



MOVE IT, *or lose it*

ANN ZIELINSKI LOVED TO SWIM. “I SWAM FOR MY CARDIO health, usually doing the breast stroke,” says the Bridgewater resident, who logged about a quarter mile each day. “What I didn’t realize was that my whip kicks were slowly eroding the cartilage in my knees.” While still in her 40s, Zielinski was diagnosed with osteoarthritis.

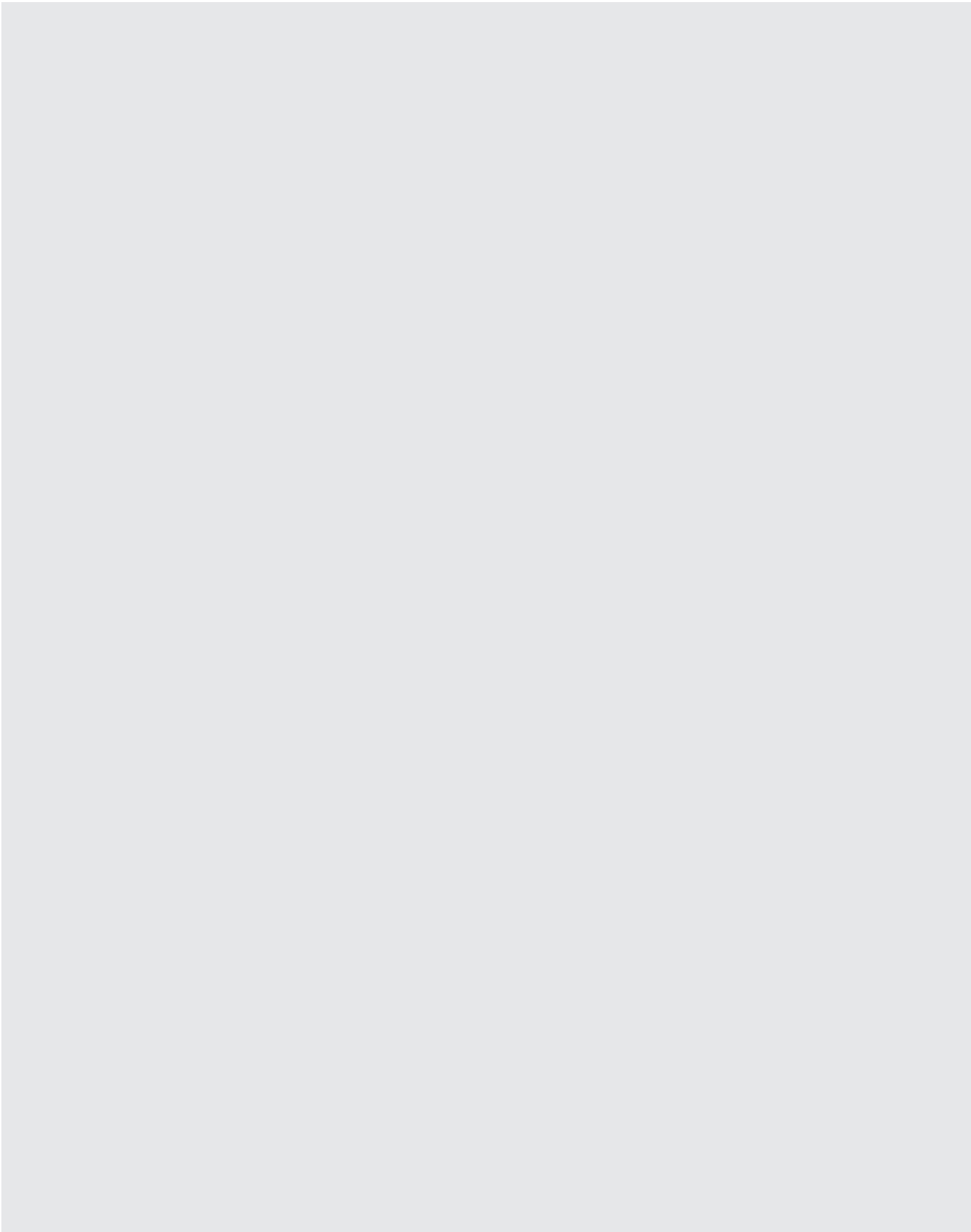
Osteoarthritis is a progressive, incurable condition in which the cartilage, the natural cushion of the joint breaks down, causing new but irregular bone formation and loss of normal joint mechanics, resulting in stiffness and pain. It affects an estimated 27 million Americans — most of them women, especially over 55. The disease most often is brought upon by age (primary osteoarthritis), but, as in Zielinski’s case, can manifest in a joint that has had prior injury or experienced other trauma (secondary osteoarthritis). While the precise cause of increased instances in women is unknown, some contributing factors may be hormones and a woman’s anatomy. “The occurrence of osteoarthritis in the hips and knees might be partially explained by the shape and orientation of the female pelvis, since altered joint geometry places different mechanical stresses on the hips and knees,” says Elliot Rosenstein, M.D., director of the Center for Rheumatic and Autoimmune Diseases at Saint Barnabas Medical Center in Livingston.

