



Workplace Arthritis

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Disclosures

- Consultant: Smith & Nephew
- Editorial Board: Arthroplasty Today
- AAHKS Patient Education Committee
- WVOS Educational Committee
- Peer Reviewer: Journal of Arthroplasty; Arthroplasty Today; The Archives of Bone and Joint Surgery



Marshall Orthopaedics

Tired of Worldwide Pandemics...

**DID YOU HEAR THE JOKE ABOUT
THE CONCRETE SIDEWALK?**



IT'S ALL OVER TOWN

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What is Arthritis?

Cartilage Loss → **PAIN**

- Joint Space Narrowing
- Osteophytes
- Bone Cysts
- Subchondral Sclerosis



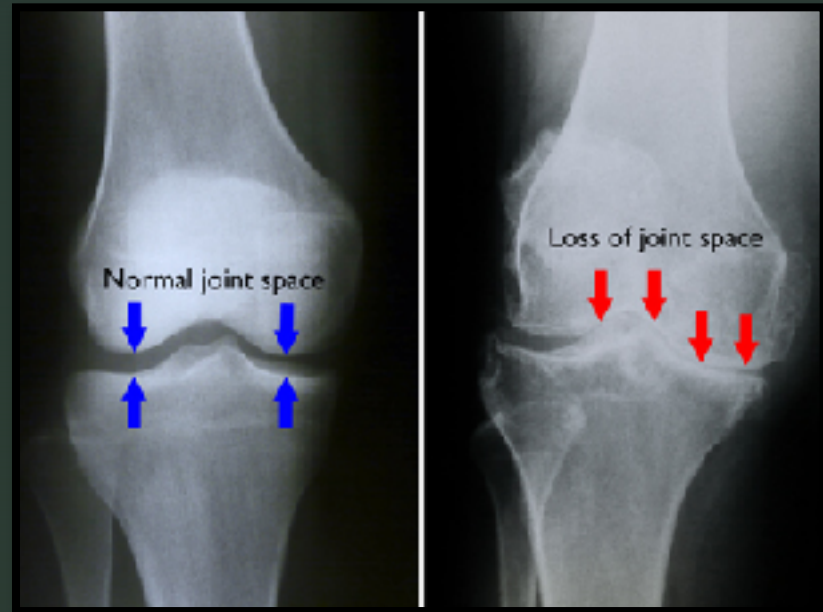
Phases

- Good days
- Bad days

Arthritis Epidemiology

2015: 54 million

- **50%** Knee Arthritis
 - 2/3 obese
- **25%** Hip Arthritis



2040: 78 Million

Limits ADL's and PRODUCTIVITY

Joint Replacement Incidence

2015

- 500,000 Total Knees
- 285,000 Total Hips

By 2030

- **3.5 Million Total Knees**
- **600,000 Total Hips**



Risk Factors for Arthritis

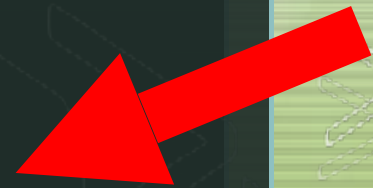
- Genetics*
- Age
- Obesity
- Trauma
- Congenital
- Sex (**M**>F)
- Smoking
- Infection



“I Stand on Concrete Floors All Day”

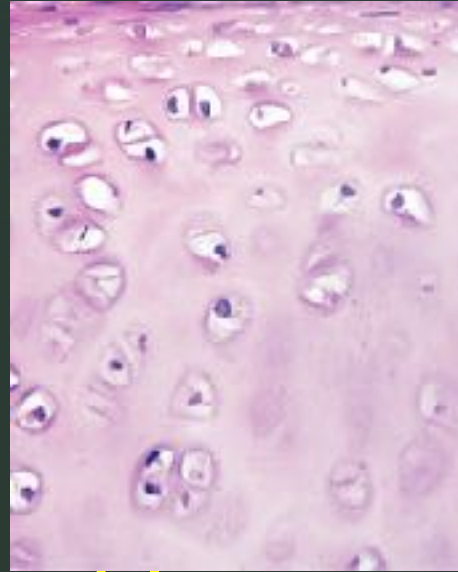


THE HUMAN BODY IS DESIGNED FOR MOVEMENT



Articular Cartilage

- Avascular
- Scant Chondrocytes
- Derives Nutrition from **ingress/egress of synovial fluid**
 - Mechanical Stress
 - Alters Cellular Environment*



