

ARTHRITIS | *advisor*

Advice and information from a world leader in bone and joint care

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Ankle Arthritis

Arthritis in the ankle often stems from a previous injury or misalignment.

Osteoarthritis is a common joint condition caused by deterioration or loss of cartilage. The reasons cartilage wears away are not always understood. But when osteoarthritis affects the ankle, there is often an underlying cause.

“About 75% of cases of ankle arthritis are post-traumatic,” says Cleveland Clinic foot and ankle orthopaedic surgeon Stephen Pinney, MD.

The ends of bones where they meet in a joint are covered with cartilage, which is a tough, shiny material that allows the bones to move against one another with very little friction. Cartilage can wear down over time as people age. Genetics and excess body weight may be factors. In the case of ankle arthritis, injuries and misaligned bones often also play a role.

Causes of Ankle Arthritis

A previous major ankle trauma, such as a fracture, is a common cause of ankle arthritis. “There may have been some damage to cartilage at the time of the injury and it gradually gets worse until cartilage in the ankle is lost,” says Dr. Pinney.

If an ankle fracture is very severe, for example a fracture caused by falling from a significant height, the damage to cartilage may be immediate.

Another possible cause of ankle arthritis is some kind of misalignment that results in uneven loading on the joint. This may happen after a broken tibia (the lower bone in the leg). Tibia fractures may be treated by putting the leg in a cast. If the bones aren't lined up exactly, it can heal on a slight angle.



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Ankle arthritis causes pain, swelling and stiffness, especially first thing in the morning and after sitting for a while.

Over 10 to 20 years, the abnormal loading on the ankle may cause the cartilage to wear down. “It's like putting a car tire on a little crooked,” says Dr. Pinney. You wear out one side more than the other.

It's not just injuries that can cause abnormal alignment. Uneven loading on the ankle can also result from having bow legs (the legs bow outward at the knees), knock knees (the knees angle in and touch each other when the legs are straight), a very high arch or extremely flat feet. “A high-arched foot can wear out the cartilage on the inside of the ankle, and a super flat foot can wear out cartilage on the outside,” says Dr. Pinney.

How It Feels

Loss of cartilage leads to symptoms of pain, swelling and stiffness in the joint. “Cartilage doesn't have nerve endings, so as long as you have cartilage the joint doesn't hurt,” says Dr. Pinney. Once cartilage is gone, you have bone rubbing on bone, which causes pain.

It's common to have start-up pain, which means having pain and stiffness first thing in the morning or after sitting for a while.

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Editor-in-Chief

Steven Maschke, MD
Orthopaedic Surgery

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Chad Deal, MD
Osteoporosis and
Metabolic Bone Disease

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IN THE NEWS



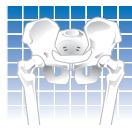
Physical Therapy Better Than Steroid Injections for Knee Osteoarthritis

Two options for treating knee osteoarthritis are physical therapy and corticosteroid injections. A study published in *The New England Journal of Medicine* (April 2020) compared them and found physical therapy to be superior. The study included 156 people with knee osteoarthritis who were divided into two groups. One group received corticosteroid injections in one or both knees. Corticosteroids are powerful anti-inflammatory drugs, which can help to relieve pain in the short term. The second group had up to eight physical therapy sessions over four to six weeks with the option of additional sessions. After one year, those in the physical therapy group had lower pain scores and better physical function. In practice, it's not necessary to choose one over the other. Experts usually recommend trying physical therapy first, and steroid injections should be used in addition to physical therapy.



Modifiable Risk Factors for Psoriatic Arthritis Identified

Some people with the skin condition psoriasis develop psoriatic arthritis, which causes pain, swelling and stiffness in joints. The skin condition usually comes first, and arthritis starts about 10 years later. A study published in *The British Journal of Dermatology* (March 2020) identified some possible risk factors for developing psoriatic arthritis. Using a British health database, the researchers analyzed data on 90,189 people diagnosed with psoriasis, 1,409 of whom subsequently developed psoriatic arthritis. Having a body mass index (BMI) in the overweight (25 to 29.9) or obese (30 and above) categories was associated with significantly increased risk for psoriatic arthritis. Those who lost weight over a 10-year period had a reduced risk compared with people for whom BMI remained constantly high. Moderate alcohol intake, but not heavy drinking, was also associated with increased risk for psoriatic arthritis.




