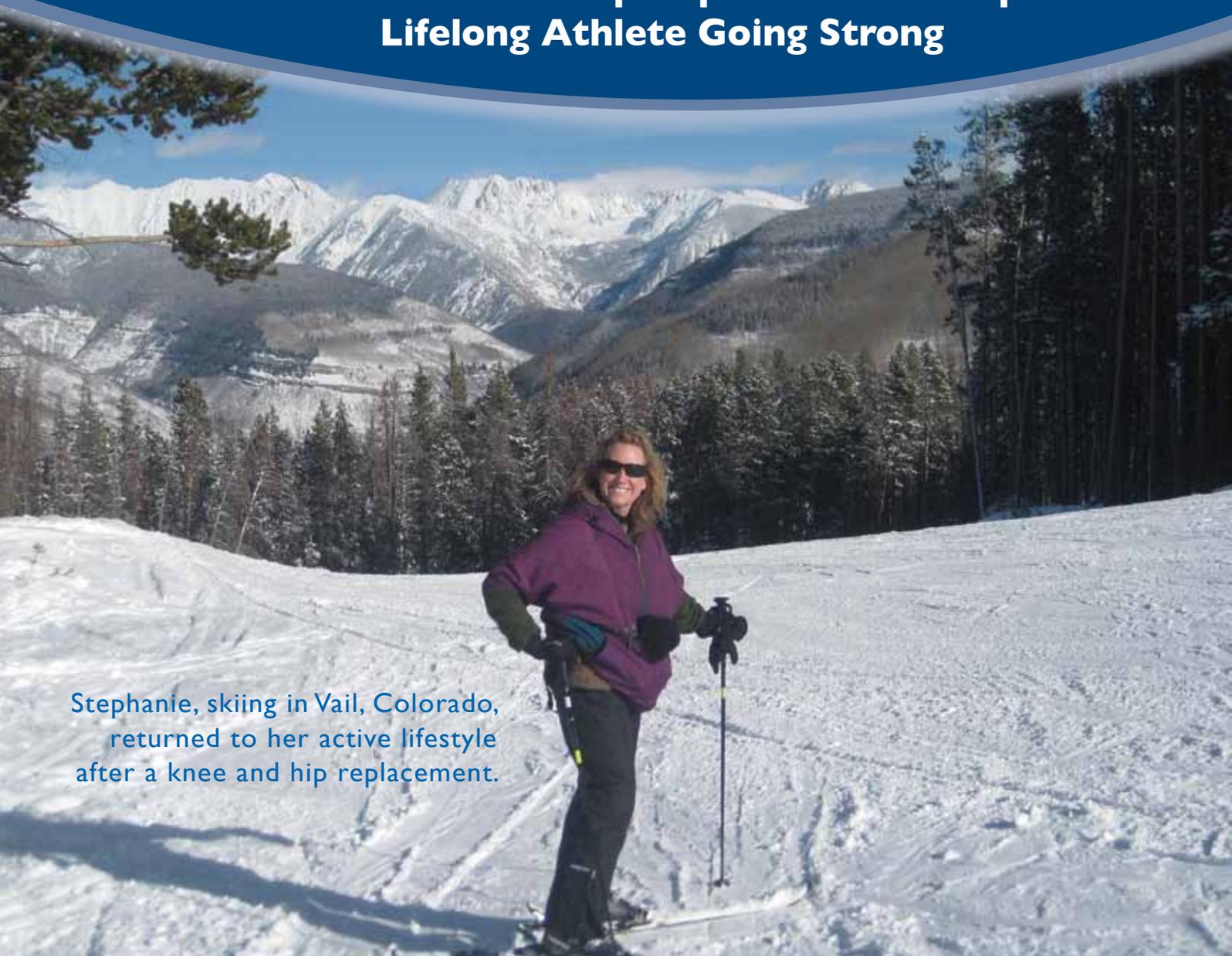


# I Love My New Joints!

## Knee and Hip Replacements Keep Lifelong Athlete Going Strong



Stephanie, skiing in Vail, Colorado, returned to her active lifestyle after a knee and hip replacement.

**B**iking, hiking, skiing, softball – you name it, Stephanie does it. And with gusto. The 55-year-old mother of two from Vienna is a devoted cyclist, skier, passionate hiker, and softball enthusiast. Schedule permitting, she also squeezes in the odd game of tennis.

In her younger years, all this intense physical activity took its toll. “By the time I was 30, I had severe degenerative arthritis in my right knee. It was chronically swollen, totally deformed, and bowed out; I’d worn it to a nub,” she says. “I knew I needed a knee replacement, but I was too young and

the technology just wasn’t good enough. Plus, the idea of surgery was very intimidating.”

