

that can positively influence a person's predisposition to the disease. "Heavier patients tend to have more osteoarthritic pain," says Dr. Wood. "Simply losing a small amount of weight can enable a person to be exponentially more flexible and live a more mobile lifestyle. For every pound lost, the net effect is four to eight less pounds of pressure off the knees."

Dr. Wood points out that in addition to glucosamine and chondroitin, there are alternative pain relievers doctors frequently prescribe to help patients manage joint pain and swelling:

- Acetaminophen (example: Tylenol): While this drug does relieve pain, it has minimal effect on reducing joint inflammation.
- Nonsteroidal anti-inflammatory drugs (NSAIDs) (example: Advil, Motrin) and naproxen (Aleve): NSAIDs reduce inflammation and relieve pain.
- Narcotics: These types of prescription medication typically contain ingredients similar to codeine and may provide relief from more severe osteoarthritis pain.

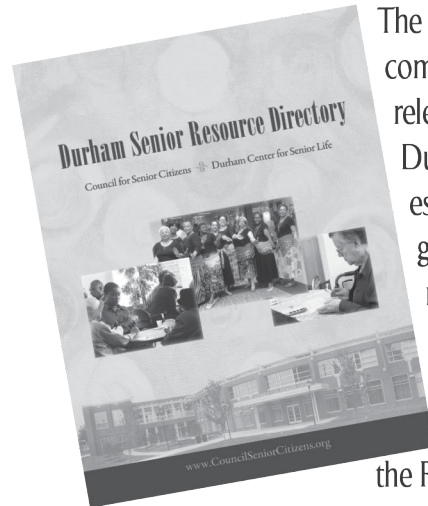
There are other options for dealing with joint pain. If you've tried the more conservative methods and they haven't provided adequate relief, you and your doctor may choose to discuss more invasive procedures like cortisone shots or even joint replacement. But in the meantime, there are measures you can take to improve your health and reduce your joint pain:

- Know when to say when: Get adequate rest (12-24 hours) when you are experiencing joint pain.
- Exercise, but choose low-impact activities like walking or swimming. The pounding and jarring of some activities can cause joint damage and increase pain and inflammation. Light weight lifting can help strengthen the muscles and bones, but check with your doctor prior to beginning.
- Incorporate fish into your diet. Fish like salmon or mackerel that are high in omega-3 fatty acids may help keep your joints healthy and reduce inflammation. Or try fish oil supplements.
- Eat a diet rich in calcium and vitamin D. These nutrients, which can be found in milk and leafy green vegetables, help build bone strength, which reduces your chance for falls and broken bones.

More information about common bone and joint conditions can be found by visiting the Health Library at www.orthodoc.aaos.org/ MarkWoodMD.

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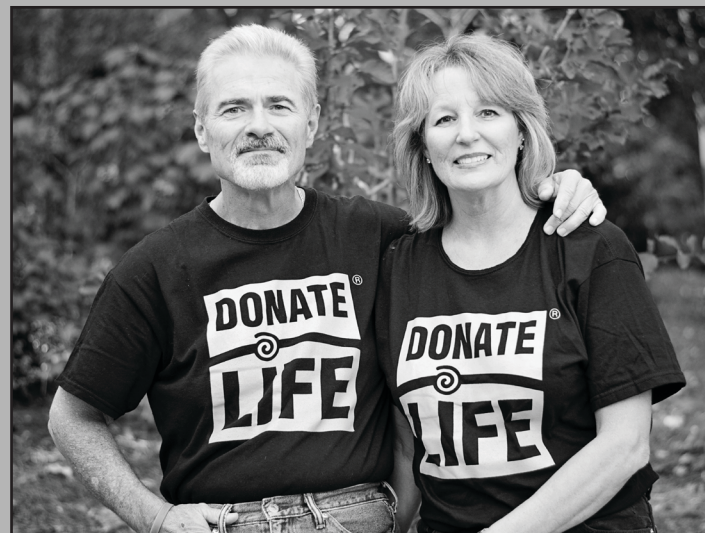
Durham/Chapel Hill area, call Kimberly Mayer: 919.308.8618 or
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Ask the Orthopaedist by Dr. Matthew Boes

Q. Which is better to use when treating an injury – ice or heat?

A. Both ice and heat can be beneficial in treating an injury at different times. But determining which one to use can prove quite confusing. Following are top-line guidelines:



- Ice is generally used after an initial injury to help prevent inflammation, swelling and pain. It can also be used to treat a "flare up" of an older injury following physical activity. Ice cools the injured muscle and tissue by limiting blood flow and provides a direct numbing effect to sensitive nerves.

- Heat – in the form of a heating pad, warm towel, or hot shower or bath – is best used to treat older injuries that have begun to heal. Since heat improves blood flow to an area, it is used to "soften up" sore, stiff muscles or joints and "warm up" the injured area prior to exercise or activity.

As a general rule-of-thumb, consider applying heat before exercise to encourage blood flow, thereby allowing the injured area to move more freely. Following exercise, use ice to treat any swelling or irritation the activity may have caused.

Matthew Boes, MD, is a board-certified, fellowship-trained orthopaedic surgeon specializing in sports medicine and shoulder and knee replacement. A member of Raleigh Orthopaedic Clinic, he serves as Team Physician for North Carolina State University's football and baseball teams. For more information, please visit www.matthewboesmd.com or call (919) 863-6808.

Do you have an orthopaedic question for Dr. Boes?
Send your inquires to
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