

# Refined Commitment

**COMMITMENT PHYSICAL THERAPY P.C.**

11741 Southwest Highway, Palos Heights, IL. 60463 (708) 361-8052

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## What Insurance do we accept?

Each patient's health insurance company is billed as a courtesy. We accept most major medical insurance plans. Our staff will provide you with your benefit information. We currently accept many insurance plans such as: Medicare, Railroad Medicare, BCBS, Humana, Aetna, Aetna HMO, Reserve National, Universal Smart Comp, Cigna, UPN, UHC, Medicaid, Auto insurance and Workers Comp claims. If you do not carry insurance, we will be more than happy to work out a reasonable monthly payment plan with you.

## Our Location

Commitment Physical Therapy is located at  
11741 Southwest Highway in Palos Heights.

## Our Hours

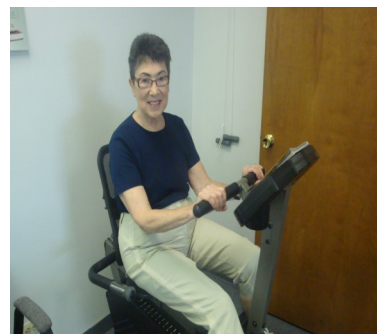
We are open Monday thru Friday from 9:00am until 5:00pm. For your convenience, we also offer extended and weekend hours by appointments

## Part 1 of 2 Degenerative Joint Disease

**Definition of DJD:** A degeneration or 'wear and tear' of articular (joint surface) cartilage usually accompanied by an overgrowth of bone (osteophytes), narrowing of the joint space, sclerosis or hardening of bone at the joint surface, and deformity in joints. OA is not usually associated with inflammation, although swelling of the joint does frequently occur in OA. This type of arthritis is called osteoarthritis, DJD, degenerative joint disease, DJD, or osteoarthrosis. Other forms of arthritis (rheumatoid, post-traumatic, and other inflammatory disorders) frequently may have OA as the end-stage, making differentiation difficult.

**Description of DJD:** The tissues involved most in osteoarthritis are the cartilage and underlying subchondral bone. The cartilage is the smooth white material that forms over the ends of the bones and forms the moving surface of the joint on both sides. Cartilage is tough, elastic, very durable, and comprised of collagen and water molecules. Cartilage does not have a blood supply and receives its oxygen and nutrition from the surrounding joint fluid by diffusion. The ability of cartilage to absorb nutrients and fluid allows it to function without a blood supply. When we move a joint, the pressure across the joint expresses fluid and waste

products out of the cartilage cells, and when the pressure is relieved, the fluid diffuses back, together with oxygen and nutrients. Hence the health of the cartilage depends on movement of the joint. Over many years and with activity and use of a joint, the cartilage may become frayed, injured, torn, and may even wear away entirely. When this occurs, the bone surface on one side of the joint tends to rub or glide against the bone on the opposite side of the joint, providing a less elastic joint surface, and generating higher contact pressures at the end of the bone. Over time, the contacting bone surfaces become hardened and 'sclerotic', a process that causes the bone to look polished and on x-rays produces a whitened appearance.



There are three common forms of osteoarthritis, and many people have some of each type. All people will develop OA to some degree, involving one or more joints, throughout their lifetime as the aging process advances. The most common sites for OA include the base of

the thumb joint, the knees, and the hands. The first and mildest form causes bony enlargement of the finger joints. The end joints of the fingers become bony (this is due to osteophyte formation, or reactive bone at the joint surfaces) and the hand begins to assume the appearance we associate with old age – i.e., a swollen joint involving the fingers. The base of the thumb may become swollen with bony enlargement and is the most frequently encountered site of OA. The second form involves the spine (neck and mid- and low-back regions). Bony growths (osteophytes) appear on the spine in the neck region or in the lower back. Usually the bony growths are associated with some narrowing of the space between the vertebrae. Similar to the long-bone cartilage joint space degeneration, the process of OA in the spine begins with a degeneration of the cartilage in the disc spaces. These disc spaces degenerate, narrow, and lead to increased forces on the bones, with subsequent osteophyte formation. The third form involves the weight-bearing joints, most frequently involving the knees, which are followed by the hips. The symptoms of OA may become quite severe.

