



Check Your

Medicine

A physical therapist was doing home health, and had a patient who was very demanding and could be outright rude at times. At one point the patient had a terrible stomach virus which made her a daily patient for a while. One morning when the therapist went, to see her, she was sitting at the table looking positively green around the gills. The therapist asked if she was alright she replied, "NO WAY". She said her doctor has to do something about the pills he gave her because they are too big to swallow and when she cuts them they are slimy and make her gag. The therapist reported back laughing... the "pills" were glycerin suppositories.

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 only.

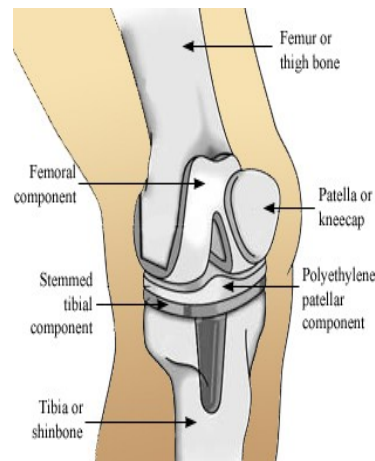
TOTAL KNEE REPLACEMENT (TKR)

If your knee is severely damaged by arthritis or injury, it may be hard for you to perform simple activities such as walking or climbing stairs. You may even begin to feel pain while you are sitting or lying down. If medications, changing your activity level, and using walking supports are no longer helpful, you may want to consider total knee replacement surgery. By resurfacing the damaged and worn surfaces of the knee can relieve pain, correct leg deformity and help resume normal activities. One of the most important Orthopaedic surgical advances of the twentieth century, knee replacement was first performed in 1968. Improvements in surgical materials and techniques since then have greatly increased its effectiveness. Approximately 300,000 knee replacements are performed each year in the United States. Whether you have just begun exploring treatment options or have already decided with your Orthopaedic surgeon to have total knee replacement surgery, this information will help you understand more about this valuable procedure.

Anatomy

The knee is the largest joint in the body. Normal knee function is required to

perform most everyday activities. The knee is made up of the lower end of the thighbone (femur), which rotates on the upper end of the shin bone (tibia), and the kneecap (patella), which slides in a groove on the end of the femur. Large ligaments attach to the femur and tibia to provide stability. The long thigh muscles give the knee strength. The joint surfaces where these three bones touch are covered with articular cartilage, a smooth substance that cushions the bones and enables them to move easily. All remaining



surfaces of the knee are covered by a thin, smooth tissue liner called the synovial membrane. This membrane releases a special fluid that lubricates the knee, reducing friction to nearly zero in a healthy knee. Normally, all of these components work in harmony. But disease or injury can disrupt this harmony,

resulting in pain, muscle weakness, and reduced function.

Common Causes of Knee pain and loss of knee function

The most common cause of chronic knee pain and disability is arthritis. Osteoarthritis, rheumatoid arthritis, and traumatic arthritis are the most common forms. Osteoarthritis usually occurs in people 50 years of age and older and often in individuals with a family history of arthritis. The cartilage that cushions the bones of the knee softens and wears away. The bones then rub against one another, causing knee pain and stiffness.

Rheumatoid arthritis is a disease in which the synovial membrane becomes thickened and inflamed, producing too much synovial fluid that overfills the joint space. This chronic inflammation can damage the cartilage and eventually cause cartilage loss, pain, and stiffness. Traumatic arthritis can follow a serious knee injury. A knee fracture or severe tears of the knee ligaments may damage the articular cartilage over time, causing knee pain and limiting knee function.

Backpack Safety

When worn improperly, backpacks can cause a significant amount of lower back pain and strain, even in young children.

Remember that a standard backpack should have a padded back and padded shoulder straps. This will significantly minimize any discomfort that can result from carrying a heavy load.

