



# Arthritis & Joint Insight

A Publication by Dr. Robert Lock, II

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## Total Shoulder Replacement: Highly Technical, Highly Successful

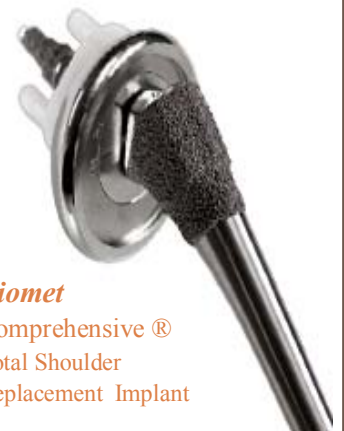
In the 1950's, surgeons began implanting shoulder replacements as a treatment for shoulder fractures. Today, roughly 23,000 shoulder replacements are performed annually in the United States. Shoulder replacements are used for treatment of osteoarthritis, rheumatoid arthritis, shoulder fractures, rotator cuff arthropathy, and osteonecrosis. A normal shoulder joint is able to move through a greater range-of-motion than any other joint in the body. When there is loss of cartilage and bone deterioration individuals will experience a painful, stiff shoulder.

Some individuals will report grinding and grating noises when they move their arm while others may report catching or their shoulder "locking up". Like other joints, such as the knee and hip, as the disease progresses the individual will have difficulty sleeping at night. A thorough work-up is needed to determine the type of problem that is causing your shoulder pain. The physician will order X-rays and complete a thorough medical exam. Physicians will usually begin with conservative treatment like resting the joint and anti-inflammatory medications. Individuals can also use cold and heat during pain episodes. If pain is unrelieved then shoulder replacement may be necessary.

Patients with degenerative joint arthritis and intact rotator cuff tendons are good candidates for conventional shoulder replacement or resurfacing Arthroplasty. Shoulder replacement surgery is done on an inpatient basis and most individuals will go home the next day. After surgery patients will wear an arm sling, or shoulder immobilizer for several weeks following surgery. Physical therapy will be started on the first post-operative day. Adherence to the surgeon's rehabilitation program is critical to the success of a shoulder replacement.

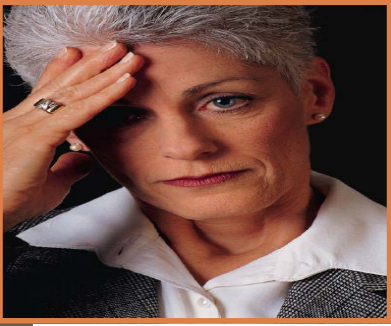
Shoulder replacement is a highly technical procedure. Individuals who are contemplating surgery should speak with their surgeon regarding their surgical dissection, experience and components being used. Experience is important due to the fact that shoulder replacement is less commonly performed. A meticulous dissection is needed, with full capsular release, to restore normal to near-normal range-of-motion. As with any procedure or medical diagnosis, individuals should not be reluctant to ask for a second opinion if they are unsure of the procedure. A well-implanted shoulder replacement can give an individual years of pain-free movement with improved motion and strength. To learn more visit

[www.biomet.com](http://www.biomet.com).



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## Stressed Out: Simple Ways to Control the Inevitable



It is hard to measure stress and at times can be even more difficult to define. We all experience it. Some more than others. What may be stressful to one may be seen as an exciting challenge to others. An event is viewed as stressful based on the person's perception of the event. The one thing that can be said about stress is the negative effect it can have on your body and health. Research shows that living with a chronic, debilitating condition, such as arthritis only leads to a vicious cycle of stress in ones life. High levels of stress can lead to sleep disturbances, depression, high blood pressure, headaches, muscle tension and pain, as well as other illnesses.

Stress will increase once you add its negative effects along with a debilitating and chronic condition, such as arthritis. According to research, conducted at Arizona State University, both osteoarthritis and rheumatoid arthritis suffers have increased episodes of pain during stressful situations. The University of Washington's Department of Orthopedics recommends that you do three things to manage stress; learn how to reduce stress; learn how to accept what you cannot change; and learn how to overcome the harmful effects of stress. Here are some simple suggestions for dealing with stressful situations:

