

Osteoarthritis of the Knee and Common Myths

Osteoarthritis (O/A) is the most common type of knee arthritis and it can be very debilitating in many cases. Arthritis is the wearing of the knee's protective cartilage causing the bones to rub against each other, therefore resulting the arthritic pain. Arthritis does not have symptoms that progress steadily with time, but seems to fluctuate. Some patients find an increase in pain during activities, while others find their symptoms are affected by certain weather conditions. The most common symptoms of knee arthritis include:

- Pain with activities
- Limited range of motion
- Stiffness of the knee
- Swelling of the joint
- Tenderness along the joint
- A feeling the joint may "give out"
- Deformity of the joint (knock-knees or bow-legs)



There are many theories associated with the causes of arthritis. I would like to suggest that a primary cause of osteoarthritis of the knee is actually a structural misalignment and abnormal function of your feet. It just makes sense! Although many medical sources have not yet come out fully to agree with this theory, all seem to admit there is some connection between foot function and osteoarthritis in weight bearing joints such as the knees and hips.

There are also many myths associated with the cause of knee arthritis, which include:

Myth #1 - Old age leads to O/A in the knee. Age is a secondary cause of O/A. In many cases O/A only affects one knee. If age was a primary cause, why would only one knee be affected? After all both knees are the same age! Your chances increase with age, but that's due to more wear and tear on older joints – that are probably misaligned. The fact is that nearly three of every five people with arthritis are of working age, under 65, suffer from arthritis (Arthritis Society – 2013) and two thirds of those are women.

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Myth #2– You inherit O/A from your parent. Up to this point, there has not been an osteoarthritis gene identified that can be passed on from your parents. However, you may have inherited a particular structural misalignment (like a long leg) which can lead to excessive flattening of the arch in that foot. This can cause more stress and friction on the knee joint causing the cartilage to wear out prematurely. This could explain why O/A initially only affects one knee.

Myth #3 –Being overweight causes O/A of the Knees. Let's consider the fact that O/A starts in one knee initially. If weight is a primary cause, why aren't both knees affected. Is all of our body weight on that one side? Of course not, but what if more pressure is on that side because of one leg being longer or because of some other structural misalignment? Again, this comes back to an abnormal structure or function as being a primary cause! Being overweight is secondary and will certainly increase your risk of O/A in your knees.

Myth #4 – Replacing a knee joint fixes it for good. In theory this should be true as the material used now should last forever, but knee replacements typically last 10-15 years. Is this because the underlying structural issues are being overlooked? If your feet and lower legs were realigned properly, would a knee last longer? I believe the answer is yes. Let's consider a car for a moment – a car with a bent frame would cause abnormal wear of the tire. If a worn out tire is simply replaced and nothing else is done, that tire will surely wear out again in a short time. So why would we expect this to be different with our bodies? It is a good idea to replace a worn out knee but we need address the structural misalignment that caused the knee to wear out in the first place.

The symptoms and pain that osteoarthritis sufferers feel can be managed through a combination of techniques including lifestyle modifications, exercise and physiotherapy to build strength and stability around the knee joints. Corrective, functional foot orthotics help to realign your feet and legs so they work more efficiently. Different types of orthotics can also help to absorb the impact and shock we face each day in our work or athletic activities.

If you think you may be suffering from O/A of the knee due to a structural issue, book a proper evaluation with our clinic to determine how we can help you. Our Chiropodist, Tony Abbott will give you a complete and thorough examination and help you find a non-invasive treatment that works with your lifestyle. We also have a physiotherapist on site to provide strengthening programs and braces where required. Call us today.

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Shoreline Clean Up

On April 20th, our patients, friends and other community supporters gathered at Harbourview Park in Collingwood to collect litter. Along with the standard garbage collected, we definitely found some other interesting articles, including light bulbs, deodorant cans and insulation. We even found some unmentionables! The weather was less than cooperative at times, and was often like being trapped in a snow globe, but our team bore up and in the end, we collected 155 lbs. of trash! Abbott Foot & Ankle Clinic provided a valuable community service, did a great job and had a lot of fun. We're already planning for next year!



Question of the Month: What is the difference between a Chiroprapist and a Podiatrist?

Chiroprapists or podiatrists trained in a podiatry school in Ontario or a commonwealth country can only use the title Chiroprapist. If the Chiroprapist or Podiatrist graduated from a podiatry school in the United States before July 1993, then they are allowed to use the title "podiatrist" to practice in Ontario. Both Chiroprapists and Podiatrists can prescribe drugs, assess and diagnose foot and ankle problems, perform soft tissue surgery and provide custom orthotics and orthopedic footwear. In Ontario, both chiroprapists and podiatrists are regulated by the College of Chiroprapists of Ontario. Podiatrists trained in the US have also expanded their scope of practice to include bone surgery, chiroprapists trained in Canada have not.

When should you call a chiroprapist



- If you are experiencing pain in your foot or ankle that won't go away.
- If you have thick, yellow toenails that are hard to cut.
- If you are diabetic and have poor circulation or limited feeling in your feet.
- If the skin on your feet is severely dry, peeling, or cracking.
- If you are developing corns, callouses, or blisters.
- If you want to avoid painful bunions or hammertoes like your grandmother.
- If you need help finding proper fitting shoes.



Becker Shoes Comes to Abbott Foot & Ankle Clinic

We were pleased to host an educational night for Becker Shoes staff at our clinic recently. We provided a hands on treatment of two of the staff and demonstrated exactly what we do, including biomechanical examinations and gait analysis. We hope that this will help increase their education of foot conditions and assist them in their roles as professional shoe fitters.



Joke of the Month...

A minister was wondering how to ask the congregation to come up with more money for repairs to the church. And he was annoyed to find that the regular organist was sick and a substitute had been brought in. The substitute wanted to know what to play. "Here's a copy of the service," he said impatiently. "But you'll have to think of something to play after I make the announcement about the finances." During the service, the minister said, "Brothers and Sisters, we are in great difficulty; the roof repairs cost twice as much as we expected, and we need \$4,000 more. Any of you who can pledge \$100, please stand up." At that moment, the organist played "Oh Canada."

**Wishing all of our moms a
Happy Mothers Day!**



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Watch for our
June Newsletter
when we discuss
the dilemmas of
flat feet in children
and how this can lead
to childhood obesity.

Are you referring a
friend or family
member?



Make sure you
let us know!

May is National
Foot Health Month...

Watch our website
and events page
for fun contests!

