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Arthritis Pain Relief: From Conservative Care to Joint Replacement

An umbrella term, arthritis encompasses more than 100 different diseases that all have one thing in common: the inflammation of a joint resulting in pain, stiffness, and swelling. As orthopedists, Kettering Health Network physicians Elizabeth Dulaney-Cripe, MD, and Antonio Manocchio, DO, see patients every day who suffer from arthritis.

The type of arthritis Dr. Dulaney-Cripe and Dr. Manocchio primarily treat is osteoarthritis. Sometimes referred to as “wear-and-tear” arthritis, osteoarthritis happens when cartilage breaks down in weight-bearing joints such as the hips and knees. An estimated 30 million Americans suffer from osteoarthritis, which is the leading cause of disability in the United States.

While there is no cure for osteoarthritis, pain can be controlled, function can be preserved, and the progression of the disease can be slowed.

Conservative Treatment Approaches

“To properly diagnose a patient, a complete physical exam with health history is required, and range and loss of motion are studied,” says Dr. Dulaney-Cripe. “The best tool we have in diagnosis, however, is the X-ray. We can learn more about a patient’s condition with an X-ray than with any other test.”

The first course of treatment Dr. Dulaney-Cripe prescribes following diagnosis is typically noninvasive or minimally invasive, and may include over-the-counter anti-inflammatory medication, physical therapy, bracing, or injections of cortisone, hyaluronic acid, or platelet-rich plasma. Lifestyle changes can also help

ease symptoms.

“Losing weight certainly helps alleviate arthritis pain,” says Dr. Manocchio. “Every extra pound a person carries adds four pounds of stress on the knees, so being 25 pounds overweight adds an extra 100 pounds of stress. If you’re at a healthy weight, you’ll have less pain.”

And while the myth of exercise being bad for arthritic joints persists, Dr. Manocchio insists exercise can, in fact, alleviate pain. “Rest equals rust,” he says. “If you allow a car to sit for six months without being started, it won’t run as it should. It was made to move. It’s the same with the human body.” He recommends low-impact exercise, like cycling or swimming.

Dr. Dulaney-Cripe notes that smoking and diabetes can increase pain in general, so quitting smoking and controlling diabetes should be priorities.

Knee and Hip Replacement

If people do not find relief through conservative approaches, joint replacement may be necessary.

If just one of the three knee joints is causing the problem, most orthopedists will recommend a partial knee replacement. “If you have a flat tire, you replace that one tire, not all four. It’s the same mentality; fix only that which is causing

the pain,” Dr. Manocchio explains. A partial knee replacement is preferable to a total knee replacement because post-recovery movement will feel more natural. A total knee replacement may be necessary when more than one joint is responsible for the pain.

Recovery time will vary from 10 days to several months, depending on the type of knee replacement.

For hip replacements, an anterior approach to total hip replacement is often preferred because it is minimally invasive, leading to a faster recovery time. Dislocation—a risk with other forms of hip replacement—isn’t a concern with an anterior approach.

“Our job is to get you back to a healthy, happy place,” Dr. Manocchio explains. “If your arthritis pain is severe enough that you’re aware of it all the time—if everyday life is more difficult than it should be—it’s time to consult with your doctor. There’s no reason anyone should suffer needlessly.”



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