

Arthritis & Joint Insight

A publication by Dr. Robert L. Lock, II

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Computer-Assisted, Minimally Invasive Hip Replacement

Dr. Lock introduces procedure to Mohave County

In the past decade advancements in the field of orthopedics have brought revolutionary changes to the way that surgeons perform total joint replacement surgery. Along with smaller incisions and pain management protocols surgeons are now equipped with implants that have longer service life and unique features, like *Zimmer's* gender specific implants. Better design of the prosthesis have increased stability and function and implants now feel more like a normal knee to patients.

With the birth of minimally invasive hip surgery, surgery that is performed with a smaller incision and little to no cutting of large muscle groups, has also called for a need for better visualization of the joint during the procedure. In traditional hip replacement surgery the incisional cut is between 7-11 inches, however, with minimally invasive surgery the surgeon works in an incisional opening of 3-5 inches. The advantages of minimally invasive surgery are less pain, faster recovery and less blood loss. The disadvantage lies in the experience of the surgeon performing the operation as the visibility during the operation is limited.

In the late 90's researcher's began developing computer navigational equipment to aid surgeons in the minimally invasive techniques. First used in Canada and Europe in 1995, *Zimmer's ORTHOsoft* system transformed the way surgeons performed total joint replacement surgery and represents one of the most significant advancements in the field. Although computer assisted surgery has been around for a few year now in the United States, it has taken implant device makers time to perfect the software and make it more compatible with implant devices and surgical tools. The needed changes to make minimally

invasive surgery possible with computer assisted guidance is possible with *ORTHOsoft's Navitrack* Computer Assisted system. It combines industry-leading technology and a surgeon's skill, simplifying the replacement.

One of the most common causes of hip replacement failure is implant misalignment. With the help of *Navitrack* the risk of misalignment is significantly reduced.



(Above: Image from *Navitrack Total Hip Surgery*)

Dr. Lock introduced *Navitrack* in late 2008, with both hip and knee replacements. The advantage of this system over others is that it allows him to still utilize the minimally invasive techniques that his patients in the Tri-State area have been enjoying for the past 7 years but also allows him further certainty with implant placement. "It can be compared to a real-time surgical audit with immediate feedback," says Dr. Lock, "The computer is like having another surgical assistant in the operating room, acting as an extension to my eyes and hands."

(Continued on page 2)



A Message from Dr. Lock

Welcome to another edition of *Arthritis & Joint Insight*. As many of you are aware we did not publish our Fall 2008 edition, however, we have combined that with our current Winter edition. We apologize for the delay in publishing, but in late 2008 we purchased new equipment and upgraded our operating system. With this new equipment also came a learning curve for our new programs, however, we are pleased with our current system and hope that you, our readers, will also enjoy the new layout.

Many exciting things have been happening at Tri-State Orthopedics. This past fall I was honored to be named a Fellow of the Academy (AOAO). On the back page there is a photo of me receiving the award from my sponsor and the past president of the AOAO. I also became a member of the American Academy of Orthopedic Surgeons (AAOS). In October 2008 we launched my newly, updated website to aid patients in preparation for surgery. We have included a short article about the website launch on page 9.

I'd like to thank Herb Burnett and the ladies of the Fiesta RV park for sharing their experiences with our readers. On the back page of this publication are details on how you can also participate in the "Tell Your Story" article. Some readers have complained that they no longer receive the newsletter through mailings. If this happens to be you please don't hesitate to call our office or email us your address again. The reason for the new equipment was that the old equipment failed, and unfortunately a great deal of data was lost. We apologize for the inconvenience and would love to get you back on the mailing list.

I hope that you enjoy this edition of *Arthritis & Joint Insight*.