Cartilage Responds to Force

> [PeerJ](#). 2020 Aug 5;8:e9676. doi: 10.7717/peerj.9676. eCollection 2020.

Medial knee cartilage is unlikely to withstand a lifetime of running without positive adaptation: a theoretical biomechanical model of failure phenomena

Ross H Miller ^{1, 2}, Rebecca L Krupenevich ³

Review > [Clin Sports Med](#). 2010 Jul;29(3):417-28. doi: 10.1016/j.csm.2010.03.006.

Running and osteoarthritis

Stuart E Willick ¹, Pamela A Hansen

Meta-Analysis > [Phys Ther Sport](#). 2021 Jan;47:147-155. doi: 10.1016/j.ptsp.2020.11.030.

Epub 2020 Nov 24.

The effect of running on knee joint cartilage: A systematic review and meta-analysis

Xueping Dong ¹, Canfeng Li ¹, Jiye Liu ¹, Pengzhou Huang ¹, Guanwei Jiang ¹, Mengdi Zhang ¹, Wentao Zhang ¹, Xintao Zhang ²

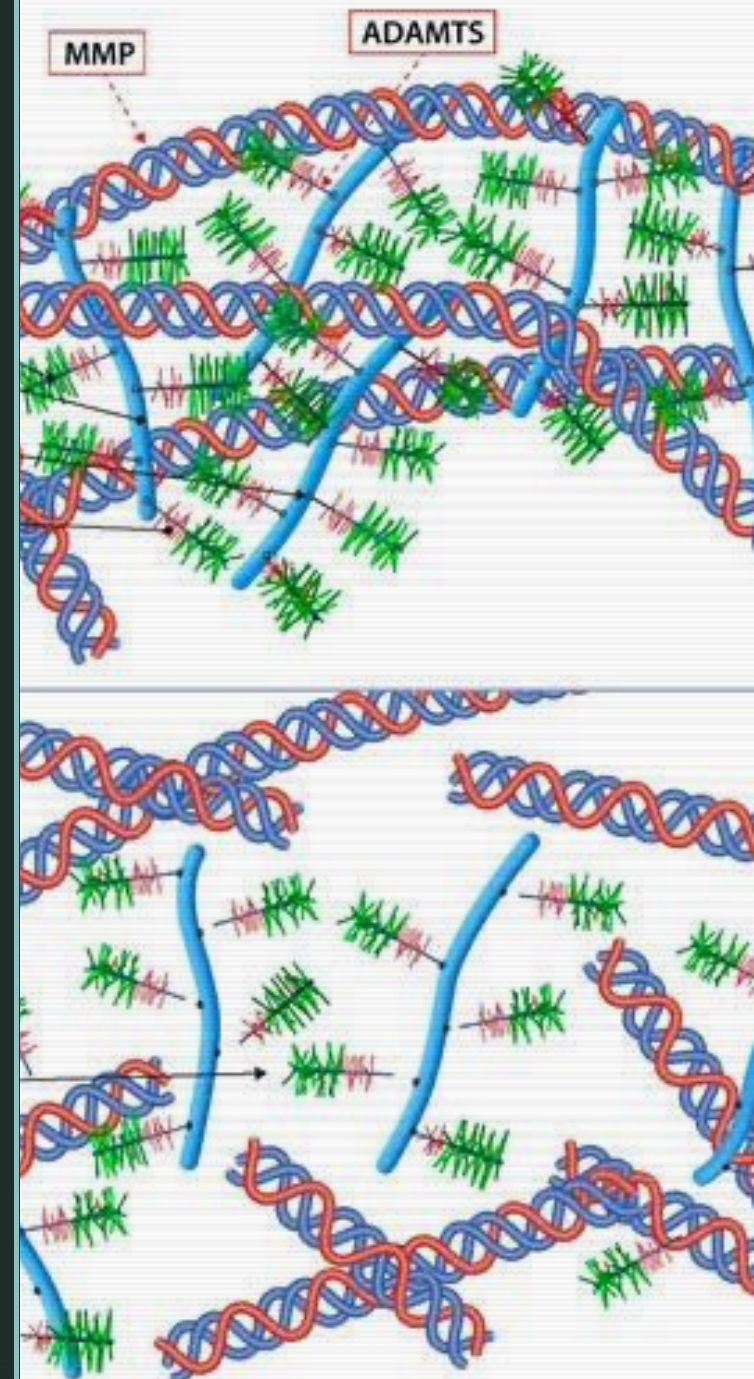
Review > [Exerc Sport Sci Rev](#). 2017 Apr;45(2):87-95. doi: 10.1249/JES.000000000000105.

