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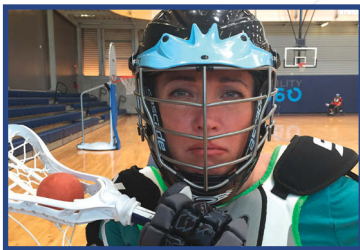
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- ➔ OSTEOARTHRITIS

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Valley health professionals have many viable options to treat our structural aches and pains. If you've ever felt a twinge of pain in your back during yoga class or suffered from knee discomfort after a vigorous hike, you're in good company. An estimated 126 million American adults are affected by musculoskeletal conditions relating to bones, joints, muscles, ligaments and tendons. Despite this huge number of people affected, exercise and sports injuries make up only a portion of orthopedic-related problems. Other causes include arthritis, osteoporosis, work-related accidents, falls, congenital conditions and just plain everyday wear and tear on the joints, which account for more than 132 million physician visits every year.

Armed with the most up-to-date research and state-of-the-art equipment, Valley health professionals are able to provide numerous viable options for combatting orthopedic-related conditions, both surgical and non-surgical.

Diagnosing the Problem

Identifying the cause of pain is the first step on the road to recovery. A good place to start is with your primary care physician who can diagnose the problem and direct you to the proper orthopedic professional. You may be referred to an orthopedic surgeon who is a specialist in a specific area of practice such as knee surgery, hip replacement or spinal surgery; or a physical therapist, acupuncturist, chiropractor or pain management specialist depending on the severity of your symptoms. During initial diagnosis, physicians will take a patient's history,

perform a physical exam and will frequently arrange for medical imaging to get a better understanding about how to treat the problem.

Your orthopedist might order an X-ray to look for bone fractures or calcifications; a CT scan (computed tomography), a procedure that combines X-ray technology with computer processing to produce cross-sectional images of the body in order to examine bones, organs, muscles, tendons, nerves

and cartilage; an MRI (magnetic resonance imaging), a non-invasive procedure that uses a magnetic field, radio frequency pulses and a computer to generate detailed images of organs, soft tissue, bone and joints; a fluoroscopy, a video X-ray that takes continuous, real-time images of the body used in conjunction with a contrast agent (dye) to detect fractures; or a PET (positron emission tomography) scan that uses small amounts of radioactive material to detect bone tumors and abnormalities in soft tissue.

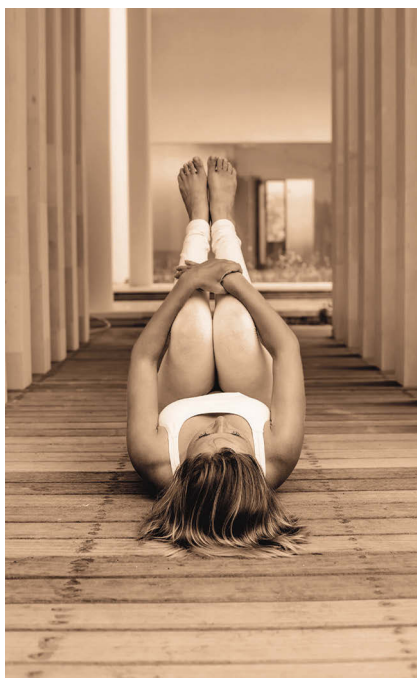
Traditional and Emerging Solutions

Another pathway to treating painful orthopedic conditions is by seeing a pain management specialist or visiting a pain management clinic. At Catalyst Pain Solutions, an interventional, procedure-based facility, practitioners use a variety of methods to help patients alleviate orthopedic pain. They offer traditional treatments, including epidural steroid injections to treat spinal pain, medial branch blocks and facet joint injections, says Dr. Reiner Cremer, a naturopathic physician with Catalyst Pain Solutions. Common causes of facet joint pain include arthritis, degenerative disease of the spine and trauma.

Catalyst Pain Solutions also exclusively offers Regenexx, a regenerative stem cell therapy, which is the most advanced orthopedic stem cell and platelet procedure in the world, Dr. Cremer says. "We are specifically using regenerative stem cell therapy for orthopedic care to stabilize and heal damaged tissue in the knees, hips, shoulder, spine, hands, wrist, foot, elbows and ankles. The goal is to increase function and decrease pain."

To determine whether a patient is a good candidate for regenerative stem cell therapy, they must go through a rigorous vetting process with regard to their medical history and medications, submit to a physical exam and have imaging to detail the extent of damage or injury. Once candidacy is determined, patients undergo bone marrow aspiration to harvest bone marrow tissue, which is then sent to a lab for processing. Once processed, the patient's harvested stem cells are injected into the damaged or painful area using imaging guidance – real time fluoroscopy or musculoskeletal ultrasound.