Robert L Lock, II, DO, FAOAO



(Continued from Cover)

Computer assisted surgery provides the surgeon with 3-D visualization allowing greater visibility, corrective alignment and balance of the implanted joint. The potential benefits of the *Navitrack* computer assisted surgery are:

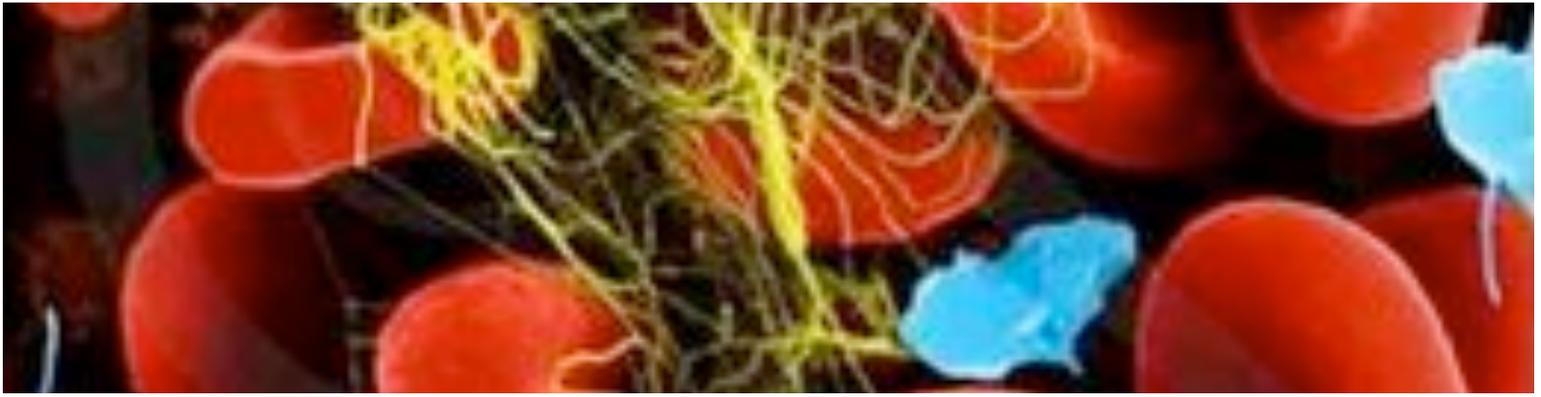
- Improved joint implant alignment
- Possible extension of the life of the implant
- Restoration of normal mobility through optimal implant positioning
- Decreased possibility of revision surgery due to mal-alignment
- Faster recovery with minimally invasive techniques
- Better patient outcomes

The *Navitrack* computer assisted system allows surgeons greater confidence in joint replacement procedures. As pressure from patients increases to have minimally invasive surgery, orthopedic surgeons may find themselves embracing new technology without a great deal of experience or case volume. On average, an orthopedic surgeon performs 50 total joint replacements annually (Dr. Lock performed 299 in 2008). Due to the complexity of total hip replacement, whether through a traditional incision or a minimally invasive incision, computer assisted surgery will set new standards of care for the field of orthopedics. Expect to see further momentum in computer assisted surgery in years to come.

Total hip replacement surgery has evolved over many years, with the first joint replacement attempted using ivory in 1960. Today modern hip replacement is performed on approximately 200,000 patients each year in the United States. It culminates years of research by orthopedic surgeons, bio-mechanical engineers and material technologists. The components and procedure are in constant evolution.



(Source: Zimmer, ORTHOsoft, NIH)



When Blood slows down:

Thrombophlebitis & DVT

Blood clots can form in arteries or veins. When inflammation due to a blood clot occurs in a vein, it is called thrombophlebitis. Thrombophlebitis usually occurs in the veins of the legs. Rarely, it can occur in the veins of the arms or neck. Superficial clotting occurs in the veins that are visible just under the skin. The area of inflammation is usually reddened, tender, and warm to touch and can be painful. The leg or arm may swell and fever may occur. Deep vein thrombosis (DVT) is more dangerous than superficial thrombophlebitis. DVT often cannot be seen or felt by the individual. Swelling of the leg or arm or fever may alert a person to the presence of DVT, especially if risk factors exist.