Adolescents Should Increase Calcium Intake to Strengthen Bones

In childhood up to early adulthood, bones get stronger until they reach peak bone mass, which is about age 25 in women and age 30 in men. During this time, it is critical to get adequate calcium. The recommended dietary allowance for children and adolescents ages 9 to 18 is 1,300 mg per day. A study published in *Endocrine Connections* (March 2020) analyzed data from 10,092 children and adolescents participating in the National Health and Nutritional Examination Survey. They found a significant positive association between calcium intake in the diet and bone density. The authors concluded that children and adolescents ages 8 to 19 would have greater bone density if they increased intake of calcium in their diets. Paradoxically, very high calcium intake (more than 2,600 mg per day) was associated with lower bone density in girls, blacks and all adolescents ages 12 to 15. The reasons for this are not known.



Adequate Folate Levels Linked to Fewer Heart Disease Deaths in RA

People with rheumatoid arthritis (RA) have a higher-than-normal risk for dying from heart disease. Inflammation is thought to be a major cause of the increased risk. Elevated levels of the amino acid homocysteine may also play a role. Folate (also called folic acid), which is a B vitamin, reduces homocysteine. A study published in *JAMA Network Open* (February 2020) found that higher blood levels of folate among 683 people with RA was linked to lower risk for death from heart disease. Those with folate levels of 4.3 to 8.2 nanograms (ng)/milliliter (ml) had 48% lower risk, and those with levels greater than 8.2 ng/ml had 56% lower risk. More research is needed to examine this relationship. The recommended dietary allowance of folate for adults is 400 micrograms daily. It is found in eggs, broccoli, citrus fruits and leafy greens. 

Illustrations by Mary Bee

Move More to Relieve Back Pain

Treating back pain depends on the cause, but most people benefit from some aerobic activity.

Back pain is very common, and it can make even simple daily tasks agonizing. Pulling or overstretching muscles and ligaments are common causes. As we get older, osteoarthritis in the spine can also contribute to a painful back.

Osteoarthritis is caused by the wearing down of cartilage, which is the covering over the ends of bones in joints. The spine consists of a stack of small bones (vertebrae). Behind the cylindrical body of each vertebra are spiky projections. These connect with the projections on vertebrae above and below. The places where these bones meet are facet joints. Osteoarthritis in these joints can cause soreness and stiffness.

Once you have osteoarthritis, you have it for life. “Despite it always being there, you will likely have periods of time when it will be painful and other times when it is not,” says Cleveland Clinic physical therapist Jillian Certo, PT, DPT. “It is important to have a plan for what to do when you feel pain coming on.”



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Benefits of Movement

Ultimately, the most effective therapies, including exercise, to relieve the pain and stiffness of back pain will depend on the underlying cause. For the best approach, you will need an individualized program. Regardless of the cause, there’s one piece of advice that’s likely to be universal.


“Aerobic exercise is something I suggest for everyone with back pain because movement circulates naturally-occurring, pain-relieving chemicals into those sensitive and painful areas,” says Certo. Aerobic exercise increases blood flow to muscles around joints, and the gentle repetitive motions help lubricate joints. This can decrease general stiffness.

“When you are in pain it can stop you from moving in ways that you

are used to, and over time this can limit the amount of activity you are able to handle before the pain starts,” says Certo. If this continues, it can become exponentially more difficult to do your regular daily activities. Knowing that aerobic exercise can help build up your reserves and limit this loss of function can be empowering.

Start Walking

Aerobic activity can be as simple as a walking program. How you start will depend on your present level of fitness. Begin with a distance and speed at which you feel comfortable and then push yourself to go a little faster and for a little longer. “Our bodies respond best to small incremental changes in activity because it allows us to explore the limits of our tolerance and get used to these new movements,” says Certo.

