

## REPORT OF VMC PPG EVENT

Topic: JOINT PAIN – Causes and Treatments

Time and Place: 6.00 Thursday 5 October 2017, Group Room VMC

Speakers:

*Mr Simon Thompson*, Consultant Orthopaedic Surgeon, Chelsea & Westminster Hospital

*Aldo Russell de Boer*, Extended Scope Physiotherapist, Healthshare London

Our meeting on joint pain held on October 5th was very well attended. We organised two speakers - Mr Simon Thompson, an orthopaedic surgeon at Chelsea and Westminster Hospital specialising in knees and sports medicine, and Mr Aldo Russell de Boer who is one of the senior physiotherapists working for Healthshare London who provide our excellent local NHS physiotherapy service.

**Aldo Russell de Boer** started by explaining the causes of knee pain and cartilage problems, from accidents and sporting injuries to osteoarthritis, and why some of us get it worse than others. Osteoarthritis is part of the process of ageing – the grey hair and wrinkles of joints. It is going to happen to all of us to some degree as we get older and it is in our genes as to how severe and at what age we become symptomatic. We cannot really prevent it but we can alleviate the symptoms through specific exercises. Aldo explained that muscles and cartilage are our shock absorbers. Muscles can absorb 70% of our body weight and cartilage 30%. If they are weak the load falls on our joints. Arthritis causes pain, but by doing certain exercises and strengthening various muscle groups, you can protect and support the affected joint over time so that the joint is no longer painful or at least much less painful and not affecting your life so much. Your physiotherapist can advise you on an three-month aerobic and muscle exercise programme that will help you to strengthen your muscles and manage your arthritis, a programme that should then become a lifelong habit. Aldo directed us to Healthshare's website: <https://healthsharelondon.org.uk> where there is more information and a description of the best physio exercises to help with joint pain. If you are in pain, these exercises will be too uncomfortable so you need to start taking painkillers such as Paracetamol or non steroidal anti-inflammatory

drugs such as Ibuprofen or Naproxen or an anti-inflammatory gel to rub into the affected joint (gels often work better on knees).

If you are overweight, losing weight is the single most important thing in managing your arthritis, and weight control should be one of the first issues to tackle. This is very important in knee pain as each joint has to take the load of the body weight with every step. This load increases fivefold when you descend a flight of steps and ninefold when you run or jog so being the correct weight really matters. You are eight times more likely to suffer back, knee, hip and ankle pain if you are overweight or have a sedentary life style.

To keep up your strength you need to make regular physical activity a part of your life. Schedule at least 30 minutes a day for exercise – from taking the stairs to walking to the shops – plus at least 150 minutes of moderate exercise (2 days a week x 75 minutes), such as walking, swimming or cycling. If you make these lifestyle changes you will be able to manage your arthritis and avoid surgery.

**Simon Thompson** gave an excellent talk and took questions from the floor. He explained that surgery is always the last port of call, and he was referred patients when all other treatments have failed. Before you consider surgery, the first thing you need is decent pain medication. Painkillers like Paracetamol and Ibuprofen are vital to help you do the necessary exercises to strengthen your muscles; they are your saviours.

Listed among the treatments that are ineffective or inconclusive were keyhole surgery for an acute painful swollen knee, eating prawn shells to grow cartilage, electrical stimulation machines and taking cortio-steroids. Evidence shows that losing weight is far more effective. A 10% decrease in bodyweight decreases your need of medication by 50%.

He said that knee replacements for osteoarthritis can be very good but they are more complex than hip replacements to undergo and recover from because hips are ball and socket joints whereas knees are more complex hinge joints. He showed us several X-rays and scans of knees and explained a new procedure for knee replacements involving making the prosthetic joint matching the existing joint perfectly. His results have been excellent and have reduced the post-operative length of time in hospital, but he did emphasise that a replacement is the last resort for a patient.

Some questions the speakers were asked:

Q. How helpful is glucosamine?

A. This is a medication which can be bought over the counter in

pharmacies or health-food shops. There is absolutely no evidence from any studies that it works to alleviate symptoms of joint pain and it is expensive. It is made from prawn shells. Most GPs won't prescribe it, but if patients do find it helps, then they should continue taking it as it has never been found to do any harm.

Q. Should I grin and bear the pain or take Paracetamol?

A. It is important to take anti-inflammatory painkillers with joint pain so that you can continue to use the muscle groups. The muscles can deteriorate very quickly. There is no benefit in 'holding off' pain relief. Pain relief, physiotherapy and weight management can together ease the pain of arthritis and often cure the symptoms completely.

Q. how can I get an appointment with the physiotherapist?

A, You can self refer through the website or telephone them. There is a slip with the details at reception.

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