

New Treatment Options for Arthritis

Presented by Dr. Derek Farr D.O. Orthopedic Surgeon
Twin Palm Orthopedics in Ocala

Dr. Farr explained that a D.O. differs from an M.D. only in the fact that a D.O. evaluates in a more holistic way. Dr. Farr first touched on the Broad Scope of Poliomyelitis. He explained that an overview of Poliomyelitis is cause, types of virus, diagnosis, treatment options, prognosis and what Post Polio is. Dr. Farr explained the different ways the Polio virus gets into the system. There are 3 types of viruses and 2 patterns of infection the abortive and the major type which enter the central nervous system. The virus can be paralytic or non-paralytic. It is a highly contagious virus and the incubation period is 6 to 20 days. Clinically paralytic disease may be suspected in patients with acute onset of paralysis and/or decreased or absence of reflexes. Laboratory tests used are stool samples to see if there is a virus present and testing spinal fluid.

There is no cure for polio only a program designed to treat the symptoms. About 25% of individuals who have survived paralytic polio develop additional symptoms decades later because of overuse. Post Polio Syndrome is not a re-infection but a slow progressive condition marked by long periods of stability.

There is no cure for PPS only a good program of exercise and a physical therapist familiar with PPS should definitely be involved in developing such a program designed for the individual.

The majority of polio survivors have joint pain because of over exertion and too much activity with too few motor neurons. They develop severe arthritis in the affected joints and may need replacement of a particular joint. The key to successful joint replacement is to have strong enough muscles in that particular joint. The patient who does not have strength in the joint area can do worse after replacement surgery.

Dr. Farr had an excellent visual presentation along with his verbal presentation. He described the makeup of a joint. Arthritis currently affects about 46 million people. If we live long enough we will all develop arthritis There are 4 types of arthritis, osteoarthritis which is the wear and tear type, the rheumatoid arthritis which is the autoimmune disorder where the body's immune system does not work properly, post traumatic arthritis caused by an injury damaging the joint, avascular necrosis arthritis where the blood supply to the joint actually gets cut off. The symptoms of arthritis are pain, swelling, stiffness, and problems performing simple tasks.

What to expect when you go into see an orthopedic surgeon. They will do a thorough evaluation, testing of the muscle groups, x-rays to look at joints for any irregularity. The Dr. will try everything short of surgery to treat the patient such as over the counter medications (aspirin, Motrin, Tylenol, glucosamine). Physical therapy can dramatically strengthen the supporting structures. Cortisone is another option which is only temporary. If all else fails surgery is an option either joint resurfacing or joint replacement.

Physical therapy is important prior to surgery to strengthen the muscles around the joint to help patients get ready for surgery and their rehab afterwards seems to go much faster. Hip resurfacing is an option rather than hip replacement for people have very strong bones. Dr. Farr had an excellent video showing this procedure. He explained the stringent safety procedures used before, during and after surgery to prevent infection.

In hip replacement the top of the femur is actually removed and replaced with a femur implant instead of milling it down as it is done in resurfacing. The replacement is a better option for patients who have weaker bones or osteoporosis. The direct anterior approach is a newer procedure for hip replacement which is less invasive than the traditional hip replacement. The incision is made in the front of the hip which allows the surgeon to access the hip without cutting through muscles and ligaments. With the direct anterior approach to hip replacement patients experience far less pain following surgery and recover much more quickly. Recovery time varies from patient to patient. This procedure is far superior for Post Polio patients.

Dr. Farr is very knowledgeable regarding both Post Polio and joint surgery. He was able to explain procedures and give information in a manner that the average lay person could understand. There were many questions fielded from the audience and he was very gracious to answer them all. He also stayed after the meeting to address any other questions people may have had. We thank Dr. Farr for a wonderful and informative program and for taking time out of a very busy schedule to be with us. It is our hope that he will consider coming again in the future.

Submitted by Marilyn Berg