Risk Factors

- *Inactivity due to recent injury or prolonged sitting*
- *Recent surgery (especially hip, knee or abdomen)*
- *Fracture (especially hip or pelvis)*
- *Family history of clotting disorders*
- *Cancer, Lung or Heart Disease*
- *Ulcerative Colitis or Crohn's Disease*
- *Obesity*
- *Increasing Age*
- *Smoking*
- *High Blood Pressure*
- *Oral contraceptives, Estrogen therapy, Pregnancy*
- *Stroke or other diseases that limit movement*

Diagnosis

In addition to a medical history and physical examination, tests may be ordered to look for the presence of a DVT. These tests may include ultrasound (using sound waves to look for a blood clot in the vein), CT or MRI, blood tests and venography (using injection dye to trace the course of a vein).

Prevention

- *Move your legs, especially during prolonged sitting or bed rest*
- *Use compression or strong support stockings, especially after surgery*
- *Plan for stops on long road trips, at least every 2-4 hours, to walk and stretch*
- *Stay hydrated on long flights and frequently change positions*

Treatment

Treatment for superficial thrombophlebitis usually includes elevating the leg, warm compresses to the area, and medication to decrease pain and inflammation. Support stockings should be worn to decrease swelling. DVT treatment usually involves anticoagulation therapy (blood thinning medication) with Coumadin or Heparin.

More Information

American Heart Association, www.americanheart.org

National Heart, Lung & Blood Institute, www.nih.gov

(Source: JAMA Patient Page 10/08 by Janet Torpy, & the National Institute of Health)



Water Aerobics, also called Aqua Aerobics, has been making a splash across the country, especially for those with arthritis and other health conditions. Exercising in a well-heated pool, 84-88 degrees has particular advantages for arthritis sufferers. Warm water relaxes the muscles and eases joint stiffness. The buoyancy of water supports your body and reduces stress on your weight-bearing joints, particularly your knees. Experts agree that when standing in shoulder-high water only about 10% of your body weight is acting on your joints. This makes exercise easier and less painful.

In November 2008, we met up with some residents of Fiesta RV park in Bullhead City. They graciously allowed us to watch one of their aerobic workout sessions and shared their view of exercising in the water. Fiesta RV Park pools are heated and maintained year round for their residents to use. On this particular morning the ladies jumped right in the warm water and began with a quick stretch. The ladies use a CD for their sessions by, *Billy Joe's Wet N Wonderful Water Aerobics*. The program uses simple equipment of balls, noodles and the side of the pool to complete the workout. In place of balls, the inventive ladies at Fiesta use a cost saving alternative of empty milk jugs for resistance.

Karen Hansen, who began water aerobics in the past year after her back surgery, noted that the "resistance training is wonderful." Water offers at least 12 times as much resistance than air, which strengthens your muscles.

Karen noted that in the short time she had been participating in water aerobics she was able to walk further without pain and was also sleeping better throughout the night.

Gerry Winke, who not only has 2 total hip replacements but also suffers from emphysema, has discovered that water aerobics is really the only form of exercise that she can participate in anymore. "I used to walk for exercise, but I find that I become increasingly short of breath when I do. Water aerobics allows me to remain active." Health professionals recommend individuals with high blood pressure, heart conditions, chronic obstructive pulmonary disease, arthritis and joint replacement try water aerobics if other forms of exercise become too difficult.

All the ladies of Fiesta RV agree on one aspect of water aerobics that they enjoy most-socialization. One of the best things about water aerobics is that you can socialize while you exercise. While observing their class I noted that the ladies appeared to have formed a deep bond. The class was filled with laughter and motivation. Donna Running agrees, "I just won't exercise alone; I enjoy the company."



Experts agree that exercise that's both enjoyable and happens in a group setting is more likely to be a program that individuals will adhere to. At a certain point exercise becomes less like work and more like play.

When some individuals think of water aerobics they immediately think that they must know how to swim,

however, with water aerobics knowing how to swim is not a requirement. Water aerobics classes may be performed in waist-deep or shoulder-deep water. More advanced classes are done in deep-water and require the use of flotation devices.