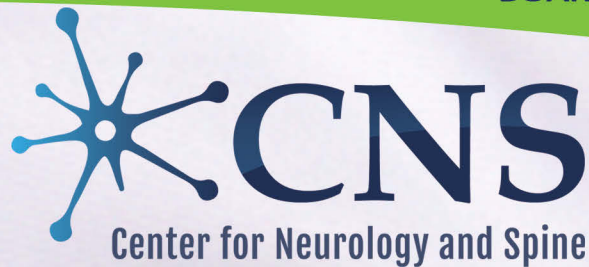
The injection of these concentrated regenerative cells boosts the body's ability to heal itself. These injections can be given independently or in conjunction with an orthopedic surgical procedure. "Patients can expect to see results within 30 days," Kremer says. "Almost all patients will experience a decrease in pain and an increase in function and that gradually increases over the first nine to 12 months. The benefits of the stem cells can last for years."



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Non-Surgical Options

Before discussing surgery, health care providers will often explore non-surgical and minimally invasive options to alleviate a patient's pain, including medication and injections. Dr. Harvinder Bedi, an orthopedic surgeon with the Center for Neurology and Spine, says surgery is always the last resort. "We typically send patients for a course of physical therapy and make sure they're taking anti-inflammatory medications. If spinal injections are indicated and those have failed, then they'll be a candidate for surgery."

Many conditions are treated with over-the-counter drugs, such as non-steroidal anti-inflammatory drugs (NSAIDS) and prescription medications, including corticosteroids taken by mouth or injection, muscle relaxants and narcotic pain relievers to help alleviate pain, swelling, redness and stiffness associated with orthopedic-related disorders. Corticosteroid injections are used to target specific joints, tendons, muscle and bursa sac to decrease inflammation. For example, the physician might

suggest a cortisone injection for a bout of bursitis, tennis elbow or arthritis.

For those diagnosed with arthritis, a painful joint disease that affects more than 53 million adults in the United States, cortisone injections can bring much needed relief. But the decision to prescribe steroids depends on the patient's age, level of physical activity and other medications taken. A more conservative approach includes taking anti-inflammatory medication and using heat and cold to ease pain. Many patients also see improved movement and reduced pain through physical therapy. A licensed physical therapist can help reduce joint pain and improve mobility through exercise and physical modalities such as massage and electrotherapy, a method that applies electricity to stimulate nerves and muscles.

Physical therapists can also aid the patient in developing a fitness and wellness regimen to enable a healthier and more active lifestyle. An exercise program might include walking, swimming, hiking or cycling, depending on the patient's level of fitness, as well as exercises specific to the affected area. If acupuncture is recommended for rehabilitation due to injury or chronic orthopedic pain, the patient will see an acupunctur-

ist, who inserts disposable solid, but thin needles into points on the body to aid circulation, help reduce muscle spasms, increase the range of motion in joints and relieve pain.

Many people with back and neck pain choose to see a chiropractor, who uses hands-on spinal manipulation to create alignment of the body's musculoskeletal structure and restore mobility to joints that may have become restricted by tissue injury. For example, a patient may sustain a back injury by picking up a heavy box or repeatedly sitting on a desk chair that promotes bad posture. Chiropractic care provides a conservative alternative to drug therapy and possible surgery. Patients who are diagnosed with osteoporosis (progressive bone loss), a disease that affects both women and men as they age, may have increased risk of bone fractures. Osteoporosis affects more than 44 million Americans and contributes to an estimated 2 million bone fractures every year. To measure bone density, the physician will order a dual-energy X-ray absorptiometry (DEXA) scan or perform an ultrasound. Treatment for osteoporosis focuses on the prevention of further bone loss through a combination of exercise, nutrition therapy and medications.