- **Hydrate** Drink a glass of water. Studies suggest that dehydration may exacerbate feelings of anxiety and stress.
- **Breathe** Close your eyes and take some big, slow deep breaths. This is a quick remedy and doesn't require that you actually learn any new technique.
- **Eat Nuts** Any old nut will do but studies suggest that almonds might be your best bet. Some individuals tend to eat during stressful situations. If this tends to be you then keep a dish of almonds or your favorite nuts around instead of junk food.
- **Lavender** Try using this in your bath or placing some near your pillow for relaxation.
- **Vitamin C** U of A research shows that 1000 mg a day may decrease stress hormones in the blood.
- **Laughter** Studies from UC at Irvine show that laughing can cause relaxation in the body for up to 24 hours. If you don't think you can laugh for no reason try keeping your favorite joke handy or watch some old episodes of *I Love Lucy* to tickle your funny bone.
- **The Great Outdoors** Your Mom always told you to, "Get outside. The fresh air will do you good." It actually may have been some good advice after all. Sometimes walking away from your stressor may help you to re-group, relax, and look at the problem in another way. Why not take some deep breaths while you're out there for some added benefit.
- **Massage** Treat yourself to a nice rub down.
- **Exercise** Walking, yoga, or swimming is a great way to get your mind off your current problems and get your blood flowing. Exercise has also been shown to greatly reduce the pain associated with arthritis.
- **Meditation** Literature abounds on the topic of meditation and guided imagery. With some practice and dedication you could master your thoughts to see the glass half full and not half empty, thereby greatly reducing the way stress affects your life and health.
- **Break bread** Whole grain breads and pasta are thought to boost your serotonin levels.

## Pineapple: The Anti-Inflammatory Fruit?

Pineapple is second only to bananas as America's favorite tropical fruit. The pineapple is an excellent source of manganese and vitamin C and a good source of B-1, fiber and B-6, but it's also known for the enzyme bromelain. Bromelain is a mixture of protein-digesting enzymes that aids in digestion, and more importantly for arthritis sufferers, may help to reduce inflammation. The strongest concentration of bromelain is found in the pineapple's stem, therefore, dietary supplements

have been derived. Consumers should be aware that bromelain tablets are considered an herb and are not regulated by the FDA for efficacy or safety. Some experts argue that bromelain tablets may be as effective as ibuprofen in decreasing pain and arthritis symptoms. Preliminary studies have demonstrated that inflammation was decreased when oral bromelain was taken, however, few studies exist that show benefits for osteoarthritis or rheumatoid arthritis sufferers. You should avoid bro-

melain supplementation if you have high blood pressure or bleeding problems or if you currently take aspirin or Coumadin. To avoid any unwanted side-effects nutritionists suggest eating 1/2 a cup of fresh pineapple a day as opposed to taking oral supplementation.

(Ref: NIH, NLM, UMM, Alt. Med Review)



## New Year, New You: The benefits of Exercise

The benefits of exercise are well documented but many arthritis sufferers are reluctant to begin a program for fear that they might actually make their condition worse. Exercise should not be avoided if you suffer from arthritis. The benefits of exercise for an arthritis sufferer are as follows:

- Keep your joints moving
- Strengthen muscles around the joint
- Strengthen and maintain bone and cartilage tissue
- Improve overall ability to do everyday activities
- Improve Health & Fitness by:
  - Increasing energy level
  - Improving sleep
  - Weight control
  - Boost self-esteem & emotional health
- Improve heart health

The disadvantages for not exercising are:

- Smaller & Weaker muscles
- Brittle bones
- Pain
- Joint disfigurement or contractures
- Loss of Joint Mobility
- Fatigue & decreased stamina
- Depression

The three main types of exercise include: range-of-motion, isometric, and endurance. Range-of-motion exercises are basic stretching exercises that keep your joints supple and mobile by moving them through a full "range-of-motion". Isometric exercises were developed to help you strengthen muscles without putting stress on your joints.

Endurance exercises include cycling, swimming and walking. These types of exercises are good because they strengthen your heart, improve lung function, increase stamina and help with weight loss.

The key to finding a program that works best for you is to first understand what program you would be more likely to do. Many people find it necessary to join a health club or to work out with a group as a motivational tool. When you are paying a monthly gym fee you might be more likely to take advantage of it instead of seeing your money go to waste. You should start an exercise journal to track your progress. You should check with your healthcare provider to see what program is best for you.

*In future issues we will be highlighting some programs and success stories to get you motivated.*

(Source: Zimmer.com, US Health Dept.)