Joint Loading in Runners Does Not Initiate Knee Osteoarthritis

Ross H Miller ¹

Aging Cartilage

- “Disorganized” Structure
- Decreased ability to attract **Water Molecules**
 - Loss of **Hyaluronic acid Backbone**
 - Degradation of **Chondroitin & Keratin Sulfate** Chains



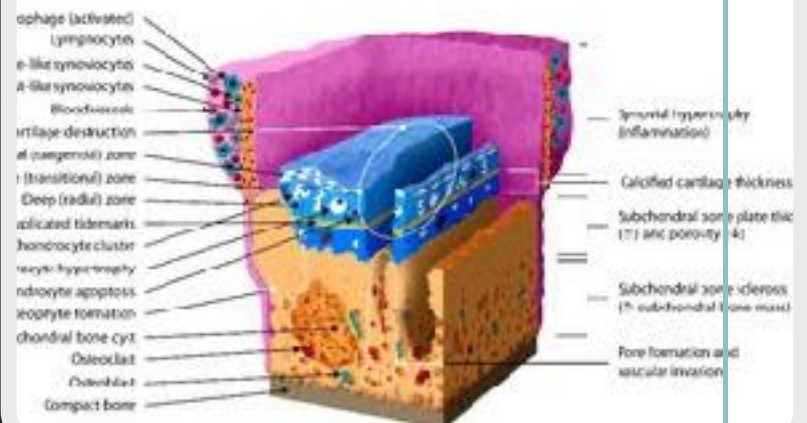
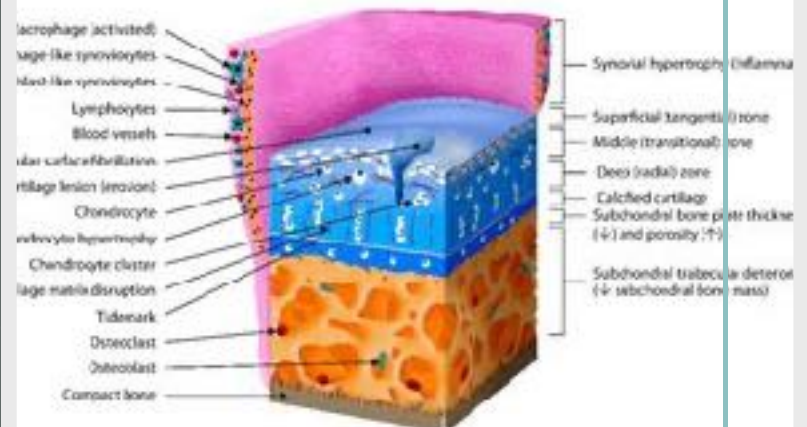
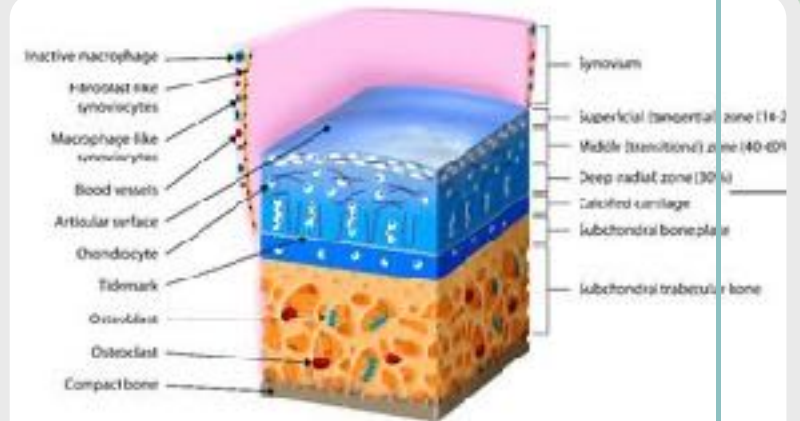
Cartilage Destruction

