

by Peter Whitfield, MD,
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He performs a wide variety of orthopedic procedures, including knee replacement surgery, rotator cuff surgery, arthroscopy and general orthopedic surgery.

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Do you have a question related to this column or a general orthopedic question you would like to have answered in a future issue? Send an e-mail to AskPiedmont-Ortho@sosbonedocs.com.

Q. I've had knee pain for nearly a year and have just been told that the cause is osteoarthritis. What are my treatment options?

A. Knee arthritis can't be cured, but we may be able to slow its progression while also reducing your pain. Typically, nonsteroidal anti-inflammatory drugs (NSAIDs) are the first line of treatment. If they are ineffective, the next step might be a cortisone injection. Cortisone is the best anti-inflammatory medication we have – it's the gold standard. Many people get very fast pain relief. However, we don't like to use cortisone too often because it is a steroid medication with potential side effects.

If a patient has a good response to cortisone, I often recommend viscosupplementation next. Viscosupplementation is comparable to putting WD-40 in a rusty hinge. We inject a thick, naturally occurring fluid into the knee joint to provide lubrication. This injection does not contain steroids and tends to provide longer-lasting pain relief than cortisone.

Other steps you can take include:

- Switch to "non-pounding" activities. If you like to jog, ride a bike or swim instead.
- Lose weight if you are carrying extra pounds.
- Quit smoking if you are a smoker.
- Participate in physical therapy.
- Consider using braces and other aids.

If your arthritis continues to progress despite these steps and your quality of life is affected, you may want to consider knee replacement surgery. Most patients who opt for surgery come to my office waving a white flag and saying, "I give up. I've tried everything." If other treatments aren't helping, a knee replacement often can reduce or eliminate your pain and help you regain mobility.

Q. I am 52 years old and have been experiencing pain in my shoulder for several months. The pain is mostly along the side and front of my shoulder. I'm not having numbness or tingling, just pain. I don't remember any injury. It has now reached the point where the pain is making it difficult to sleep. What could it be?

A. This is a common complaint in people over 50. Your pain likely is caused by one of three things: rotator cuff tendonitis, shoulder bursitis or a rotator cuff tear. We typically cannot determine which condition is causing your pain simply by doing a physical exam. The one exception to that is if you can't raise your arm over your head. In that case, the symptoms point pretty clearly to a rotator cuff tear.

We usually treat your type of pain initially with anti-inflammatory medications, ice and heat, a cortisone injection and sometimes physical therapy. If these treatments don't provide relief in a reasonable time, the next step is an MRI scan. However, if you have been in pain for several months already, we may opt to schedule an MRI scan at the first visit so we can make a diagnosis more quickly and begin appropriate treatment. An MRI will give us a definitive diagnosis.

If the problem is rotator cuff tendonitis or shoulder bursitis, you should get some relief over time from the medications, combined with activity modifications and physical therapy.

However, if you have a rotator cuff tear, you probably will need surgery. Most rotator cuff tears will not heal on their own. Minimally-invasive surgery can be performed through an arthroscope or using a combination of the arthroscope and small incisions, depending on the size of the tear. The good news is: Most people are able to return to their prior level of activity after surgery for a rotator cuff tear – and get a good night's sleep again.