If Surgery is Necessary

When pain and discomfort can't be alleviated by non-surgical, minimally invasive options, surgery may be the next step. As the U.S. population ages, the number of orthopedic-related surgeries is estimated to double in the next 10 years, according to the American Academy of Orthopaedic Surgeons. Many knee surgeries, including anterior cruciate ligament (ACL) and meniscal tears can be done arthroscopically, through small incisions using a thin tube (arthroscope) that contains a camera and a light to view the inside of the knee. More serious knee and hip ailments may require joint replacement surgery (arthroplasty), which accounts for more than one million

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surgeries each year in the United States. A surgeon might recommend a knee replacement when pain or stiffness hampers everyday activities, such as walking or climbing stairs, or if the patient is experiencing pain while resting. During knee replacement surgery, damaged cartilage is removed along with a small amount of bone and replaced with metal components that recreate the surface of the joint. Then the surgeon will insert a spacer, to create a smooth surface. Patients who require hip replacement surgery have usually sought minimally invasive treatments with no relief. An orthopedic surgeon will remove and replace the hip joint with artificial parts, referred to as prosthesis. Most patients report increased mobility and an improved quality of life after surgery. More than 332,000 hip replacement



Solutions for Seniors

surgeries are performed in the United States each year, according to the Centers for Disease Control and Prevention.

Older adults (65 years and up) are more likely to sustain an orthopedic injury during a fall than other demographic groups. Each year, more than 2.8 million seniors are treated in emergency departments for injuries related to falls. More than 95 percent of hip fractures are due to falls and often lead to hip surgery. One way to combat falling is to engage in balance and strengthening exercises to increase mobility and body awareness. For many who live with relentless neck and back pain and have exhausted conservative approaches, spine surgery becomes an option. Spinal stenosis, or a narrowing of the spinal canal

caused by arthritis, bone spurs and bone and joint enlargement, is a common cause of back pain in men and women more than 50 years old. Symptoms include neck or back pain, numbness, weakness or cramping in the arms or legs, pain radiating down the leg and various foot problems. When symptoms begin to impair walking or bladder and bowel function, people often turn to surgical options, most commonly a decompressive laminectomy to alleviate pressure on the spinal nerve roots. Sometimes, spinal fusion will be performed concurrently to stabilize the spine and improve function while relieving pain. Fusion also keeps the bones from moving into positions that encroach on the spinal canal. At the Valley's Center for Neurology and Spine, physicians treat a variety of spinal disorders, including injury caused by trauma, disc herniation, degenerative conditions, spinal tumors and scoliosis (curvature of the spine). The Center's Dr. Bedi says he uses the newest technologies, including CT-navigation and minimally invasive

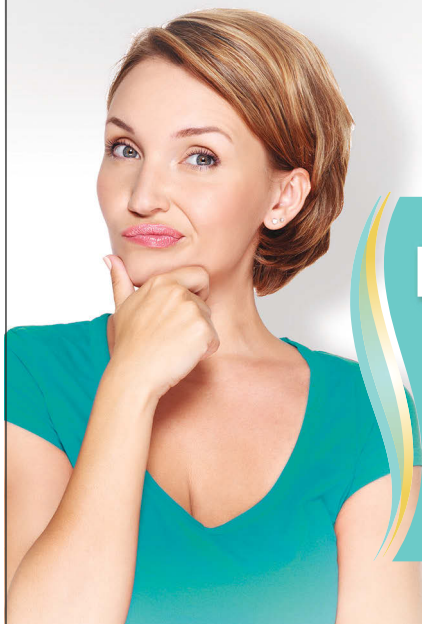


robotic surgery for treating scoliosis and degenerative problems, like lumbar stenosis and spinal fusions. By using the Mazor Robotics surgical guidance system, Bedi has increased accuracy in complex surgeries, such as reconstructive spine surgery that involves placing implants of screws and rods in and along the spine.

Before surgery, the patient will have a high-resolution CT scan and with the help of software, Bedi is able to precisely plan where he will position the screws. "Through 3-D guidance, the robot will enable screws to be placed without big incisions. Typically, when we do surgery, we have to make an incision, shift the muscles away, expose the spine and then using landmarks, put the screws in. Sometimes those landmarks can be a little inaccurate, so with the software program, I'm able to see all the anatomy in 3-D before I even make the incision."

The robot is mounted on a track on top of the patient and uses various attachments that gyrate to a specific point, allowing the surgeon to place the screw, Bedi explains. "The attachment follows the trajectory of the screw and that allows me to place it perfectly, within ½ millimeter of accuracy."

"Because robotic procedures allow surgeons to make smaller incisions, the patient experiences less blood loss, has a faster recovery with less hospital time and reduced post-operative pain," Bedi says. "I have committed to embracing and incorporating new technology into my practice because it increases the level of patient care." With the continuing advance of new technologies and treatments, orthopedic patients can expect less invasive procedures, resulting in reduced pain and quicker recovery times. And that's good news for anyone facing an orthopedic related issue, whether you're a teenager, a senior citizen, an athlete or a weekend warrior.



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