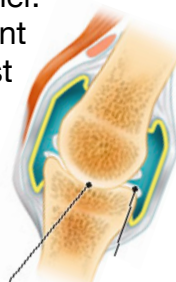




Clinic Newsletter

Osteoarthritis

Inside a joint, a tissue called cartilage cushions the joint and prevents the bones from rubbing against each other. Osteoarthritis occurs when the cartilage of a joint erodes (breaks down). Bones begin to rub against each other, causing pain and difficulty moving the joint. Osteoarthritis also can affect nearby bones, which can become enlarged in places. These enlargements are called bone spurs or osteophytes.



Although the term arthritis means joint inflammation, there is relatively little inflammation in the joints of most people with osteoarthritis. For this reason, and because this type of arthritis seems to be caused by age-related wear and tear of the joints, many experts and health care professionals prefer to call it degenerative joint disease.

Osteoarthritis probably does not have a single cause, and, for most people, no cause can be identified. Age is a leading risk factor, because osteoarthritis usually occurs as people get older. However, research suggests that joints do not always deteriorate as people age. Other factors seem to contribute to osteoarthritis. Sports-related injuries or repeated small injuries caused by repeated movements on the job may increase the risk of developing osteoarthritis. Genetics also plays a role. Obesity seems to increase the risk of developing osteoarthritis of the knees. One theory is that some people are born with defective cartilage or slight defects in the way joints fit, and as these people age, they are more likely to have cartilage in the joint break down.

Medicinal Treatment

Treatment focuses on managing pain and maintaining the ability to use the joint.

Your GP will usually suggest a suitable painkiller or nonsteroidal anti-inflammatory such as paracetamol, ibuprofen or arthrotec.

However, NSAIDs may be unsafe for people at high risk of developing ulcers, including people who have had ulcers in the past and the elderly. In rare instances, when inflammation is significant, it may be possible to remove fluid from the joint and inject the joint with a corticosteroid drug. This is recommended for acute problems with weight-bearing joints, usually the knee. However, these drugs can damage the joint if they are used too much, so your health care professional will use them only when absolutely necessary.

In severe cases, where deterioration is significant, surgery may be recommended to correct deformity in a joint or to reconstruct or replace a hip or knee joint.

Symptoms of osteoarthritis include:

- Joint pain and swelling after activity or in response to a change of weather
- Limited flexibility, especially after not moving for a while
- Bony lumps at the end of fingers, called Heberden's nodes, or on the middle joints of fingers, called Bouchard's nodes
- A grinding sensation when the joint is moved
- Numbness or tingling in an arm or leg, which can happen if the arthritis has caused bone changes that are putting pressure on a nerve, for example in the neck or lower back.
- People who have osteoarthritis often complain of a deep ache, centered in the joint. Typically, the pain is aggravated by using the joint and relieved by rest. However, as the disease worsens, the pain becomes more constant. Often, when the pain is significant during the night, it interferes with sleep.
- Osteoarthritis only shows up on X-rays in the later stages of the disease.
- Your health care professional may order blood tests to look for evidence of other arthritic conditions.

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Osteopathic Treatment for Osteoarthritis

Osteopaths spend a large amount of their time dealing with the pain and suffering caused by arthritis. Many people mistakenly assume that arthritis is untreatable and that they must learn to live with their symptoms. In many cases, osteopaths are able to help considerably. Pain relief and lifestyle management improve the quality of life for arthritis sufferers.

Treatment is aimed at improving mobility and reducing inflammation by using gentle, manual osteopathic techniques on joints, muscles and ligaments. Arthritic joints often lack stability so treatment focusses on strengthening the muscles that support the joint. Sometimes additional support is required either temporarily, whilst you are strengthening the muscles, or in the longer term. This support may consist of taping with soft strapping or joint braces or bandages.

Age is no barrier to osteopathy since each patient is considered individually and treatment is gentle. You may also be given advice about your diet, which in some people may be a factor in their arthritis. Exercises to do at home may also be prescribed to improve joint function and to reduce muscle spasm. Exercise in warm water or salt baths may also be recommended.

Osteopathy is not a cure-all and there are situations when surgery may be necessary – such as a hip replacement when you will be referred to a specialist via your GP. However, osteopathy can also help with rehabilitation after surgery.

Recognising a STROKE

‘During a barbecue, Ingrid stumbled and took a little fall - she assured her friends that she was fine (they had offered to call for medical assistance) and had just tripped over a brick because of her new shoes. They got her cleaned up and a new plate of food and, although she still seemed a little shaken up, Ingrid went on enjoying herself for the rest of the afternoon until she went home.

Later that evening, Ingrid’s husband called to tell everyone that his wife had been taken to hospital and at around 8pm, Ingrid had passed away. She had suffered a stroke at the barbecue. Had they known how to identify the signs of a stroke, perhaps Ingrid would still be with us today.’ (Some stroke sufferers don’t die - they end up in a hopeless, helpless condition instead).

Neurologist say that if they can treat a stroke victim within 3 hours, the effects of a stroke can be reversed - often totally. Neurologists say that the trick is to get a stroke recognised/diagnosed and then get the patient medically cared for within 3 hours.

Doctors say a bystander can recognise a STRoke by asking three simple questions:

S Ask the person to SMILE (make sure the smile isn’t crooked)

T Ask the person to TALK (e.g. ask them to speak a simple sentence such as “Isn’t it a lovely day today”

R Ask the person to RAISE BOTH ARMS

Another sign of a STRoke is this: Ask the person to stick their tongue straight out - if the tongue is crooked, if it goes to one side or the other, then that also indicates a STRoke.

If he or she has any trouble with ANY ONE of these tasks, call 999 immediately and describe the symptoms to the ambulance service operator.



SAFE IN OUR HANDS CERTIFICATION MARK

The Certification Mark ‘Safe in our hands’ shows that osteopaths are registered with the General Osteopathic Council. The title ‘Osteopath’ is protected by law in the UK. The General Osteopathic Council (GOsC) was set up under The Osteopaths Act 1993 and is one of the 13 UK health and social care statutory regulators. The regulators are set up to protect the public so that whenever a member of the public visits a health or social care professional, they can be sure they meet the required standards.