Secondary osteoarthritis can occur at any traumatized joint; primary osteoarthritis typically manifests in the hips, knees, toes, neck, lower back, base of the thumb, and the two knuckles the ➔

Your joints need to be moved in order to be nourished.

OSTEOARTHRITIS CAN STOP YOU COLD – BUT ONLY IF YOU LET IT. HERE’S HOW TO MITIGATE YOUR RISK FACTORS AND RECLAIM YOUR QUALITY OF LIFE.

by Patti Verbanas



Have Osteoarthritis? Keep Moving

by Kathy Geller

As someone with osteoarthritis, being physically active is one of the most effective self-management tools that people with osteoarthritis can use to improve their quality of life. Be sensible when selecting your activity, but don't let pain stop you from moving. The cartilage in your joints is nourished by movement. Whether you perform recreational activities (such as gardening, walking your dog, or strolling through a museum) or structured exercise (like joining an exercise class or walking group), incorporating exercise into your routine will help to slow the deterioration of cartilage and nourish the joints. It will also keep your joints flexible, strengthen the muscles surrounding the joints, and improve your stamina. (Before starting an exercise program or increasing your physical activities make sure you have clearance from your physician.)

HERE ARE SOME TIPS TO HELP YOU BEGIN A MORE ACTIVE LIFESTYLE AFTER THE ONSET OF OSTEOARTHRITIS:

Always take time to warm up before exercising. Do a slow version of the activity you plan to do or 5 to 10 minutes of gentle stretching.

Dress appropriately for the activity.

Clothes should be comfortable to allow for easy movement, and supportive shoes are a necessity.

Make sure you are well hydrated.

Drinking water before, during, and after exercise is important.

Starting and increasing your activities should be a gradual process.

Doing too much too soon can result in injury or increased joint pain. Think: Start low and go slow.

Remember to breathe.

Listen to your body and respect warning signs. Acute pain is a signal to stop what you are doing. But slight muscle discomfort is a normal response to exercise.

Follow the "two-hour pain rule." If you have greater than normal pain two hours after exercise, you need to reevaluate the amount or type of exercise you perform.

Make sure you take time to cool down after exercising. You can repeat what you did for your warm-up to allow your heart rate and breathing to return to normal and reduce the chance of injury.

Kathy Geller is the senior community manager/exercise specialist at the Arthritis Foundation, New Jersey Chapter.

greatest distance from the palm. While some risk factors, such as normal aging and genetics, are unavoidable, being aware of them will allow you to seek treatment that can help you maintain your quality of life. For example, if your mother suffers from osteoarthritis — especially in the knuckles — there's a strong likelihood you will inherit the same condition. Repetitive use of a joint, as in Zielinski's whip kick, is another risk factor. "This results from unusual stress on the joint in a repetitive fashion," Rosenstein says. "However, there is no strong evidence that commonplace activities, like typing, predispose a person to osteoarthritis."