A heavier backpack will cause your child to bend forward in an attempt to support the weight on his/her back rather than shoulders, and can lead to muscle imbalance that may turn into chronic back and neck problems. To avoid any excess weight, help your child empty the backpack of any unnecessary items each night and encourage well-organized packing.

Backpacks should never weigh more than 10 to 15 percent of the child's body weight. If you find that the backpack is consistently too heavy, speak with your child's teacher about leaving heavier books at school and bringing home only what is necessary.

Most importantly, your child should wear BOTH shoulder straps; slinging a backpack over only one shoulder causes a disproportionate shift of weight to one side and can lead to neck and muscle spasms as well as chronic lower back pain. Make sure the backpack features adjustable shoulder straps as well so it can be fitted to your child's body. If the straps are too loose, the backpack will dangle awkwardly and cause discomfort and even spinal misalignment.

Talk to your child about proper backpack use and remind him/her that wearing a backpack incorrectly is dangerous and can cause chronic problems and long-term damage.

Continued: TOTAL KNEE REPLACEMENT (TKR)

The Orthopaedic Evaluation

The Orthopaedic evaluation consists of several components: A medical history, in which your Orthopaedic surgeon gathers information about your general health and asks you about the extent of your knee pain and your ability to function. A physical examination to assess knee motion, stability, strength, and overall leg alignment. X-rays (radiographs) to determine the extent of damage and deformity in your knee. Occasionally blood tests, MRI (magnetic resonance imaging), or bone scanning may be needed to determine the condition of the bone and soft tissues of your knee.

Your Recovery at Home

The success of your surgery also will depend on how well you follow your Orthopaedic surgeon's instructions at home during the first few weeks after surgery. Wound Care: You will have stitches or staples running along your wound or a suture beneath your skin on the front of your knee. The stitches or staples

will be removed several weeks after surgery. Avoid soaking the wound in water until the wound has thoroughly sealed and dried. Diet: Some loss of appetite is common for several weeks after surgery. A balanced diet, often with an iron supplement, is important to promote proper tissue healing and to restore muscle strength. Activities: You should be able to resume most normal activities of daily living within 3 to 6 weeks following surgery. Driving usually begins when your knee bends sufficiently so you can enter and sit comfortably in your car and when your muscle control provides adequate reaction time for braking and acceleration. Most individuals resume driving approximately 4 to 6 weeks after surgery.

How Can Physical Therapy Help?

The physical therapist is an integral part of the recovery following a TKR. They will work with each patient in a variety of settings towards the final goal of gaining as much function as possible. In the hospital, In a short term / skilled rehabilitation center, In the home and at an outpatient center. They will work on transfers in and out of bed, to and from a chair, and to and from a wheelchair.

Range of motion (ROM) exercises on the knee; work on strengthening exercises with both legs. Educate patient on the use of ice and elevation. Work on walking short distances with the appropriate assistive device (such as a walker). Increase distance of walking and progress to a less restrictive device such as a cane. Practice going up and down stairs if needed. Work on balance. Make sure patient is independent with all transfers and prepare patient for return home. Continue with icing and elevation to help decrease swelling and pain. Make sure patient is independent with all transfers (bed, chair, tub / toilet) and prepare patient for outpatient therapy.

At an Outpatient Center:

Continue working on strengthening and stretching the knee and recovering full range of motion. Continue working on walking (possible add the use of a treadmill for distance and endurance). Progress to a cane or no device during walking. Make sure patient is safe with stairs. Use modality such as stimulation and continue with icing and elevation.

Patients' Comments



"I liked the doctor, the receptionists, and even the other patients. We all got along very well."

CF, Oak Lawn, IL

"It was a very comfortable place to come to and my time was put to good use to make me feel better."

AB, Alsip, IL

"The office was easy to find and had plenty of parking. The office was very clean and very comfortable."

GP, Crestwood, IL

"It was a very positive experience and something I really looked forward to every week."

BH, Chicago, IL