

Much as I try to avoid it I seem to be getting older; disappointingly, it is not just the healthy crop of white hairs on the side of my head that tell me this. Long before I get to the mirror in the morning my knees tell me to move slowly until they have “clicked” a few times and are well lubricated. This is not uncommon for many of us as we age. A study by Stanford University Medical Center found that 12% of Americans report knee pain, and as we get older the likelihood of having knee pain about doubles.

Now there are endless possibilities for causes of knee pain, but I thought avoiding the obvious trauma and rare knee tumor’s to be best. I would like to talk about good old overuse and degenerative knee problems. These are the most common and if we live long enough chances are we will have problems with our knees along these lines.

The leading cause of knee pain is not surprisingly degenerative arthritic change. As we age the thousands of steps add up and cartilage slowly gets damaged. The smooth cartilage that lines the joint surfaces gets pitted and rough. The bones underneath respond with increased density and bone spurs. As a whole this is a slow process that takes away the ability to easily move. There is no great treatment for this. Injections into the knee or oral medications offer temporary relief. Surgery can clean the joint or replace the joint but comes with complications and often a need for further surgery down the road. Losing weight is actually the one thing that does offer a decrease in pain to almost all with knee pain. Surprisingly, exercise is not discouraged. Moving the knee within its limits without causing too much inflammation is likely to be beneficial. Exercise, including running and squats, has been shown in studies to be helpful and even protective for those with knee pain, so long as it is done within reason. Severely arthritic knees and box jumps are not a good combination, but going for a fast walk or using a small step with a handrail for exercise might be the best medicine.

Degenerative changes don’t happen to just the bone and cartilage. Recent research has shown that the meniscus, tendons and ligaments get worn as well. It used to be thought that to damage a meniscus or ligament there needed to be a traumatic event. Often now I will get an MRI report on a knee noting fraying and age related changes to the soft tissue.

Now for the big question, what do I do for knees that are wearing out? I like to follow the basics for flare-ups, rest, ice, compression and elevation. For maintenance I keep acting like I am rehabbing my knees. I do exercises that strengthen and stretch all of the muscles that move the knee. I make sure that the hip and ankle are not moving in any way that puts more stress of the knee. This includes making sure that my shoes are in good shape and have an arch support. I use ultrasound and electric muscle stimulation on bad weeks to help reduce pain and inflammation. Lastly, I cycle my workouts and activities. I try not to do too much aggressive action in one week. Running three miles, doing heavy squats at the gym and skiing all in one week generally leads to and ice packs and my knees saying bad things to me in the morning. I was pleased to read just this week that tearing of the meniscus and ACL were being treated with basic rehab protocols like this and were responding as well as surgery in a lot of cases. In fact, I was more than pleased, to know that my consistent work on my knees is actually state of the art.