EARLY: Disruption of Extracellular Matrix

- Secondary chondrocyte hypertrophy
- Reduction in subchondral bone mass, synovial thickening, & inflammatory cells migration

LATE: Full-thickness Cartilage Erosions & Chondrocyte Apoptosis

- Further synovial thickening with immune cells infiltration, increased vascularization, & subchondral bone sclerosis



Concrete

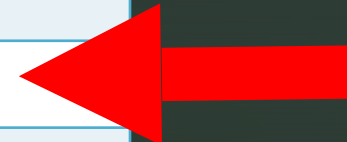
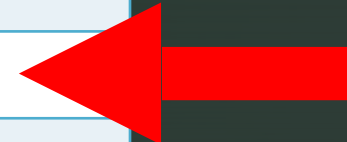
- Romans ~300 BC
- **Gravel + Sand + Cement + Water**
- Non-forgiving surface???



Compressive Strength

Stiffness of Material (Young's Modulus)

MATERIAL	STRENGTH (MPa)
Steel	200,000
Concrete	14,000 – 41,000
Asphalt	5,000 – 10,000
Wood	7,000 – 14,000
Soil	35 – 100
Bone	10 – 40
Rubber	7
Cartilage	0.45 – 0.80



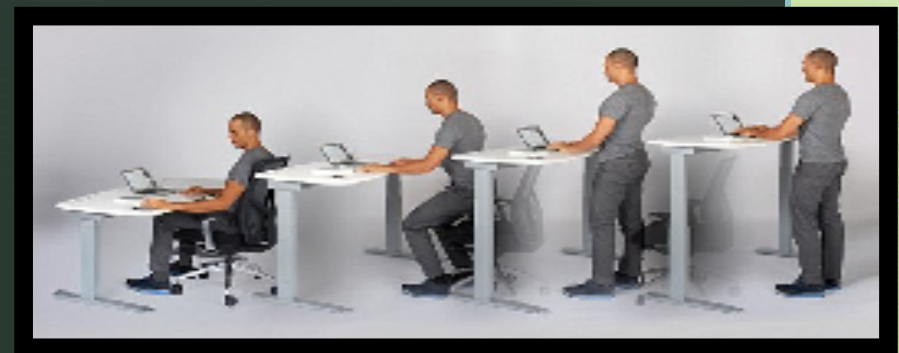
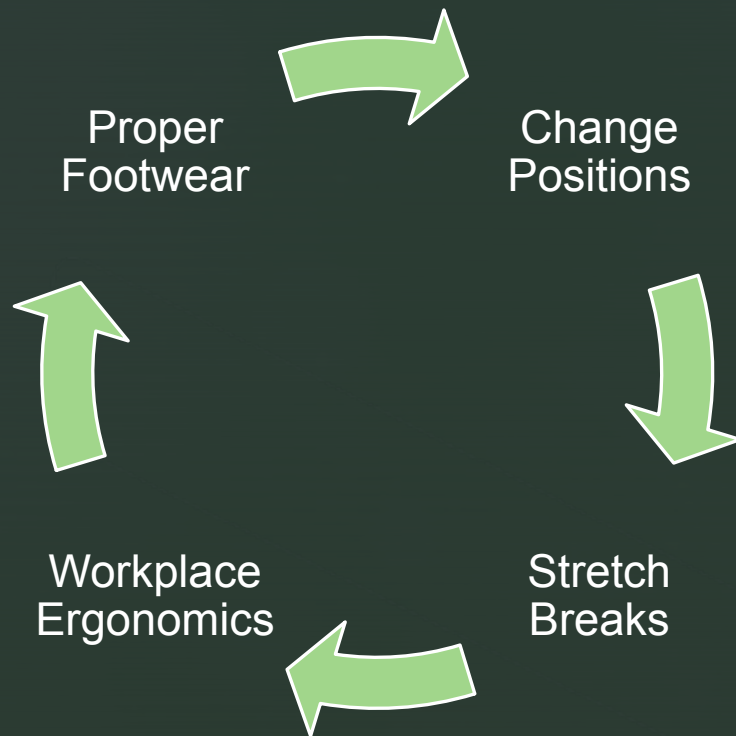
▾ Daily Battle Against Gravity