## One and Done: Tips to Prolong the Life of your Knee Replacement

**A**pproximately 300,000 knee replacements are performed each year with the expectation that the prosthetic implant will last 20-25 years. Those numbers will vary from person to person. Factors that contribute to the longevity of the implant are a patient's weight, physical condition, and activity level as well as accurate placement of the implant during surgery. The knee is a mechanical joint that moves, bends, and supports a person's weight. The prosthetic knee, although durable, is still not as strong as a natural, healthy joint. The implants roll and slide against each other thereby causing wear. Although surgical factors may play a part in joint wear there are still some things patients can do or even avoid to help prolong the life of their knee, thereby hopefully eliminating the need for additional revision surgeries.

To prolong the life of your knee replacement, do the following:

- Avoid repetitive heavy lifting
- Avoid excessive stair climbing
- Maintain a healthy body weight
- Avoid "impact loading" sports such as jogging, downhill skiing, high impact aerobics, racquetball, and singles tennis
- Do not lift or push heavy objects
- Think before you move to avoid injury or falls
- Avoid any physical activities involving quick stop-start motions, twisting or impact stresses
- Avoid low seating surfaces or chairs
- Stay active with exercises such as walking, swimming, bicycle riding, doubles tennis, kayaking, or yoga.
- Avoid kneeling on your knee implant. If both knees have been replaced it is recommended that you place a pillow under your knees or wear professional knee pads. Please be aware that kneeling places an abnormal amount of stress on your knee implant and should be avoided.

If revision surgery is needed it can be performed, although with each subsequent revision your surgical outcome results will diminish. It is important to follow-up on a yearly basis for X-rays to monitor the wear of your implant. There is no guarantee that a knee replacement will last the rest of your life, but experts agree that the guidelines above should help prolong the service life of your implant. Consult with your physician or therapist before adding any new sport or activity. To learn more please visit

[www.zimmer.com](http://www.zimmer.com).



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Replacement  
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## All Aboard: Arthritis and the High Seas

It's estimated that 7.5 million people in North America take cruises each year. Cruise ships are known for their lively entertainment, scrumptious menus and breathtaking views. In recent years many people who suffer with arthritis have found that vacationing on the high seas is both enjoyable and relaxing. Cruise ships have made some design changes such as extra large doorways, ramps, elevators and wheelchair accessible rooms that have made it easier for those individuals with mobility problems to enjoy their stay on board. It is wise to talk with your travel agent regarding your medical condition. Some cruise lines may request that you have a letter from your physician stating that it is safe for you to travel. If you feel that your mobility is limited, you might want to request a room that is near the elevator. Choose a cruise ship with fewer stops if you feel you may have difficulty getting on or off the ship. Speak with your travel agent regarding taking your scooter or motorized wheelchair. Some cruise lines may offer scooter rentals to make your stops more enjoyable but check to see if special licenses are needed to operate them in other countries. While you're packing remember to include some extra over the counter pain relievers as well as your prescriptions. In case of emergencies it is wise to bring along a list of your medical conditions, surgical history, list of medications and supplements, as well as your blood type and allergies. Check with your insurance company prior to your trip to see if medical expenses are covered abroad. If your carrier does not cover medical services speak with your travel agent regarding travel insurance. Be prepared for arthritis attacks during your trip but try and relax and enjoy yourself. For those who suffer with gouty arthritis remember to stay well hydrated and resist the urge to order too many alcoholic drinks. Individuals with rheumatoid and osteoarthritis should take along a heating pad and pace activities. All individuals should take comfortable walking shoes with non-skid soles to prevent falls or injury. You can visit the International Council of Cruise Lines at [www.iccl.org](http://www.iccl.org) or speak with your travel agent regarding more useful tips and information. Bon Voyage!



## Quit Smoking: If at first you don't succeed

With tobacco use responsible for 87% of all lung cancers and links to heart disease, high blood pressure, stroke, infertility and osteoporosis it is important that an individual makes a strong commitment to quit. Risk of fracture to bones and decreased wound healing increases in individuals who smoke. The CDC estimates that smoking related illnesses cost American taxpayers upwards of \$75 billion each year. Many individuals try to quit and research now indicates that it may take a smoker several

attempts to quit for good. A combination of medication, education, counseling and support groups are available to help make quitting a reality. There is no "quit smoking blueprint" that will work for everyone. Individuals smoke for different reasons and therefore it may take a combination of different things to quit successfully. Research shows that using a nicotine replacement product doubles your chances of quitting. Set a date to quit and enroll in a local support group to learn coping skills and stay motivated.