Instead, Stephanie endured a host of non-operative treatments to ease the pain including rehabilitation with a physiatrist, anti-inflammatory medications, and cortisone shots. Nothing worked. Then, in a chance encounter she learned that an exciting new implant would soon be available at Commonwealth Orthopaedics. Stephanie consulted joint surgeon David Romness, MD, who performed a knee replacement using this state-of-the-

art technology. The procedure went smoothly, but revealed an additional problem. Stephanie's left hip was bone on bone and she needed a hip replacement. Two years later, Dr. Romness performed that procedure as well.

"Younger patients like Stephanie who need joint replacement and want to resume a high level of activity afterward have many more good options today," Dr. Romness explains. "The design of the prosthesis hasn't changed much, but the materials have advanced significantly. Now, the devices are much more stable, there is less wear and tear, and the prosthesis lasts twice as long. Patients can return to sports without fear of dislocation or that the device will quickly deteriorate." Dr. Romness points out that surgical accuracy is also crucial. Implants that are installed properly last longer.

Better, stronger products mean patients in their 40s, 50s, and 60s who used to be excluded from joint replacement because of age are now Commonwealth's biggest cohort. Coupled with advancements in minimally invasive surgery, such as smaller incisions and more precise instrumentation, these breakthroughs mean patients are out of the hospital and back to normal activities much sooner.

Still, experts caution that balance is key. "Sometimes our patients feel so good, and are so happy to be up and going again, they don't realize that these implants have a limited life expectancy and can wear out just like a natural hip or knee," says Mark Hartley, MD, who specializes in total joint replacement and other procedures at Commonwealth. "There's a fine line between what the patient wants to do and what is appropriate, and we are very careful to walk that line with them to ensure a safe return to an active lifestyle."

It's also important that knee or hip problems be properly evaluated before determining whether replacement surgery is necessary. Non-operative treatments such as activity modification, physical therapy, anti-inflammatory drugs, and cortisone injections can help relieve pain. If these conservative treatments fail, patients with osteoarthritis of the knee may benefit from a technique known as viscosupplementation. In this procedure, the surgeon injects a gel-like substance (called hyaluronate) into the knee joint to supplement the properties of synovial fluid and lubricate the area. Benefits can last from six to 12 months.

Among Commonwealth's younger patients who do opt for joint replacement surgery, there is a high level of satisfaction with both the procedure and the results. "This is a population not willing to put up with limitations, who are looking for viable alternatives to stay active longer," says Commonwealth surgeon Mark Madden, MD, whose areas of specialization include total joint replacement and sports medicine. "The industry has responded, and we as surgeons have responded, with promising new techniques and products that allow us to perform these procedures without significant interruption or downtime. As a result, patients are getting back to their lives and their work more quickly and continuing to do the activities they want to do."

Stephanie waited until both her knee and hip replacements were complete before she became fully active again. Now there's no stopping her. This year, she's already taken a hiking trip to Utah's Zion National Park, cycled 100 miles around Lake Tahoe in California, and participated in the MOAB Century Tour – a 100-mile bike ride along the Colorado River to raise money for cancer survivorship programs. Every day she rides round trip 39 miles between her home in Vienna and her office in Washington, DC. When she fell on her bike in the rain on the way to work last spring, she visited Dr. Romness to be sure she hadn't damaged her hip. The prosthesis was perfectly intact.

"Dr. Romness was confident that this new implant technology would enable me to be active again, and he was right – I haven't had any issues with my knee or my hip," she says. "He appreciates people's need to return to their lives and the things they love, and he's a good encourager of that. I can do all my sports, plus a lot of normal activities that I couldn't do before. Simple things that people take for granted, like walking around the mall on a shopping trip with my girls. I love my new joints! For the first time in 20 years, I am totally pain free."

Read more about the exciting new advancements in bearing surfaces that make hip and knee replacements possible for younger, active patients in a related article on [page 20](#).



**Mark C. Hartley, MD**, earned a BA from Princeton University and an MS from Georgetown University. He received a medical degree from Georgetown University School of Medicine and stayed on at Georgetown to complete both his surgical internship and orthopaedic residency. Dr. Hartley served as Chief of the Total Joint Replacement Service at Eisenhower Army Medical Center.



**Mark P. Madden, MD**, received a BS from the University of Notre Dame before going on to complete his medical degree at Georgetown University. Dr. Madden completed his training in orthopaedic surgery at Georgetown University Medical Center where he served as chief resident.



**David W. Romness, MD**, graduated with a BS from the University of Richmond and earned his medical degree from Eastern Virginia Medical School. He then completed his surgical and orthopaedic training at the Mayo Clinic in Rochester, Minnesota.

For full biographies and a complete directory of the physicians at Commonwealth Orthopaedics who perform these and other procedures visit our website at [www.c-o-r.com](http://www.c-o-r.com).