Static Position

- Cartilage Deformation
- Muscle Fatigue
- Decreased Blood Flow
- Mental Weariness

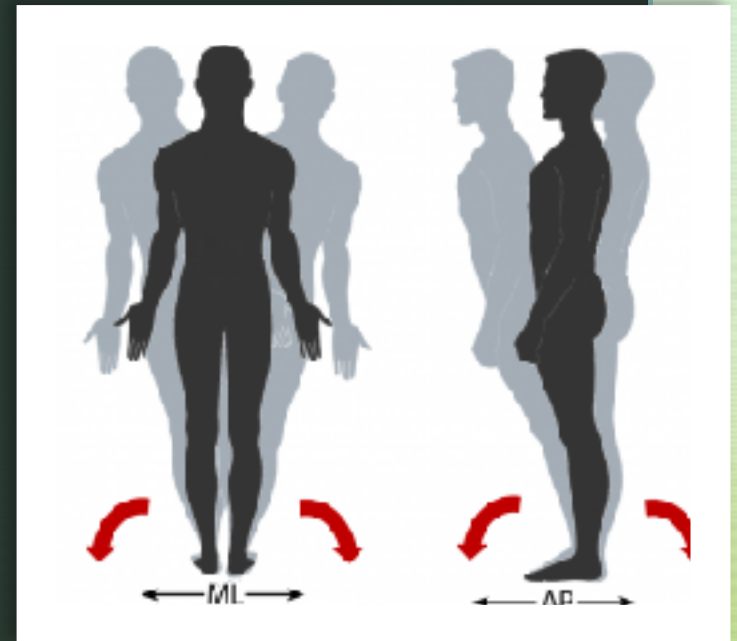


Promote Movement



Anti-Fatigue Mats

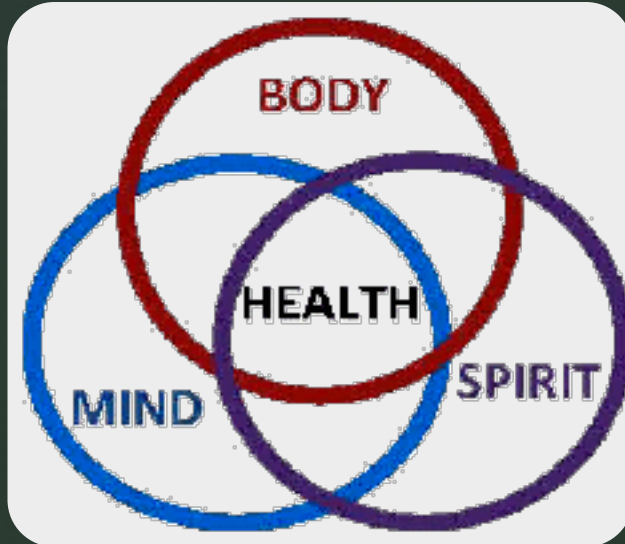
- Challenges body's center of gravity → **Sway**
- Generates **MOVEMENT** for joints



GOAL:

Keep Patient Productive

- Contribute to Society
- Quality of Life



It will hurt.

