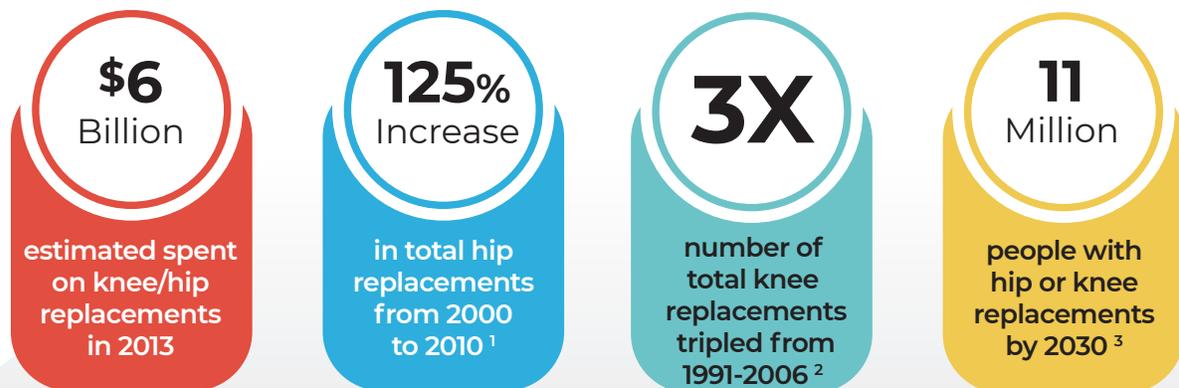


HELP PATIENTS AVOID Joint Replacement



Degenerative joint disease (also called osteoarthritis) increases in frequency with age. As society gets older, therefore, healthcare providers are faced with more patients having painful joint conditions.

Joint replacement surgeries are being widely marketed to your patients and they are a big business.



CLINICAL

When a joint is exposed to cyclic vertical forces, the appearance of degenerative changes is essentially only a matter of time.^[4,5] These repetitive forces cause a fatigue-failure in the joint tissues, a well-known phenomenon that includes alterations in both the articular cartilage^[6] and in the cancellous subchondral bone.^[7] As a result, degenerative changes progress rapidly and symptoms frequently develop.

In many cases, the risk for joint replacements can be reduced. Whenever degenerative changes affect weight-bearing joints, especially in the spine and lower extremities, methods to reduce the damaging effects of heel-strike shock on the musculoskeletal system should be implemented.

TREATMENTS



The use of **Foot Levelers custom orthotics** can help alleviate symptoms in patients with joint pain and biomechanical deficiencies, while also reducing the potential for future injury.

Custom orthotics provide a balanced, symmetrical foundation while blocking the excessive motions of the feet that twist the knee internally and cause the femur head to rotate anteriorly, creating stress in the pelvis and spine.

Other vital treatment methods:



Educating patients on proper nutrition and weight



Nutritional coaching
(Most undergoing joint replacements are obese)^[6]



Biomechanical exams, starting at an early age



Regular exercise that reduces the load on the joints

Educate your patients that Foot Levelers custom orthotics can help prevent joint replacement surgery!

Check out [FootLevelers.com/research-newsletters](https://www.footlevelers.com/research-newsletters)



to download educational resources

1. Wolford, ML; Palso, K.; Bercovitz, A. Hospitalization for Total Hip Replacement Among Inpatients Aged 45 and Over: United States, 2000–2010. CDC 2015; NCHS Data Brief No. 186. 9 (Link: <https://www.cdc.gov/nchs/products/databriefs/db186.htm>)
2. Goudei, EB; Robinson, C; Walmsley, P; Brenkel, I. Changing trends in total knee replacement. Eur J Orthop Surg Traumatol. 2017; 27(4): 539–544. Link: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5403846/>
3. Kremers, HM; Larson, DR; Crowson, CS; Kremers, WK; Washington, RE; Steiner, CA; Jiranek, WA; Berry, DJ. Prevalence of total Hip and Knee Replacement in the United States. J Bone Joint Surg Am. 2015 Sep 2; 97(17): 1386–1397. (Link: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4551172/>)
4. Dekel S. Joint changes after overuse and peak overloading of rabbit knees in vivo. Acta Orthop Scand 1978; 49:513–519.
5. Simon DR. The response of joints to impact loading: behaviour of subchondral bone. J Biomech 1972; 5:267–276.
6. Weightman BO. Fatigue of articular cartilage. Nature 1973; 244:303–308.
7. Todd RC. Isolated trabecular fatigue fractures of the femoral head. J Bone Joint Surg 1972; 54B:723–725.

FootLevelers.com



800.553.4860