Call the national quit line at 1-800-QuitNow for ideas and information. The National Institute for Health also offers programs specifically tailored for women and Latinos. You can get more information at [www.smokfree.gov](http://www.smokfree.gov).

(Ref: CDC, NIH, ALA, Health wise)





## Psoriatic Arthritis: Your body in overdrive

Psoriatic (*pronounced* Sore-e- a- tick) arthritis is a condition that more commonly affects the joints but may also affect the fingers, toes and spine. Psoriatic arthritis is a chronic disease that is similar to rheumatoid arthritis in that it is an inflammatory condition that results when your body's immune system is in overdrive and attacks healthy tissue and joints. Psoriatic arthritis occurs in individuals who have a skin condition known as Psoriasis (*pronounced* SORE-eye-ah-sus). Psoriasis is an inflammatory skin condition that causes red, scaly patches on certain areas of the body. Approximately 7.5 million Americans suffer from the skin disorder with approximately 15% of those individuals developing psoriatic arthritis. Joint pain in psoriatic arthritis occurs in different patterns. Researchers have identified five patterns:

- **Asymmetric**– Joint pain that occurs on one side of the body. For example the individual may experience joint pain and swelling in their left wrist, hip, knee and ankle.
- **Symmetric**– This pattern usually affects the same joint on both sides of your body (ex. Right hip and Left hip). This pattern is more often seen in women and the skin condition is often moderate to severe in nature.
- **Distal Interphalangeal (DIP)**- This pattern occurs in your fingers and toes. It is rare and occurs more often in men. The swelling associated with this pattern makes the individuals fingers and/or toes appear like sausages.
- **Spondylitis**– This pattern affects your spine and neck. This can lead to difficulty bending.
- **Arthritis Mutilans**– This is a severe form of the disease in which a small percentage of psoriatic sufferers will develop. This form destroys the small bones of the hands leading to deformity.

Researchers are unsure why individuals develop psoriasis or psoriatic arthritis but they believe that



(Above: Illustration shows highlighted joints in the body where psoriatic arthritis commonly occurs. American College of Rheumatology)

environmental factors and genetics play a role. Psoriasis is not contagious but some individuals, who have strong family histories, may develop the disease after an infection, such as strep throat. A rheumatologist manages both conditions. Unlike, rheumatoid arthritis, which requires constant treatment, psoriatic arthritis will only need treatment when symptoms arise. Most individuals will respond to non-steroidal anti-inflammatory drugs, like ibuprofen and naproxen. In more severe forms of the disease, rheumatologists may use disease-modifying drugs. In individuals with badly damaged joints, joint replacement may be necessary. It is important to begin treatment early and stay under the management of a rheumatologist to avoid serious joint damage. Psoriatic Arthritis may cause fatigue, anemia, mood swings, muscle weakness and stiff joints. Individuals who suffer from the disease should become well educated regarding their condition. Individuals with psoriatic arthritis should exercise regularly and maintain a healthy weight to help with joint pain and fatigue. Stress and stressful situations are prone to aggravate both psoriasis and psoriatic arthritis. It is advisable to learn to manage stress and enroll in an arthritis support group if available. To learn more you can contact the Psoriasis Foundation at [psoriasis.org](http://psoriasis.org) or speak with your physician for more information.

(References: Wikipedia, ACR, MC, NIH, Psoriasis Foundation)

## Tears & Fears: Ken BoMalick shares his experience of overcoming both.

"I convinced myself I'd probably never wake up after surgery," said Ken BoMalick, when thinking back on his thoughts before hip replacement one year ago. Ken, 63, lives in Bullhead City, Arizona with his wife, Tracy. He moved to the area over 13 years ago from Huntington Beach, CA. In the summer of 2006 he developed a sudden onset of pain in his right hip area. "The pain was unlike anything I've ever felt before," said Ken. He lost the ability to drive his car due to the excruciating pain. He remembers the agony he felt while getting out of his wife's car, "I would scream so loud that I'm sure they could hear me from here to Tennessee." He and his wife would often hear a "popping" sound from his hip while he was walking. "The pain would bring tears to my eyes," Ken said. After receiving a thorough medical work-up though his primary care physician they were still no closer to determining the cause of pain. In 2007, his insurance plan changed for which he had to find another primary physician. "It was really frustrating. I was in so much pain. I couldn't work. I couldn't walk," said Ken. After establishing care with a new primary doctor he was then referred to Dr. Lock. Upon examining X-rays and talking with Ken the diagnosis of avascular necrosis was made. Avascular necrosis, also called osteonecrosis, occurs when there is an interruption of the blood supply to bone and the bone begins to die. In Ken's case the bone that was dying was the