It will take time.

It will require dedication.

It will require willpower.

You will need to make healthy decisions.

It requires sacrifice.

You will need to push your body to its max.

There will be temptation.

But, I promise you, when

you reach your goal, it's

worth it.

Conservative Management

AAOS Recommendations

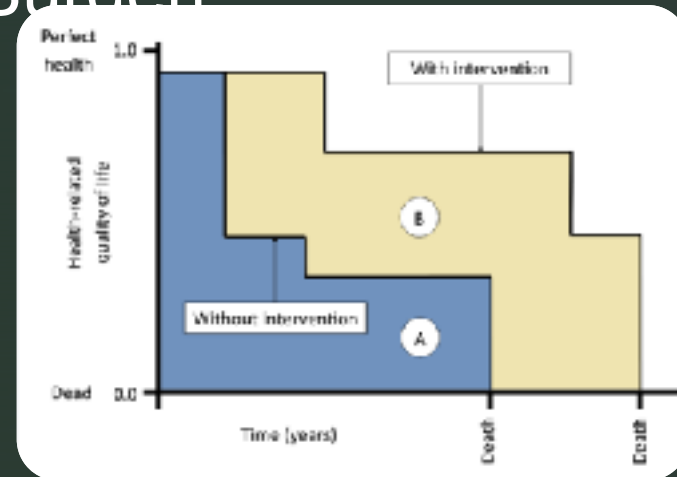
- Activity Modification
- NSAIDS
- Physical Therapy
 - **Low-impact Exercises**
 - **Weight Loss**
- Bracing
- Injections
 - Steroid
 - Viscosupplementation



Quality-Adjusted Life Years (QALY)

- Measure of Disease Burden

- Quality of Life
- Quantity of Life



- Value (\$) of Medical Interventions
- Cost-effective Analysis

$$\frac{(\text{Cost of intervention} - \text{Cost of no intervention})}{(\text{Effect of intervention} - \text{Effect of no intervention})}$$

Is Joint Replacement Worth It?

- Threshold **\$50,000**
 - **TKA = \$43,107** per QALY
 - **THA - \$39,453** per QALY



- Conclusion: **TJA is COST EFFECTIVE**

Joint Replacement & Employment

Lyall et al

(Ann R Coll Surg Engl 2009)

97% working pre-TKA
returned to work within **6 months**

Mobasheri et al

(Ann R Coll Surg Engl 2006)

96% working pre-THA returned to work

Unemployed before TKA
→ **still unemployed after TKA**

50% unemployed before THA
returned to work

Worse if unemployed >1 year

Return to Work after TJA

Early Return

- Younger patients
- Few co-morbidities
- Sedentary work
- Self-Employed
- **Motivated***
- **Support System**

Later Return

- **Workers Comp***
- Heavy Manual Labor



Recovery after Joint Replacement

Therapy is a **NECESSITY**

- **3 MONTHS**
 - Range-of-Motion
 - Strengthening
 - Endurance
 - Balance

Driving:

2-3 weeks hips

4-6 weeks knees



Return To Work

- Sedentary jobs: **6-8 weeks**
- Labor Intensive: **3 months**
- KEY: **Patient Expectations**



Work Hardening/ Conditioning

- Psychological Counseling
- Physical Strengthening
- Functional Specific Training



Conclusions

- Arthritis is **Common**
- Cartilage Responds to **Stress**
- Joint Replacement Is Beneficial **(\$\$\$)**
- Reasonable Return to Work **Expectations**
- Improved **Quality of Life**

Questions?

