

Summary of the October, 2008 Program

Hip Bone Connected to the Knee Bone

by Fred Shirley, MS,PT,CEAS

For the October, 2008 meeting of the North Central Florida Post Polio Support Group, Fred Shirley treated us to a discussion of how pain can be connected and how our brain prioritizes how we feel pain. He explained how important it is to get a good diagnosis. Knee problems can be coming from hip problems, hip problems can be coming from back problems and so forth.

A patient may go to an orthopedic surgeon complaining of knee pain and the doctor will tell him “we have to replace your hip.” The patient then thinks the doctor has him confused with someone else, and the doctor has to explain that the reason the patient has knee pain is because he has been walking wrong on it to compensate for the pain in the hip.

When you have pain, the brain prioritizes that pain. There is an old saying that if you have a headache, stub your toe and the headache will go away. It really doesn't go away, however, but the brain lets you feel the pain in your toe because it is greater than the pain in your head. When the toe stops hurting, the headache comes back because it was a lesser priority.

Most hip and knee pain is very seldom caused by a single event. Every once in a while you may experience a single trauma that results in an injury. However, most problems are caused by an accumulation effect. For polio survivors, you have a bio-mechanical disadvantage somewhere whether or not that polio event was a significant event or whether it was just a minor event, it took place within your body and it caused a compromise. Though the event was several years ago, the bio-mechanical compromise is now causing a problem resulting from the event.

As a result of so many polio survivors being type A personalities, they may now experience problems wherever they have a joint; the knee, the hip, the toes, etc. This is a result of wear and tear and even a simple movement can bring about pain and swelling, such as walking on an uneven road. Other things that can bring on an event include, poor posture, faulty body mechanics, loss of flexibility, and a general lack of physical fitness. As a polio survivor, these things are in place, not necessarily something that you would intentionally do to yourself.

Mr. Shirley then showed us a picture of Arnold Schwarzenegger when he was competing as a body builder and as he is today. There was a major difference... the difference between “I'll be back,” and “Oh my back!”

Some of the factors that result in pain in joints include Arthritis, fractures, a change in the weather, (people with post polio syndrome may notice pain as a result of going from extreme heat to cold), and metabolic disorders.

Mr. Shirley showed us a slide of how the hip is constructed, the femur (leg bone) goes into a very shallow shelf, and if you have a bit of a rotation in the pelvis it can result in a

decrease in cartilage, avascular necrosis (a decrease in blood supply to the hip) and in bone spurs (a growth of extra bone).

Bursitis can also occur which are sacs of fluid between a tendon and bone. When you receive shots of cortisone to relieve the pain, you must wait at least 48 hours before applying heat or cold to the site of the injection. Otherwise, the body will throw off the fluid that has been injected and the medicine will not work.

As always, getting that good diagnosis will result in the correct treatment. Treating the cause of the problem and not just the symptoms is imperative. Treatments may include: physical therapy and/or occupational therapy, medications such as NSAIDs, anti-inflammatory drugs (which should only be taken as prescribed by your physician), analgesics, corticosteroid injections, Glucosamine and Chondroitin can take up to 8 weeks to be effective. As a last resort, surgery may be suggested.

Long-term bed rest is a thing of the past. Three weeks of bed rest has been shown to have the accumulating effects on the body as 30 years of aging. A good balance between exercise and rest is the best approach.

Physical Therapists can administer anti-inflammatory and pain reducing modalities, manual therapy, therapeutic exercise, aquatic exercise, recommend appropriate assistive devices and patient/family education.