Beyond age, gender, and genetics, the biggest risk factor is

fortunately one we can control: Our weight. "Even minor decreases in weight can have beneficial effects on joints," Rosenstein says. "Every time you take a step forward, you're magnifying your weight five to seven fold on the knee." Current research suggests that losing weight also might have a beneficial anti-inflammatory effect, he says since fat is a source of inflammatory mediators.

Receiving an early diagnosis allows you to investigate the myriad of pain management treatments and lifestyle changes that can help you live with osteoarthritis. While most patients find relief through a combination of treatments, there is one common thread: exercise. "When people develop joint pain they tend to baby the joint and avoid using it. That may actually be counterproductive," Rosenstein says. "It's important to keep the joint moving. Cartilage does not have a blood supply; it gets its nourishment from the joint fluid. The joint needs to be used to transmit the nourishment into the cartilage."

"When people are in pain, it's very difficult for them to wrap their head around the idea of exercising," says Kathy Geller, exercise specialist at the New Jersey chapter of the Arthritis Foundation. "So unless they've been told otherwise by their medical professional, we encourage people to move their joints. The secret is finding the right kind of moderate exercise, beginning at a low level and slowly working your way up." (Visit njlhb.com for the Arthritis Foundation's exercise programs.)

Zielinski is a model of how effective exercise can be. When she was first diagnosed with osteoarthritis in her knees, her doctor prescribed three months of physical therapy three times a week, to be followed by daily maintenance exercises — a regimen she has continued faithfully for two decades. "I started lifting one-pound weights on each ankle," she says. "I've progressed to lifting 15-pound weights with a leg extender three times a week. These exercises have developed my quadriceps, which relieves the pressure on the knees. I have no pain in my knees, and my legs are incredibly strong."

Clinically, the best that doctors can do is manage the symptoms and pain through treatments such as injectable

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medications. “Cortisone-based injections are good for symptom control, but have not been shown to alter the condition long-term,” says Rosenstein. “There is some experimental evidence that hyaluronate-based injections may slow the progression of the disease in addition to decreasing pain.”

Zielinski, who was subsequently diagnosed with primary osteoarthritis in her knuckles and hips four years ago, tried hyaluronate-based injections, but found more success with prolotherapy, a homeopathic treatment in which a dextrose (sugar water) solution is injected into the ligament or tendon where it attaches to the bone. The resulting inflammation increases the blood supply and stimulates the tissue to repair itself. “You’re battling against maturing. As your body ages, it breaks down, and you need to help it repair that worn-down tissue,” says Zielinski’s physician, John Kripsak, D.O. “However, it’s important that you don’t take any anti-inflammatories since they interfere with the reaction that you’re causing.”

“The injections help with the pain management, and I have noticed that the swelling has stopped growing,” Zielinski

says. “My flexibility has increased. I have no problem buttoning the tiny buttons on my grandchildren’s clothes.”

Another treatment under research uses bone marrow aspiration. “Bone marrow is taken from your hip, spun in a centrifuge, and injected back into your joint,” Kripsak explains. “These stem cells migrate to the areas of damage and regenerate the tissue.”

Although glucosamine and chondroitin sulfate supplements have been in use for 40 years, the reviews on its effectiveness are mixed. If you wish to try them, Kripsak advises investigating which brands are the most pure. “Since the supplements are not FDA-approved, some companies offer formulas that are 80 percent filler, which can interfere with other medicines.”

The potential pain-management techniques you can try are bountiful, including yoga, acupuncture, chiropractics, bracing to help support affected joints, and, yes, swimming. As for Zielinski, she’s returned to the water, but this time with a different goal: aquatherapy. “The buoyancy is liberating,” she says, smiling. “And it’s so great to be back in the pool.” *