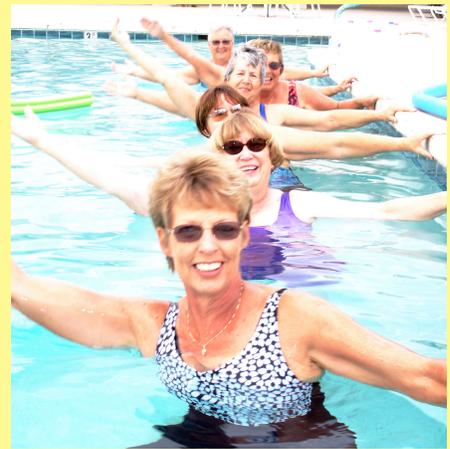
Exercising in water is so much easier than other forms of exercise that individuals may be tempted to overdo it. The key is to start off slowly only a few times per week and work up to daily water aerobics with greater intensity. The *Arthritis Foundation* suggests that pain that lasts for 2 hours after exercise indicates overuse and your program should be scaled back until you have built up endurance and muscle strength.

Listed below are guidelines from the *Arthritis Foundation* for water aerobics:

- Submerge body part being exercised
- Move the body part slowly and gently
- Begin and end with easy exercises
- Follow through complete range of motion if possible, but do not force movement
- Stop if you experience any sudden or increased pain
- Do three to eight repetitions as tolerated
- Remember, the weakening effects of heat when in warm water (Maintain pool water temp between 84-88 degrees)
- Start slowly and don't overdo
- Always check with your physician or healthcare provider before starting water aerobics.
- Maintain hydration
- Avoid exercising in the heat of the day (during summer months)
- If you plan to do water aerobics alone, make sure that friends or family are aware that you are going to be alone in a pool

(Sources: UW Med, Arthritis Foundation, Zimmer, YMCA, NIH)

**Special thanks to Fiesta RV park, Helen Fish, Karen Hansen, Elaine Baum, Marcia Young, Donna Running, Pat Drewer, & Gerry Winke.*



Find a Aquatic Class near you:

Needles Municipal Aquatic Center

1100 Civic Center Drive
(760) 326-3866

Laughlin Aquatics Center

3790 S James Bilbray
(702) 299-9955 or (702) 298-3413

Bullhead City Municipal Pool

2255 Trane Rd.
(928) 763-0159

Lake Havasu City Aquatic Center

(928) 453-CNTR ext 2687

KRMC Del E. Webb Wellness Center

1719 Beverly Ave
(928) 692-4600

Kingman Parks & Recreation

(928) 757-7919





Glucosamine & Chondroitin: Natural Wonders?

It is estimated that nearly 27 million Americans suffer from osteoarthritis. It then stands to reason why so many individuals are searching for relief from their aches, pains and stiff joints. Since the mid-90's in the U.S. and the late 60's in Europe, arthritis sufferers have been seeking relief from the popular dietary supplements, glucosamine and chondroitin. Due to such wild popularity, with reported sales of \$1.7 billion in 2005, the National Institute of Health (NIH) began clinical trials and meta-analysis testing in 2006 to determine the supplements safety and effectiveness.

Glucosamine, an amino sugar, is found naturally in the body. It stimulates the formation and repair of articular cartilage. Articular cartilage is a tough, elastic tissue that covers the ends of bones in joints and enables the bones to move smoothly over one another. Glucosamine supplements are mostly derived from shellfish but some manufacturers use corn.

Chondroitin sulfate, a carbohydrate, is a natural substance found in the body. It is the most prevalent

glycosaminoglycan. It is responsible for the resiliency of cartilage by preventing other enzymes from degrading joint cartilage. Chondroitin supplements are derived from bovine trachea or shark cartilage.

Due to popularity, clinical trials and testing have been undertaken. The most common known side effects of glucosamine and chondroitin are headache, insomnia, nausea, diarrhea, high blood pressure and gastric upset. Some researchers believe that glucosamine may increase the risk of bleeding and cataract formation. Most physicians would agree that brittle diabetics should avoid taking the supplements without close supervision due to fluctuations in blood sugars. Although researchers believe that supplements probably only contain trace amounts of shellfish they still recommend that individuals with allergies monitor any side effects.

