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Early Osteoarthritic Knee Bracing:

Reducing the waiting pain

- **Wait time for Orthopedic Surgeons is a national problem**
- **Early intervention of OA knee bracing need not only be prescribed by a specialist**
- **OA knee bracing by a Certified Orthotist is a sound alternative to the waiting pain**

With today's aging population, knee pain is a common complaint of individuals walking into the offices of family physicians across the country. Typically, a good general practitioner will refer such a patient to an orthopedic surgeon for further consultation and treatment.

Unfortunately, wait times for these specialists are a menacing issue in the current health care system, with no quick end in sight. In fact, a 2011 study by the Fraser Institute found the median wait time from GP referral to treatment by an orthopedic surgeon to be *39 weeks*. This leaves the patient with no rapid solution or means to reduce the progression of the problem. He or she has no alternative but to deal with the pain pharmaceutically.

The goal of this article, therefore, is to **encourage** family physicians to diagnose uni-compartment osteoarthritis of the knee and consider treatment with custom knee bracing by a certified orthotist while the patient waits for a surgical consultation.

Medial compartment osteoarthritis of the knee is a very common debilitating condition that frequently worsens due to a progressing deformity. Specifically, the knee begins to deform into a varus (bow legged) position and is most apparent in full weight-bearing on one leg.

Patients typically complain of pain at the medial side of the knee and difficulty walking, particularly down stairs or hills during eccentric load.

With the use of a weight-bearing A/P X-ray and a clear patient history, a physician can safely diagnose the problem. In fact, some provincial funding plans stipulate that general practitioners must obtain this x-ray along with the diagnosis in order for the patient to secure funding for a custom knee brace.

Custom off-loading knee bracing is an excellent conservative treatment for osteoarthritis of the knee because it reduces the deformity that **causes** pain and progression. In essence, the problem is solved biomechanically. Many patients will welcome the idea of bracing as an alternative to pharmaceuticals and will find that the time to adapt to the appliance is minimal.

Patients will need to seek the assessment of a **Certified Orthotist** to ensure accurate fit and function of the knee brace is achieved. The importance of this cannot be understated, since patients will likely wear the appliance daily for many months or even years.

Despite the sound objective of early OA knee bracing prior to surgical consultation, there are other reasons to brace as an *alternative* to surgery. The patient, for example, may not be a surgical candidate for a number of medical reasons. Comorbidities, such as obesity, heart conditions or chronic infections, could put the patient at high risk during surgery or may negatively affect the outcome. Pharmaceutical mitigation of knee pain may not be tolerated physiologically, or the patient may simply opt out of surgical intervention for personal reasons.

Given the choice, patients will likely be pleased to learn that early bracing – and the resulting pain relief – is an option. It will certainly sound much better to most patients than waiting months for an orthopedic consultation. This is not to say that referral to a specialist is not necessary, but certainly much can be done during the interim.