The first Monday in September is Labor Day, that means the summer is over and the kids are back to school. We hope you have fun as you help your children and grandchildren prepare for their upcoming school year.

Labor Day is also a time for families and friends to say goodbye to summer by having a barbeque or just getting together. Whether you're barbecuing or just relaxing at home, we hope you enjoy your Labor Day and please remember the contributions workers have made.



## Continued: Degenerative Joint Disease

Osteoarthritis of the weight-bearing joints, particularly the hip and knee, develops slowly and often (but not always) involves both sides of the body. Pain in the joint may remain fairly constant or may wax and wane for a period of years, and usually is activity related. In advanced cases, walking or regular activities of daily living may become difficult or even impossible. Reactive fluid (an effusion) may accumulate in the affected joint, giving it a swollen appearance. This fluid is generated from the soft tissue in the knee known as synovium, which reacts by trying to create more lubrication to make the joint surfaces smoother. A knee may feel unsteady, stiff, or have a sensation of giving out when weight is placed on it. Additionally, a feeling of locking or grinding may be felt in the joint. Usually, in the knee, the osteoarthritis will affect the inner half of the joint more than the outer. This may result in progressive deformity with the leg becoming bowed and may cause difficulty in walking. OA involving the outer half of the knee may cause a "knock-knee" appearance.

"Dr. Naglaa treated my father with respect, he was not just a patient but a human being." - Anonymous.

"The doctor was very nice and it made my therapy easier." - Y.V., Oak Lawn, IL.

Generally, this form and deformity of arthritis is less common, and it is more often associated with other forms of arthritis, such as rheumatoid arthritis.

**Causes and Risk Factors of DJD:** Osteoarthritis is the most common form of joint disease, sparing no age, race, or geographic area. At least 20 million adults in the U.S. suffer from osteoarthritis.

Symptomatic disease increases with age. Many patients may have OA seen on x-rays, but not be overly symptomatic. Hereditary, injury, fractures around a joint surface, and overuse factors are most frequently involved in the development of osteoarthritis. Osteoarthritis may occur secondary to an injury to the joint due to a fracture, repetitive or overuse injury, or metabolic disorders (e.g., hyperparathyroidism). Additionally, gout and other forms of crystalline joint disease may lead to OA of a joint. Obesity or being overweight is a risk factor for knee osteoarthritis more commonly in females; this is less commonly seen in the hip joint. Recreational running does not increase the incidence of OA, but participation in competitive contact sports does. Specifically, impact

does. Specifically, impact sports that repetitively load a joint increase the injury to a joint. If cartilage in a joint is injured, it cannot regenerate, and the new forces that are created are abnormal, leading to further stresses, and the cycle may propagate.

### Symptoms of DJD

Initially there may be joint stiffness, usually lasting more than 15 minutes, and typically following activity of the joint. Later there may be pain on motion of the affected joint, which is made worse with activity or weight-bearing and relieved by rest. Typically OA improves with rest and does not remain symptomatic at night time. It is usually better in the morning, and it worsens as the day progresses. There may be limitation of motion of the affected joint, although this is a later finding. Coarse crepitus (a creaking or cracking) may be felt in the joint. There is usually some mild joint swelling and tenderness to touch. The joint may feel warm. A joint that cracks and snaps does not necessarily mean arthritis is present, and many patients are able to make their joints crack without having pain.

**In our October Newsletter, We will continue with part 2, Diagnosis, Treatment and Prevention of DJD.**

### Patients' Comments



"The therapist was a super person, she is very caring for her patients." - M.M., Orland Park, IL.

"Everyone seemed like family. The Doctor was extremely helpful with her advice and opinion." - G.H. Hickory Hills, IL