Claims have been made that these supplements will not only reduce pain but will repair or restore damaged joint cartilage. Initial studies have determined that glucosamine and chondroitin supplements do provide some pain relief for individuals suffering with moderate osteoarthritis. The NIH released results from the Glucosamine/

chondroitin Arthritis Intervention trial (GAIT) in late 2008. The results from the study indicated that glucosamine and chondroitin, whether taken alone or in combination, did not slow cartilage loss and approximately 24% of the participants had progression of osteoarthritis.

Dietary and health-food supplements are not tested or regulated by the Food and Drug Administration. It is recommended that individuals research their brand of supplements and only purchase from reputable companies. Even taking these precautions might not be enough, as undercover investigations have determined that some food supplements contain little if any of the ingredients listed on the bottles. ConsumerLab.com is an independent company that tests and releases members data on which companies' products actually contain the ingredients listed. Membership to Consumerlab.com does require an annual fee. Consumers are also encouraged to contact the National Center for Complementary and Alternative Medicine, a branch of the NIH, for updates related to glucosamine and chondroitin.

It is important that individuals speak with their physician before starting glucosamine and chondroitin therapy. Due to the side effects mentioned previously, individuals should be closely monitored by their physician and healthcare team. During the first few months of treatment, it is recommended that you keep a record of any potential side effects to share with you doctor. You should report any serious side effects to your health care practitioner immediately or go to the nearest emergency department.

Keep in mind that glucosamine and chondroitin are expensive to produce therefore some manufacturers may purchase poor quality ingredients or withhold some ingredients all together. There have been instances where herbal/health supplements have been sold which were contaminated with toxic metals or other drugs. Stick with a reputable brand that you know. You can even write to the manufacturer to request more information about

their supplement, such as: Where is it manufactured? What are their internal standards for safe manufacturing? What internal testing has been done to determine its safe and effective? Have they received any adverse reports from consumers?

Glucosamine and chondroitin therapy may take months to show any significant improvement in pain. To avoid overdose, it is important that you follow your physicians instructions closely regarding the amount of supplement to take or follow the guidelines of the manufacturer. Remember that anything strong enough to help may also be strong enough to hurt, so avoid doubling doses or trying different manufacturers at the same time.

There are more than 100 different forms of arthritis. As of today, no cure exists for arthritis. All available treatment is aimed at decreasing the symptoms of pain and loss of mobility, often associated with the disease. If taking herbal and dietary supplements does not cause you any side effects and you have the extra money to spend on this supplementary treatment then most healthcare practitioners will tell you to go ahead and try it. Just keep in mind that this treatment will not cure your arthritis and that potential side effects may exist.

(Source: NIH, NCCAM, AAOS, DHHS)



Four Health Behaviors that can add 14 extra years of Life

-PloS Medicine, Medical Research Council

According to a recent study at the University of Cambridge, people who adopt four healthy behaviors- not smoking, exercising, minimal alcohol intake and eating five servings of fruit and vegetables a day- live on average an additional fourteen years of life compared with people who adopt none of these behaviors. Rather than focusing on how an individual factor is related to health, the study calculated the combined impact of these four simply-defined forms of behavior. The results suggest that several small changes in lifestyle could have a marked impact on the health of populations.

Most individuals will agree that not smoking, eating a healthy diet and exercising are good for you, however, few studies have been undertaken to see if combined factors lead to longevity.

The current study focused on 20,000 participants, both men and women not factoring in social class or weight, ages 45-79 from the United Kingdom. The study began in 1993 and each participant completed a simple questionnaire. The study utilized a scoring system of 0-4, with a point being awarded for each behavior. A 4 was awarded to participants who had: a vitamin C level equivalent to consuming 5 servings of fruits or vegetables a day, non-smokers, less than 1 glass of wine or beer a week, and moderate physical activity. Deaths of the participants were recorded until 2006.