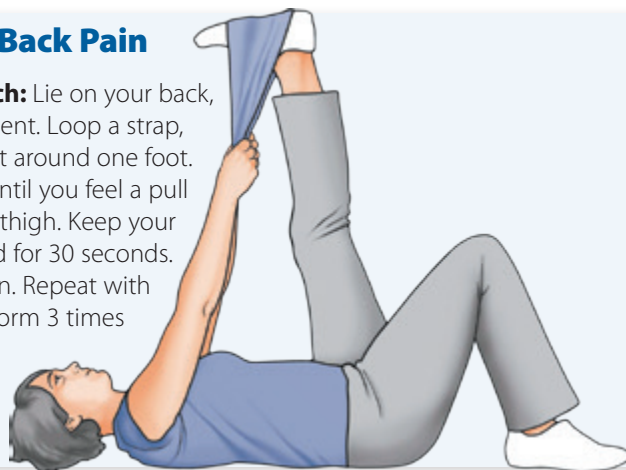
For an aerobic activity to be truly effective, it should be done most days of the week. It is optimal if performed at moderate intensity. Certo suggests using the talk test to gauge the level of intensity. “When walking at moderate intensity, you should be able to talk but need to take a break in the middle of a sentence,” she says. If you need to take a breath every few words, that may be too intense to start out. 

Morning Stretches for Back Pain

Knees to chest: Lie on your back with knees bent and feet flat. Pull your knees toward your chest until a stretch is felt. Hold for 10 seconds. Repeat 5 times.



Hamstring stretch: Lie on your back, with both knees bent. Loop a strap, towel or bed sheet around one foot. Bring the leg up until you feel a pull in the back of the thigh. Keep your knee straight. Hold for 30 seconds. Bring the leg down. Repeat with the other leg. Perform 3 times on each side.



Illustrations by Alayna Paquette

The Rise of Telehealth

The trend toward virtual doctor visits has accelerated.

The COVID-19 pandemic challenged the healthcare system in unprecedented ways. For many doctors and their patients it meant adapting to a new reality in which “the doctor will see you now” does not necessarily mean in the exam room.



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As large numbers of people became acquainted with conducting their business and social lives over videoconferencing, many have also had to get used to seeing their doctor this way. Visiting a doctor virtually over the internet is not a new concept. “We’ve been trying to eliminate geographic barriers to healthcare with virtual doctor visits for many years,” says Cleveland Clinic orthopaedic surgeon Jonathan Schaffer, MD, MBA.

Even before the pandemic made it safer to avoid seeing a doctor in person, health professionals have been fine tuning the capabilities of telehealth. In the realm of orthopaedics, Dr. Schaffer and his Cleveland Clinic colleague Dominic King, DO, formed the Orthopaedics Informatics Working Group to explore how to optimize musculoskeletal telehealth.

What Is Telehealth?

Telehealth (also called telemedicine) is the use of telecommunications and other technologies to exchange health information. It includes virtual doctor visits.

Decades of advancements in digital technologies have made it possible for you to sit on your couch at home while consulting your doctor in his or her office. A computer, a tablet or a smartphone is all you need.

“I tell people who think they might not be technologically prepared for this, if you feel comfortable ordering products online or using a video streaming service, you can use telemedicine,” says Dr. King. The computer programs are designed to be very easy to use.

What Can Be Done Remotely?

You might be surprised how much of musculoskeletal care can be accomplished with a virtual visit. Musculoskeletal care includes the treatment of acute injuries as well as conditions such as osteoarthritis.

From the first encounter with an orthopaedic specialist for a nonemergency injury or other musculoskeletal problem to post-surgery follow-up, many types of visits can be done remotely. Dr. Schaffer does virtual “physical examinations” of his patients with knee arthritis by having them, or a companion, use the camera on their

device, and instructing them to move in certain ways that give him important information.

Discussing the results of imaging studies and conversations about next steps, including whether surgery is needed, often can be done via video virtual visit. “Transfer of care can also happen virtually,” says Dr. King. Your doctor can introduce you to a surgeon or other specialist on a videoconference.


Of course, not everything can be accomplished this way. You will need an in-person interaction with a healthcare provider for blood tests, imaging studies, injections, medical procedures and surgery.

Ongoing Innovation

While telemedicine has been around for many years, there have been barriers to its widespread adoption. These include issues around technology, data security, regulations and insurance reimbursement.

The needs identified during the COVID-19 pandemic have accelerated progress on these fronts. Medicare and Medicaid now cover virtual visits. Other insurers have been slower to reimburse for these visits. So cost remains an issue.