femur (thigh) bone, part of the hip joint. Although garden-variety osteoarthritis will usually progressively get worse over time there are usually few warning signs of avascular necrosis. This explains Ken's sudden onset of excruciating pain in his hip. "Dr. Lock told me I'd need a joint replacement. Then he told me that the left hip wasn't far behind," recalls Ken, thinking back to the day that he received a diagnosis for the pain. "I'm pretty sure it was all psychological, but I panicked," says Ken, "I mean I had never broken a bone. I had never had an operation. I had never even been hospitalized." He was hoping for some magic-bullet cure—something he could take, perhaps a shot, but never did he imagine it would involve a major surgery. He was given literature and a video to prepare him for the upcoming procedure. "When I opened that book, I was looking at a saw. I threw the book down in a panic and told my wife, "I don't want to know how he plans to do it— I'll just trust that he knows what he's doing," says Ken. To this day he prefers to not talk about the surgical dissection. He jokes that, "I haven't even asked the doc what kind of hip procedure or implants he used. I would just prefer to forget about that part." Ken had his first total hip replacement on February 17th, 2007 and spent 3 nights at the hospital. He recalls the first day post-operatively was quite painful, but thinks that he was not prepared for what to expect with this being his first operation.

He started home physical therapy and also did exercises on his own. He told his wife he was not planning on getting the left hip replaced after going through the first operation, but on August 28th, 2007 he was admitted for his second hip replacement. "That surgery was a piece of cake," recalls Ken, "Perhaps it was because I knew what to expect or maybe because I hadn't waited so long to get the other one done." Ken only stayed 2 nights in the hospital for his left hip and did not require therapy afterwards, but continued the exercises he learned from his first hip surgery. Full recovery after total hip replacement takes six months to a year. Generally patients with avascular necrosis, due to the characteristics of the disease, may take a full year to heal. Ken is reporting his right hip, whose one year anniversary is upon us, is "doing great." He still experiences some pain in his left hip but feels that it gets better every week. "I feel lucky to have had such a great healthcare team. I knew I was in good hands," says Ken, "I'm getting better every day. Psychologically I was prepared for the worst, but the worst never happened."

Photo Below: Ken BoMalick





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Dr. Robert Lock, II, of Tri State Orthopedic Institute, is a board certified Orthopedic Surgeon who has been practicing in Mohave County and the surrounding area for 13 years. A native of Tucson, he graduated from the University of Arizona with honors. He attended medical school in Texas and his internship in Phoenix. He completed his residency at Ohio University/ Grandview Hospital in Dayton, Ohio .

Choosing to further his orthopedic training he was accepted to fellowship training at the Florida Orthopedic Institute in Tampa with total joint replacement expert Dr. Kenneth Gustke. This additional year of training laid the foundation for his expertise in complex Adult Reconstruction Surgery.

Dr. Lock offers the latest, technologically advanced treatment options available for individuals suffering with osteoarthritis. Specialty services include: Minimally Invasive (Non-muscle cutting) Joint Replacement, Complicated Total Joint Revision Surgery, Computer-Assisted Surgery, Shoulder resurfacing and Replacement. Dr. Lock also offers the Zimmer Gender Knee Replacement for women as well as their High-Flexion implants to help safely accommodate deep knee bends.

Dr. Lock is currently the Chief of Medical Staff services at Western Arizona Regional Medical Center and a board member of Hualapai Mountain Medical Center. He is a member of the American Medical Association, the Arizona Osteopathic Association, and the American Osteopathic Academy of Orthopedics.



### **Edmund Afrim-Antwi, PAC**

Edmund joined Dr. Lock in late 2007. He is from Ghana, Africa. He moved to the US 10 years ago to pursue a career in healthcare. He graduated from UCLA with a bachelors degree in Biochemistry. He received his master's degree in Physician Assistant studies from Western University. Edmund is a member of the American Academy of Physician's Assistants. He is certified and licensed to practice in the state of Arizona.

Edmund works alongside Dr. Lock to help provide comprehensive orthopedic care, both in the office and in surgery. Edmund enjoys volunteering and hopes to one day offer his medical knowledge to his native country of Ghana.

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