After factoring in age, the results showed that over a period of 11 years people with a score of 0 (those who smoked, consumed alcohol, had a poor diet and a sedentary lifestyle) were four times more likely to have died than those who scored a 4 in the same study. The researchers calculated that individuals who adopted or maintained the four healthy behaviors lived on average 14 more years than those who did not.

The study is part of the European Prospective Investigation into Cancer and Nutrition, the largest study of diet and health ever undertaken. Although the results need to be further studied in different populations, the preliminary data suggest that these four simple lifestyle changes could have a marked improvement on health and longevity.

Diabetes drugs could be linked to Bone Fracture

-Diabetes UK, NIH

Research claims that long-term use of Thiazolidinediones, a class of drugs used in the management of Type 2 Diabetes Mellitus, could potentially double some women's risk of fracture.

Thiazolidinediones, manufactured as *Actos* and *Avandia*, are a group of medications released in the late 1990's as a adjunctive therapy for Type 2 diabetes mellitus. Type 2 Diabetes is a disease in which blood sugar levels are abnormally high due to the body not making enough insulin to meet it's needs. Typically, Type 2 Diabetes is often controlled through exercise and diet control.

The research by British and American scientists analyzed the findings of ten studies involving almost 14,000 participants with Type 2 Diabetes. The researchers compared the bone health of those who were taking the drugs and those who were not. The study showed that the medications contributed to bone loss, in the spine and hip, specifically in post-menopausal women. The study found no increased risk of fracture among men.

The results of this meta-analysis suggests that there might be an increased risk of fracture in women who already exhibit certain risk factors for fracture. Some risk factors for fracture include: Early onset of menopause (before age 45), 65 years old or greater, history of fractures, osteoporosis, calcium-poor diet, smoking, moderate alcohol intake, inactivity and vision problems.

Research teams agree that individuals should not discontinue these medications but should discuss the results with their physician. They also agree that further testing and research should be conducted in controlled trials before conclusively linking the medications to fracture risk.



Grapes may help ease arthritis pain

-Neuroscience 2008, John Hopkins University

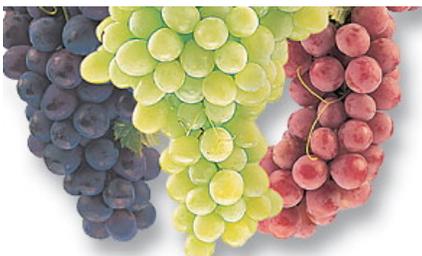
The National Neuroscience conference held in late 2008 in Washington, D.C., had presentations on cutting edge research on a spectrum of diseases that affect the brain and nervous system. Researcher's from John Hopkins University presented research that eating table grapes may help alleviate pain associated with arthritis and inflammation.

The scientists wanted to demonstrate that by consuming grapes one could in essence decrease pain and swelling. Flavonoids, present in table grapes and citrus fruits, are a strong antioxidant and have anti-inflammatory properties. The researchers used a combination of red and green table grapes that were freeze dried and ground into a powder.

The researchers used rat models that they fed grape powder once a day for three days after receiving an arthritis-inducing chemical injection in their knees. A control group only received sugar water after their injection. Over a period of 4 days the researcher's measured the rat's swelling and pain response and noticed that the group that received the grape powder had less swelling and pain.

The rat's were fed grape powder that was an equivalent of 10 cups of grapes a day. Further research is needed to determine if a lower amount of grape powder will produce the same results. Results also suggested grapes, when consumed with a non-steroidal anti-inflammatory drug, produced greater results than when the drug was taken alone.

Dr. Jasenka Borzan, a research associate at Hopkins, said that he feels there are, "two important messages here. That consuming flavonoids through natural products like grapes can be beneficial to health in general and also specifically for reducing inflammatory pain; and that consuming natural products like grapes may also be beneficial in reducing the amount of medication necessary to reduce inflammation."



New website launched: *ArizonaJointReplacement.com*

Dr. Robert Lock launched his new website arizonajointreplacement.com in early October 2008. The newly updated site aims to help individuals in their search for information related to arthritis and joint replacement.

