



Joint Adventures

Nearly 1 million Americans receive new hips or knees each year — and many are determined to put them to good use

BY CINDY KUZMA

Dr. Deborah DeMarco started running marathons during medical school. She eventually completed seven, training with friends and her dog, a collie who could log up to 10 miles.

“I identified myself as a runner — I thought I would run to my grave,” says DeMarco, 60, a rheumatologist at UMass Memorial Medical Center in Worcester, Mass.

But around 2005, DeMarco’s right knee began to ache. Eventually, pain kept her awake and she could barely walk her dog, let alone run. She tried over-the-counter pain medications, physical therapy and injections with both steroids and joint-lubricating fluids to treat her osteoarthritis, which she attributes to genetics, not her marathon habit. Studies have shown that runners have a lower risk of developing the disease.

When those treatments stopped working, DeMarco carefully considered her options, then joined the more than 700,000 Americans »

When pain sidelined
Deborah DeMarco, she had knee replacement surgery on her right knee.



who enter the operating room yearly and come out with new knees. An additional 300,000 each year have hip replacements. Rates of both surgeries have more than doubled in recent decades.

“Within the next 10 years, there may not be enough operating rooms and surgeons to manage the demand,” says Dr. Ira Kirschenbaum, chairman of the department of orthopedic surgery at Bronx-Lebanon Hospital Center in New York.

Obesity may play a role because extra pounds increase the risk of arthritis. Kirschenbaum also cites age and sports injuries at an early age. Fractures or tears in ligaments or other soft tissues in your 20s and 30s increase the risk of pain that may lead to surgery.

Active Aspirations

Another reason for the rise? Patients aren’t slowing down. Gail Pistello, 55, of Downers Grove, Ill., taught middle-school physical education until retiring this year, played softball, did triathlons and golfed: “I’ve always been a mover.” But by age 50, hip pain had sidelined Pistello completely.

“The pain is unbelievable — the throbbing. You just can’t get comfortable or sleep,” she says. The decision to have a hip replacement was an easy one. She had the procedure in 2012, and today, she’s resting better, back to biking and playing golf and aims for 15,000 steps daily (the equivalent of about 7.5 miles).



CrossFit and climbing are a big part of Linda Radocaj’s life after having both hips replaced in 2006. “I want to continue to do everything I can do.”



After a hip replacement, Gail Pistello is back to biking and skiing.

As for DeMarco, most doctors advise against distance running or other high-impact activities after surgery to preserve the life of the joint. So she transitioned to cycling, completing a 164-mile charity ride 18 months after her surgery.

Then there’s Linda Radocaj, 54, of Williamsport, Pa. Since having both hips replaced in 2006, she’s climbed 12 “fourteeners” — 14,000-foot mountain peaks — and knocks out four to five CrossFit workouts each week. She can’t squat quite as low as she used to and chooses not to run, but otherwise, the artificial joints haven’t slowed her down. “I want to continue to do everything I can do,” she says. “I’m trying to defy age.”

Be Realistic About Recovery

Replacing worn-down joints with devices made of metal and hard plastic often serves as “a life-changing procedure for the good,” says Pistello’s surgeon, Dr. Scott Sporer of Midwest Orthopaedics at Rush in Chicago. But it’s not a quick fix, he warns.

Sporer and Kirschenbaum both advise patients to exhaust all their non-surgical options first, such as weight loss, medications and physical therapy. The longer you can delay surgery, the lower

your odds of having to replace the joint again, they say. And while you wait, scientists are developing new treatment options, including pain-relieving injections and better-constructed joints that last 20 years or even longer.

Now, many new joints are modular, meaning they come in more than one piece — if one portion wears out, surgery to fix it may be less invasive than replacing the entire joint, Sporer says. Some manufacturers also now produce gender-specific knees, which may provide

Knee replacement surgery gave Cheryl Cherry back a range of motion, allowing her to win medals in the National Senior Games.

a better fit. And improvements in anesthetics and pain medication during and after surgery, along with minimally invasive techniques, may make recovery more bearable.

