

## The 6 Big Lies About Knee Pain, Knee Arthritis, & Knee Surgery

Knee pain can occur at any age due to a sporting injury or a fall. But, as we age knee pain may begin to emerge for no apparent reason. We saw one statistic stating that 10 percent of 40 to 50-year-old people reported having knee pain. That number increased to 25 percent with 70-year-old (or older) people.

The typical scenario we see is as follows. A 50, 60, or 70-year-old person begins having some knee pain. It is not going away. They see the doctor who orders some type of imaging test (X-rays, MRI, CAT scan). The test reveals they have significant degeneration or osteoarthritis in the knee. The patient now understands why they are having so much pain. So, they try medications, injections, and maybe even surgery to get rid of the hip pain. However, meanwhile no one has told them the truth.

- 1. The truth is that what they are seeing on the imaging tests may just be the result of normal aging and wear/tear. It may not be the cause of their pain. Their non-painful knee may look worse. Studies have shown time and time again that imaging studies may show significant deterioration and arthritis in a joint belonging to a person with absolutely no pain.*

So, what is causing your hip pain? More than likely, it is your daily habits and stresses on your knee. In addition, your knee may be tight and weak. Change your habits and stressors. Improve your hip motion and strength. Do both and your hip pain may dramatically improve. Either way what have you got to lose. The exercises and habits will be helpful to your hip even if you do require surgery.

Some additional lies and myths we hear or see on a regular basis.

- 2. "My knee arthritis is going to continue to degenerate and my pain is going to get progressively worse".*

Not necessarily true. We have seen several studies that demonstrate your pain may remain the same or even improve over a period of time - despite X-rays showing continued deterioration of the joint. Bob's wife is a great example. She had a flareup of her knee joint to the extent that she required crutches. That was over three years ago. She is now back to running (at age 57).

3. *“I wore out my knee due to years of doing (fill in the blank) – running, hiking, roofing, etc.”*

Not true, the active people tend to have better joints than the inactive or sedentary people. Sedentary people are also more likely to be overweight which places increased stress on their joints.

4. *“I don’t want to make my arthritis worse, so I am going to rest my knee.”*

Resting the knee (beyond a day or two) can make your arthritis worse. Joints love movement. Most people are not active enough to gain the motion or maintain the strength they need in their knee. The exception to the need for movement of the knee is when the knee arthritis has advanced so far that the knee is nearly immobile.

5. *“My mom had arthritis and she suffered with it for years. The same is going to happen to me.”*

Again, not necessarily. Some types of arthritis are inherent, but it is amazing how the body can adapt if you change your daily harmful knee habits and improve your knee strength and range of motion.

6. *“I am going to eventually need a knee replacement so I might as well do it now.”*

This may be true IF your knee pain does not improve through exercises and improving daily habits. It may also be true IF you are concerned you will not be able to medically tolerate knee surgery in the future. However, if your pain does improve and you are healthy it is to your advantage to hold off on joint replacement surgery if your quality of life is not suffering.

Speak to your doctor about trial of physical therapy before considering hip surgery.