Aches and pains won’t go away? Maybe it’s time to explore your orthopaedic options   By Deborah Paddison

When avid golfer Dale Ridgley was 52, his knees started hurting after playing a tournament on a hilly course in California. For the next 10 years, “I just lived with it, and it got progressively worse,” he says. The constant pain interfered with his ability to walk, play golf and even to get to his office since he usually arrived before the building’s escalator was turned on. Today, Ridgley is walking pain-free on two new knees, after having them replaced in January and April 2009 at Baylor Medical Center at Carrollton. “The rehab was quick. I was back playing golf four weeks after my second knee surgery,” he says.

Take the First Steps

While joint replacement was right for Ridgley, not every problem requires surgery. It might surprise you to learn that orthopaedic specialists often prescribe weight loss, oral medications, joint injections of steroid medication and gel-like viscosupplements, bracing for extra stability, and physical rehabilitation programs.

“It’s a good idea to see an orthopaedic surgeon when you begin developing joint trouble,” says Pat Peters, M.D., an orthopaedic surgeon on the medical staff at Baylor Regional Medical Center at Grapevine. “Early identification of the cause gives us more options to either correct or treat it and head off problems over the long term.”

Often, that can be done nonsurgically. “All some patients need to do is take anti-inflammatory medication, modify their activity level for a time and work through a rehabilitation program,” says Howard Moore, M.D., an orthopaedic surgeon and sports medicine specialist on the medical staff at Baylor University Medical Center at Dallas.

Fix the Inner Workings

Like Ridgley, Mariana Devereaux of Dallas also required surgery. When the tennis player tore the anterior cruciate ligaments (ACL) in

Watch Dale’s Story

Dale Ridgley, right, had both knees replaced at Baylor, and now nothing can slow him down. Watch his video at BaylorHealth.com/MyStory.
Rehabilitation for Success

Dallas wardrobe consultant Mariana Devereaux, 42, has played tennis most of her life, including in United States Tennis Association (USTA) tournaments and tennis leagues. Unfortunately, injury has sidelined her a few times, with repair of the ACL ligaments in both knees (see main story) and, more recently, ankle injuries.

“Last October I tore ligaments in my right ankle. Right after I finished therapy for that, in January I broke my left ankle. My foot was in a cast for four weeks,” she says.

With sports, “the more years you’re out there playing, the more likely you’re going to have an injury,” says Howard Moore, M.D., an orthopaedic surgeon and sports medicine specialist on the medical staff at Baylor University Medical Center at Dallas.

Devereaux’s physical therapist developed a step-by-step program of exercises to restore range of motion in her ankle, strengthen muscles, and improve stability and balance. “Balance is very important with tennis because of the quick movements, so I worked out a lot on the wobble board,” Devereaux says.

She’s keeping up her exercises with the goal of getting both ankles back to 100 percent. “If you want to maintain a very active and athletic lifestyle, rehab is of the utmost importance,” she says. “Because at the end of the day, I like to win.”

Call in the Replacements

More than 400,000 hip and knee replacements are performed in the U.S. each year, according to the American Academy of Orthopaedic Surgeons. Typical patients can expect a new joint to wear well for 15 to 20 years, depending on their age and activity level.

But you shouldn’t jump into joint replacement. “This is major surgery, and as with all surgeries, there are possible significant complications, including blood clots and infection,” says Craig Goodhart, M.D., an orthopaedic surgeon and sports medicine specialist on the Baylor Carrollton medical staff. Patients also must be willing to work: A program of exercise and physical therapy is required to achieve optimal results.

“I had one of those classic arthritic knees that can predict the weather,” says Grapevine resident Colleen Butterfield, 78. Pain relievers helped, but after a cartilage tear, she underwent knee replacement last October. “Everything was so much better than I anticipated,” she says. “The nurses and physical therapists at Baylor Grapevine were so tender and caring; they even had a sense of humor. It was a great experience.”

Recent advances include better anesthesia options, computer-assisted surgical navigation, and implants better matched to patient size and gender. Also, some joint replacements now can be approached less invasively. When arthritis is confined to one side of the knee, partial knee replacement is a less-extensive resurfacing that relieves pain while preserving more natural knee function. Active seniors around age 55 are candidates, because recovery is faster and total joint replacement remains an option down the road.

Be a Good Sport

To learn about sports medicine and orthopaedic services at Baylor Dallas, visit BaylorHealth.com/DallasOrtho.