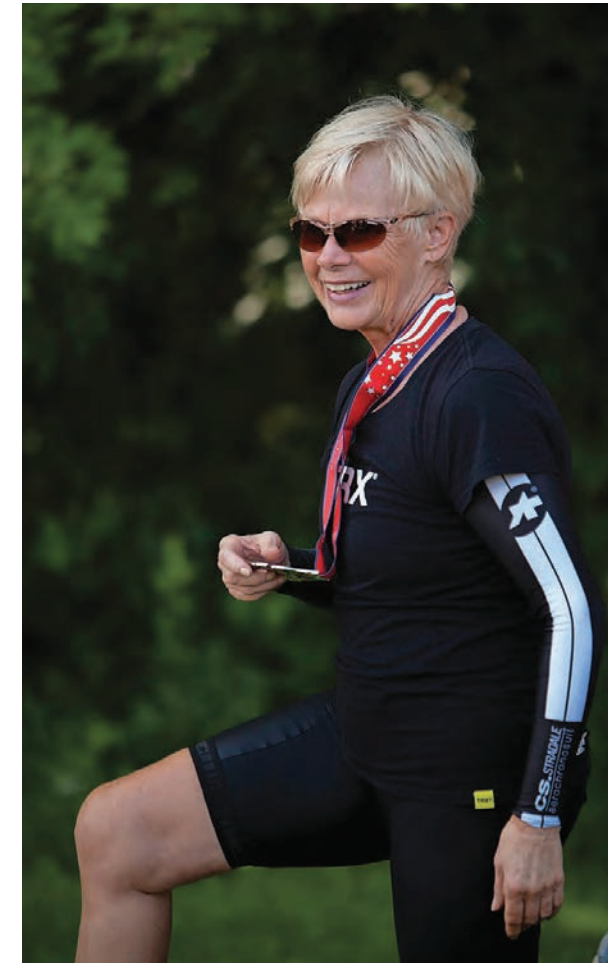
Still, like all surgeries, joint replacements have risks. These include infections, blood clots, pain and trouble with the actual devices. Sometimes, manufacturers issue recalls on the implants. That doesn’t mean you immediately need to replace them, but they may require close monitoring.

Patients also should enter surgery aware of the rehab requirements. You’ll likely spend a few days in the hospital and up to six weeks at home. Returning to full activity can take three to six months, or longer. And while being fit eases recovery, significant effort needs to go into physical therapy.

“I tell all my patients it’s a 50-50 thing,” Sporer says. He puts the knee in, but only they can build supporting muscle and restore function.

Fitter and Faster Than Ever

Maintaining an active lifestyle can reduce your risk of needing a joint replacement in the first place. For one thing, it



controls your weight, which reduces arthritis risk, Sporer says. For another, strengthening the muscles around your joints decreases the stress across them. However, genetics and luck also play a role.

Breast cancer survivor and former runner Cheryl Cherry, 67, of Clermont, Fla., says she underwent a knee replacement in 2005 when she could no longer exercise. She tackled physical therapy with an athlete’s fervor. Because of excess scar tissue, she required two additional procedures — and an extra

year of rehab — to regain full motion in her knee.

The return of motion in the joint “gave me my life back,” Cherry says. She also started cycling, purchasing her first road bike at age 63. Last year, she won gold and silver medals in cycling races at the National Senior Games in Minnesota.

“Our bodies were meant to move,” she says. And if joint replacement surgery helps you stay active, she believes it should be seriously considered. “It will be the best thing you’ve ever done, if you really are determined.” ●



IS JOINT REPLACEMENT RIGHT FOR YOU?

“No one needs a joint replacement. People can benefit from surgery in the right situations,” says Dr. Ira Kirschenbaum, a New York-based orthopedic surgeon. You might be a good candidate if:

- ▶ Pain limits your life.
- ▶ You have documented arthritis or another serious condition affecting the joint.
- ▶ Other treatments have failed.
- ▶ You’re prepared to work hard in physical therapy.
- ▶ You don’t have other health problems, such as current infections or uncontrolled diabetes, that make surgery too risky.
- ▶ You can take time off from work or other activities for about six weeks after surgery.
- ▶ You have someone who can help you with personal care during recovery.