



## Joint Replacements Keeping Boomers In The Game



### THE MOST ACTIVE GENERATION IN HISTORY: **BOOMERS.**

#### How Joint Replacements Are Keeping Boomers In The Game And Playing Hard.

As a whole, baby boomers are a generation of Americans who are staying very active as they age. They're 76 million strong and their ages range from 41 to 60. They account for nearly one-third of all participants in bicycling, basketball, snowboarding, running and other sports, according to the latest statistics available from the U.S. Consumer Product Safety Commission. Unfortunately, their intense leisure-time activities are taking a toll on their joints.

Dorothy Warly Solsberg is one of those boomers. She is an avid tennis player and cyclist. She's relentless on the elliptical machine, routinely lifts weights and takes Pilates classes. She also loves to hike in Deer Creek Canyon and is looking forward to climbing one of Colorado's 14,000-foot peaks this summer. And, oh, by the way, she had hip replacement surgery at **Rose Medical Center** last September.

After putting it off for several years, the 46-year-old Englewood resident finally decided to have her right hip joint replaced at the Rose Institute for Joint Replacement (RIJR) to eliminate irritating pelvic pain she had experienced for more than a decade. Now she's pain-free and once again enjoying her active lifestyle, including playing tennis with her daughters.



"It's the best decision I could have made," she says. "My only regret, and I've heard this from so many people, is that I didn't have it done earlier."

Warly Solsberg's pain came from a congenital condition called acetabular dysplasia, a situation in which a shallow hip socket doesn't allow the head of the thigh bone, or femur, to sit properly in the pelvis. It was exacerbated by the fact that she has been a competitive athlete most of her life, participating in everything from springboard diving to running to tennis.

According to the American Academy of Orthopaedic Surgeons (AAOS), more than 450,000 joint replacement surgeries are conducted in the United States each year. Knee replacements are the most prevalent type of procedure, with about 270,000 performed yearly.

RIJR was founded in 1994 to meet the growing demand of joint surgeries while also creating efficient surgical methods and a comfortable patient environment. It was the first specialized center of its kind in Colorado and has evolved into one of the leading joint replacement centers in the country, based on its significant volume – more than 1,300 procedures annually – expert staff and well-organized operating systems.

It's never an easy decision to have surgery, but the RIJR, led by Medical Director Dr. Hal Crane, has gone out of its way to make the process as easy as possible once that choice is made.

"The criteria for going home are the same that they were when we started, but patients are going home much faster because they're better

prepared,” says Crane. “Our surgeries are done much better because our entire team specializes in joint replacements and because of the system we have set up.”

## Younger Patients

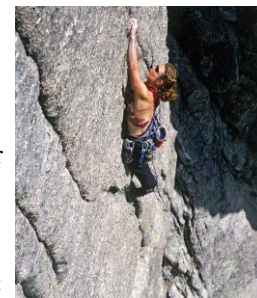
Warily Solsberg’s case reflects a national trend of people having knee, hip and shoulder joints replaced at much younger ages than in previous decades. At the RIJR, the average patient age has trended downward from about 68 years old to slightly over 64 in the last decade. In 2004, 35 percent of joint replacement surgeries were conducted on patients younger than 60 and 12 percent on patients under 50.



Part of the reason for the decrease in age, doctors say, is the high activity level of the baby boomer generation. Unlike any generation before, boomers have worked hard and played hard. Unfortunately, running, skiing, hiking, cycling and golfing have taken their toll on baby boomers’ joints, speeding up the rate of arthritis and resulting in painful knees, shoulders and hips by their late 40s and early 50s. It used to be that doctors would discourage patients that age to get joint replacement surgery because the artificial joints had a relatively short life span, and doctors wanted to avoid having to do “revision” surgeries, cases in which a joint has to be replaced for a second time.



“We’re definitely seeing younger patients than we used to,” says Linnet Jung, assistant chief nursing officer and nurse manager of the surgical and orthopedic units at **Rose Medical Center**. “People are wearing out their joints sooner, partially because we live in a very active area.”



At the same time, according to the AAOS, many more people in their 80s and 90s are having joint replacements than ever before. Part of the reason is that elderly people are generally in better health and better cared for than in past generations. (Ironically, Warily Solsberg’s mother had a similar surgery last summer in Toronto.)

“Dr. Crane said, ‘You’ll know when it’s time,’ ” Warily Solsberg says. “He said, ‘When the pain becomes so difficult that it is compromising your way of life, it’s probably the time you’ll decide to have the surgery.’ And he was right.”

## Should you have joint replacement surgery?

If you’re experiencing hip, knee or shoulder pain that regularly limits your ability to perform basic activities of daily living – such as walking, sleeping, getting dressed, bending over to tie your shoes or even being intimate with a loved one – you might be a candidate for joint replacement surgery.

Often that’s a sign of having significant osteoarthritis or a loss of cartilage that causes painful bone-on-bone friction in a joint. The first step is to consult your primary care provider, who will ask questions and do a brief examination to determine if you should meet with an orthopedic surgeon.

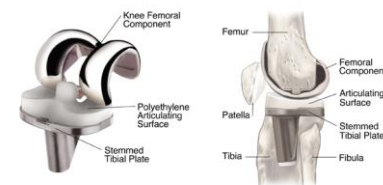
An orthopedic evaluation will include a review of your medical history, a physical examination and X-rays to determine the exact condition of the damage or deformity to a joint.

