,” says Dr. Klein

These can include:

- Exercise that builds muscle around the joints and helps support them. This can minimize wear and tear on the joint.
- Weight loss. “In someone with knee pain,” says Dr. Klein, “every one pound of weight lost can result in a four-pound reduction in the load exerted on the knee for each step taken during daily activities.”
- Over-the-counter pain relievers such as acetaminophen, nonsteroidal anti-inflammatory drugs such as aspirin, ibuprofen or naproxen; or certain prescription medications.(if approved by the patient’s medical doctor)
- Injections, such as cortisone and viscosupplements, that can reduce inflammation or lubricate the joint
- Low-impact exercises, such as biking or swimming, that keep joints loose and can be beneficial for weight loss.

“If these measures don’t bring relief, we can help determine if surgery is an option,” says Dr. Klein.

To learn more

Saint Anne’s Hospital’s Center for Orthopedic Excellence offers a team of orthopedic specialists who can help you manage osteoarthritis. **To find a specialist near you, visit Steward.org/DoctorFinder, or call 1-800-488-5959.**