The site offers visitors interactive media on a various number of topics, including surgical procedures and diseases. Individuals may also access links to other websites where additional information may be obtained. Past issues of *Arthritis and Joint Insight* are also available for viewing as well as Dr. Lock's Curriculum Vitae. The website focuses on conditions related to the hip, knee and shoulder, and joint replacement, which is Dr. Lock's area of expertise.

Inasmuch as this newsletter was published to bring pertinent and relevant information to patients the website was created to engage and satisfy those technical-savvy information seekers as well.

Currently the amount of information found on the internet can be staggering. At times it may be difficult for an individual to find up to date and accurate information. Due to this, the information on the website is monitored and updated as needed.

Initial response to the website has been overwhelmingly positive. The website was created and maintained by Graham Lewis Design.



One & Done:

Tips to Prolong The Life of your Hip Replacement

Longevity of a total hip replacement depends on many factors and varies from patient to patient. Factors such as a patient's physical condition, activity level, weight and accuracy of the implant placement during surgery all affect the life of a prosthetic hip. Prosthetic hip replacements, although quite advanced, are not as strong and durable as a healthy, natural hip joint.

After total hip replacement many patients enjoy a life free from hip pain, with improved function and a more positive outlook on life. Results such as these might cause a patient to have unrealistic expectations about what the hip prosthesis can endure. The hip component is susceptible to wear during movement. Like tires on an automobile, the rate at which wear occurs is partly dependent on how the joint is used. Activities that place a lot of stress on the hip implant will decrease the life of the joint replacement.

After total hip replacement, it is necessary to monitor your implant's wear with yearly X-rays and a check up. Implant loosening and increased wear of the plastic component may require a revision surgery. With each subsequent surgery surgical outcomes will diminish, which is why joint replacement patients are encouraged to follow simple guidelines to avoid complications. Due to advances in modern hip implants, surgeons are hopeful that patients will experience 20-25 years of implant service before the need for revision occurs.

Guidelines for Hip Replacement Patients:

- Avoid repetitive heavy lifting
- Avoid excessive stair climbing
- Maintain appropriate weight
- Stay healthy & Active
- Avoid "impact loading" sports such as jogging, downhill skiing, and high impact aerobics
- Think before you move
- Avoid low seating surfaces and chairs
- Do not lift or pull heavy objects
- Avoid excessive bending
- Avoid any physical activity that involves quick stop-start motion such as singles tennis, racquetball, running sprints and basketball
- Avoid excessive twisting and impact stresses
- Consult your surgeon or therapist before you begin any new activity or if you are unsure if a particular activity is safe

To learn more about post-operative care of a prosthetic hip implant visit zimmer.com or arizonajointreplacement.com.

(Source: Zimmer, NIH)

“Not sure I can drive one of those” *Navy Veteran decides on major surgery, twice, to avoid life of probable disability in wheelchair*

“It must be very difficult getting around.” This was the first thing Dr. Lock told Herb Burnett and his wife after reviewing his right knee X-rays. It confirmed what the Navy Veteran and retired teamster had been dealing with for years. Due to past surgical complications Herb wondered if surgery was something he would be able to deal with again.

In 1972, after back surgery, he suffered with numbness and 25% loss of function in his right leg. In 1981, after undergoing an arthroscopic knee surgery, he developed a drop foot. Foot drop is a condition where individuals have a deficit in turning the ankles and toes upward, resulting in an abnormal gait. Consequently for Herb, this caused quite a few spills and falls over the years. Due to these complications and dreading additional surgery, he opted for a series of viscosupplementation injections, most commonly referred to as the “chicken shot.”

He received his series of injections in the Spring of 2007 and reported mild to moderate relief for a few months. In the Fall of 2007 he came back to make preparations for total knee replacement. “At that point, I really felt I was headed for a wheelchair. I decided though, that I don’t know how to drive one of those things.”