From there, doctors will try a variety of possible solutions to the pain before considering joint replacement surgery, including pain medicines, better cushioned shoes, modifying a person’s daily activities, therapy to strengthen muscles around the joint or even weight loss, if it’s appropriate.

“Predominantly, we are operating to eliminate pain,” Crane says. “When those core daily activities become impaired, life is usually pretty difficult. When a person is at that point, when all non-surgical measures have been taken and there is no other alternative, except a wheelchair, then we’ll consider replacing the joint surgically.”

## Having Surgery

Once the decision has been made to have the joint replaced, a patient will go through a six-week preoperative program to prepare for the surgery and recovery. It includes initial consultations with an overview of the entire procedure, informative preoperative classes, an educational video to watch at home, numerous “prehab” exercises aimed at accelerating the rehabilitation period and dozens of helpful tips to follow prior to surgery.



Crane says because the RIJR has specialized solely in joint replacement cases and due to its high volume of surgeries, it has been able to develop efficient and effective systems that result in big benefits to the patient.

The staff surgeons are focused only on joint replacement surgeries, and the nursing staff is specifically trained to work with orthopedic patients.

With roughly 10,000 joint replacement surgeries conducted in the last 12 years, the Institute has a vast knowledge base when it comes to surgical techniques, patient care and pain management.

“We’ve really streamlined a lot of the process,” Jung says. “Because of that, patients are under anesthesia for a shorter amount of time. We’ve reduced complications. The recovery is much faster and they go home sooner.”

A key behind-the-scenes component is the semimonthly Total Joint Meeting, which includes members from the center’s entire team – doctors, nurses, anesthesiologists, physical therapists and administrators. In these meetings, the team evaluates how they can best serve their patients, focusing on safety and quality outcomes.

“We get together to review our results and deconstruct our work every other week and look at how we’re doing,” Crane says. “It’s not what I do, what the nurses do and what the anesthesiologist does; it’s how all of us are doing this together and how we can better serve the patient. That’s been a huge benefit.”

### **On The Road To Recovery**

Believe it or not, most joint replacement patients are up and walking within hours of the surgery. The average length of stay for a hip, knee or shoulder replacement at the Institute is about 3 days, down from an average of 8.4 days a decade earlier. And the recovery cycle is often even quicker with minimally invasive surgeries.

Rehabilitation begins at the hospital and includes physical therapy and occupational therapy. Those who are strong enough and show signs of quicker recovery are put into the Fast Track program, a slightly more aggressive rehabilitation program that can lead to a quicker dismissal and return to everyday life.

“By the second week, I was cautiously getting back into my life,” Warly Solsberg says. “I would say within about three weeks, I was feeling pretty comfortable. But you have to be extremely mindful of not doing anything you’re not allowed to do.”

Although it varies by patient, the complete rehabilitation program usually takes about six weeks. After that, joint replacement patients should expect to be able to lead an active lifestyle free of the pain and challenges they experienced prior to surgery.

Walking, hiking, golf, swimming, bowling, cycling and even low-impact skiing are among the many activities Crane encourages. The only things he discourages are sports that involve running, jumping or unnecessary pounding.

“I tell my patients that the only time I want them running or jumping is if there is a life-threatening emergency,” Crane says. “Besides that, I tell them, ‘Don’t do it,’ because the forces on the parts when you’re running, or even jogging, are huge. But most patients can still expect to live a relatively active lifestyle and, more importantly, get through their daily activities without any pain.”

### **Another Surgical Option**

Another option for those considering replacement of a knee or hip joint is to use less invasive procedures. Denver firefighters Randy Ruder and Craig Roberts both underwent Minimally Invasive Solutions (MIS) anterior hip replacement surgery with Dr. Craig Loucks on January 4 at the North Campus of **The Medical Center of Aurora**. Both were walking around later the same day.

In response to a growing trend to perform joint replacement surgeries less invasively, Loucks and Dr. Robert Greenhow are the first orthopedic surgeons in metro Denver who are performing innovative MIS techniques. With both knee and hip replacements, special procedures are used that avoid the cutting of major muscles or key tendons, which may result in smaller exterior scars and a quicker recovery.

However, minimally invasive surgery is not for everyone. Successful candidates must be at a healthy weight, in good health, younger than traditional patients and must be motivated to work at their recovery.

“One of the main differences is that smaller incisions are necessary with these surgeries,” Greenhow says. “But the more important factor is that because no major muscles or tendons are cut, there is less blood loss, less tissue trauma, a shorter hospital stay, less pain for the patient after it’s done and often a less challenging initial rehabilitation period.”

Loucks and Greenhow perform the MIS anterior hip replacement and the MIS Quad-Sparing knee replacement surgeries at the North Campus of **The Medical Center of Aurora** and at **Sky Ridge Medical Center** in Lone Tree. They were trained in the relatively new procedures by Dr. Joel Matta, a renowned Los Angeles-based orthopedic surgeon.

Ultimately, the incision required for a minimally invasive hip replacement is about 3 inches, as opposed to the standard 12- to 14-inch cut

required with traditional techniques. With knee replacements, the minimally invasive incision might be 3 to 5 inches instead of 10 inches with standard procedures.

Prior to the surgery, Ruder couldn't put on his socks or climb into a firetruck without excruciating pain. Now he's on his way back to living a normal, pain-free life.

"I chose the minimally invasive route because the downtime didn't seem to be as long," says 49-year-old Ruder. "The sooner you're up, the sooner you're getting back to work and enjoying the rest of your daily life."

By Brian Metzler

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