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# Joint Venture

An artificial hip, knee, shoulder, elbow or ankle could prolong your golf career.

By Neil Wolkodoff, PhD & James Ferrari, MD

**A**S THE GOLF SEASON WEARS ON, YOU MIGHT HAVE NOTICED THAT YOUR HIP, KNEE OR SHOULDER HAS BEEN ACHY and downright painful after every round. Nothing in the medicine cabinet seems to help. Is it time to consider an artificial joint? Are there alternatives?

Joint replacements started in the 1960s. In 2007 surgeons performed more than 800,000 hip and knee replacements, double the number performed a decade earlier. In 2011, this number is expected to reach one million. Though less frequently performed, artificial joints can also be placed in the elbow, shoulder and ankle.

The need for joint replacement is mostly tied to the development of arthritis, which starts with inflammation in the joint, then gradual degradation of the joint surface or cartilage. With loss of the friction-free, smooth articular cartilage surface, bone on bone contact occurs. This will then eventually cause pain, loss of range of motion and function, and oftentimes deformity. Golf tends to exacerbate these health conditions because of its duration and the rotational nature of the golf swing.

Artificial joints simply imitate the motion and actions of your natural joint. Almost all are combinations of a dense, long-wearing metal like titanium which moves against a plastic or high-density polyethylene surface mimicking the gliding properties of normal cartilage. The load-bearing surfaces have made tremendous improvements which will routinely allow for 15 or more years of use.

## AVOIDING SURGERY

This surgery is extensive and invasive. So can exercise and nutrition stave off the knife? There is no clear-cut answer, but regular use of glucosamine, chondroitin sulfate and fish oil can improve joint function. Regular exercise, providing it does not increase the wear in the joint, should improve strength and ligament support, adding some stability to the joint. However, if you are more than 20 pounds over your ideal body weight, your stress on the joint and thus joint wear increases exponentially. Also, once you are diagnosed with arthritis, you need to decrease the amount of exercise-related impact to the joint. Additionally, getting your feet evaluated for gait or walking function and overall structure to determine the need for orthotics or footwear modifications generally has a positive impact on knee and hip stress.

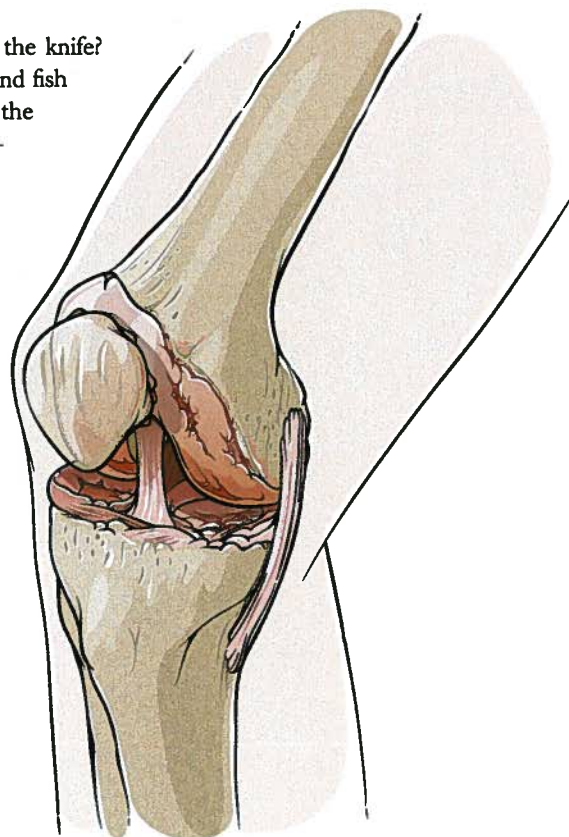
More conservative treatments include weight loss, physical therapy, regular exercise, orthotics, a cane or other walking aid, medications, injections, and braces. Lack of success in these treatments can indicate a joint replacement is necessary.

## WHO SHOULD GET CUT?

- Are you 55 or older? Chances are, your joint(s) will continue to worsen.
- Is your pain disabling? People who need knee replacement surgery usually have problems walking, climbing stairs, and getting in and out of chairs. They also may experience moderate or severe knee pain at rest. In the case of shoulders this may include significant pain with activities of daily living, such as personal hygiene and kitchen chores.
- Do you have a knee or hip that bows in or out? There are some cases where a replacement joint can correct alignment.
- Is your general health good? Conditions such as restricted blood flow, diabetes or infections can complicate surgery and recovery.

## THE SURGERY

Select a surgeon with experience of joint replacements on a regular basis, such as two scheduled surgery days per week. Ask the surgeon about your specific situation and the risks, his or her record of surgical success and that of the facility where the surgery will take place. Research the record of the joint's manufacturer.



**BONE ON BONE:** Arthritic knees and joints can hinder your life, let alone your golf game.



**RESURFACING:** Partial joint replacements present a less severe alternative.

During surgery, enough of the diseased bone is removed allowing the new joint to sit in the same position. In general, knees are cemented into place and most hips and shoulders have a porous metal that allows for bone growth into the implant. A combination of these techniques can be used as well.

A recent trend is the use of unicompartmental or partial replacement. Partial knee resurfacing systems are designed to conserve bone in situations where only one portion of the knee joint is worn out, ligament function is normal, and deformity is minimal. Hip and shoulder joints now have similar options. Partial replacements allow for bone and ligament conservation, resulting in a quicker recovery and a more normal functioning joint.

## POST-OP

In general, artificial joints dictate a reduction in impact and ballistic activity, especially in the short term after surgery. If you get a new knee in November don't expect to be skiing double black diamond bump runs in March. Depending upon the specific joint and procedure, most high-impact or high-velocity activities will not be recommended. Fortunately, with just about every artificial joint, golf is still an activity you can enjoy at a high level of performance.

For golfers, the late fall or early winter is an ideal time to allow for surgery and full recovery. Depending upon the joint replaced and the specifics of surgery, you can expect a return to golf in three to four months. Expect to start therapy right after surgery and then to progress to a post-therapy exercise program to gain further function. Many joint replacement patients treat their new joint a little more carefully. A slower swing speed, when combined with increase range of motion, means their clubs need some minor tweaking to fit their new physiological parameters. ■

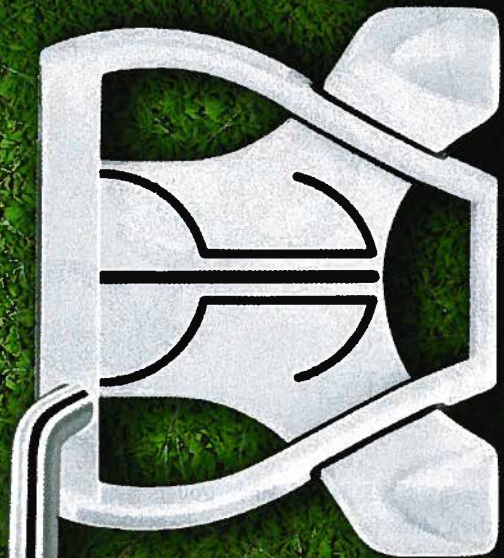
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