Understanding that all surgery has involved risk, Herb set out to have his right knee replaced on November 15th, 2007 at Western Arizona Regional (WARMC) in Bullhead City. After speaking with Dr. Lock and talking with people in his waiting room the couple felt that they had found the right surgeon for the job. His wife of 55 years, Hazel, jokingly admits to randomly choosing a doctor to administer the viscosupplementation shots earlier in the year. “I thought, Surely anybody can do that. And luckily for us, he really could.” Herb credits Dr. Lock’s trustworthiness and confidence level in helping him put his fears aside. “I really had complete faith in him and his ability.”

These permanent road warriors, who split their time between Mammoth Lake, CA and the desert Southwest, parked their RV at Silver View RV park just down the road from their therapist at WARMC, Steve. Herb completed 15 sessions of outpatient rehabilitation for his right knee. During this time, Herb’s left knee began

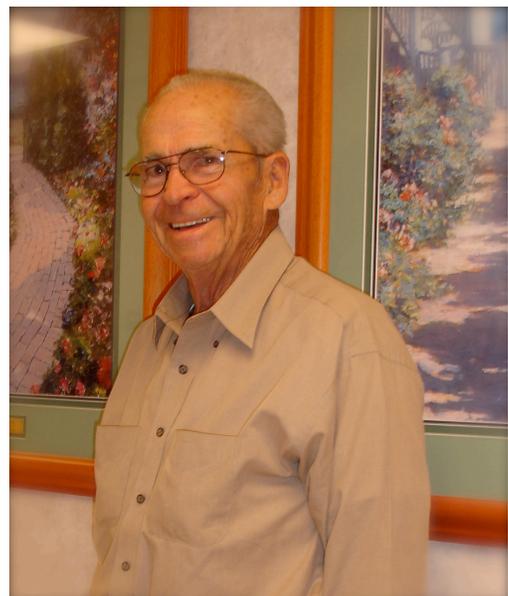
hurting so he completed another series of injections but braced himself for what he knew would be another trip to the operating room.

On February 7th, 2008, Herb underwent left total knee replacement, again at WARMC. He bravely only used the walker for a total of 20 minutes and then resorted to a cane for the remainder of his rehabilitation. At Silver View RV park he was able to enjoy a little more room in their handicapped showers on premises. Herb finished his outpatient therapy in 17 sessions on his left knee.

Herb and his wife both agree that they didn’t see the small space in an RV as a hinderance to recovery. In fact, Herb believes it was an ideal location. “You are able to get to different areas of the RV without a lot of walking and you have things to hold onto to help keep your balance.”

After demonstrating a squat and bending his new knees, Herb proudly proclaimed that he would go through the surgery and recovery again to get the results he has now. He and his wife feel that the pre-operative education and information they received were a valuable resource for getting through surgery.

“If there are two pieces of advice that I can offer others it’s to stay in good physical condition throughout your life and listen to your doctor. Stay healthy. You never know when it will come in handy.” Herb credits his determination and prior disciplined exercise regimen, consisting of hiking, biking and sit ups, in helping both of his recoveries go smoothly.



Pictured Above: Herb Burnett (Fall 2008)



Award of Fellow

Dr. Lock was awarded the title of "Fellow of the American Osteopathic Academy of Orthopedics" by the AOA for his outstanding contributions to the field of orthopedics. The ceremony was held September 11, 2008 at the Boca Raton Resort in Boca Raton, Florida. Dr. Lock was sponsored by lifetime member, David Smith, D.O., FAOAO of Canton, Ohio.

(Pictured L to R: David Smith, D.O., FAOAO, Robert Lock, II, D.O., FAOAO, and past President of the AOA, Mark E. Gittins, D.O., FAOAO)

Disclaimer: *Arthritis & Joint Insight* is intended to provide readers with accurate and timely medical news and information. It is not intended to give personal medical advice. As with all information please consult your physician. Acting on any information provided without first consulting your physician is solely at the reader's risk.

Inquiries: Please send correspondence to our Bullhead City office location or call 928-758-1175 to speak with a representative from Tri-State Orthopedics. Patients interested in appearing in "Tell your Story" should email drrobertlock@yahoo.com or call 928-234-5773 for more details.



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