“We’re not 100 percent there yet,” says Dr. Schaffer, “but there’s nothing like a critical event, such as a pandemic, to foster innovation.” In the future, artificial intelligence, which involves computers analyzing large volumes of data, will allow for even greater advancements.

Some people may worry that all this technology may have the effect of replacing doctors. But Drs. King and Schaffer don’t believe this will happen. “Artificial intelligence will never replace physicians, but physicians who use artificial intelligence will replace those who do not,” says Dr. King. 

Virtual Visits

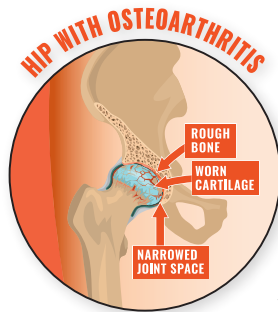
- Obtain information about your condition
- Visit with a doctor for evaluation
- History and virtual “physical examination”
- Visit with a doctor to order tests, physical therapy, imaging studies or referral to another specialist
- Follow-up visits
- Physical therapy
- Post-surgery follow-up visits

Guidelines for Hip OA

Guidelines provide doctors and patients help in choosing therapies.

Treating osteoarthritis usually involves a combination of approaches. The location and severity of joint symptoms, such as pain, swelling and stiffness, along with other considerations will dictate the most effective therapies.

Osteoarthritis results from loss of cartilage in joints. Cartilage is a tough, somewhat elastic material that covers the ends of bones, allowing for smooth movement. Loss of cartilage leads to inflammation, bone changes, and joint damage.



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There's no cure for osteoarthritis. Treatment is aimed at relieving pain, protecting joints and maintaining motion in the joint. Therapies include both pharmacologic treatments and what are called "physical, psychosocial and mind-body approaches."

Role of Guidelines

To help doctors and their patients make the best informed choices, the American College of Rheumatology (ACR) published updated treatment guidelines for osteoarthritis in the knee, hand and hip.

Teams of experts reviewed the scientific literature and rated the quality of the evidence to make recommendations. Treatments that are strongly recommended have the most convincing evidence to back them up. Conditionally recommended therapies were found to be effective, but the quality of evidence was lower.

"When choosing therapies, doctors should begin with treatments that are least likely to do harm, and then progress to others," says Chad Deal, MD, Head of the Center for Osteoporosis and Metabolic Bone Disease at Cleveland Clinic, and Associate Editor of *Arthritis Advisor*.

Here are the recommendations for hip osteoarthritis. [Aa](#)

GUIDELINES FOR MANAGEMENT OF HIP OSTEOARTHRITIS

STRONGLY RECOMMENDED

Physical, Psychosocial, Mind-Body Approaches

- **Exercise.** Strong evidence supports exercise, including aerobics and strengthening. Exercise is most effective when started under the supervision of a physical therapist. Taking an exercise class is also recommended. The traditional Chinese practice of tai chi is strongly recommended for strength and balance. Regardless of which exercises you choose, make it a regular, lifelong practice.
- **Weight loss.** For people who are overweight or obese, losing even 5% to 10% of body weight can help relieve pain. Benefits increase with increased weight loss.
- **Assistive devices.** When hip pain limits your ability to walk, try a cane.

Pharmacologic Approaches

- **Nonsteroidal anti-inflammatory drugs (NSAIDs).** Oral NSAIDs (such as ibuprofen [Advil®, Motrin®] and naproxen [Aleve®]) are strongly recommended. Because of concerns about side effects, they should be used for the shortest time possible.
- **Steroid shots.** Injections of corticosteroids (powerful anti-inflammatory drugs) into the hip have been shown to provide short-term pain relief.

CONDITIONALLY RECOMMENDED

Physical, Psychosocial, Mind-Body Approaches

- **Exercise.** Exercises that focus on stability, posture and improving balance may help relieve symptoms.
- **Acupuncture.** Several studies have found positive effects with acupuncture, which involves the application of tiny needles to specific points on the skin.
- **Hot and cold therapies.** Some people get some relief of stiff, painful joints with the application of heat or cold.

Pharmacologic Approaches

- **Acetaminophen.** While not as effective as NSAIDs for osteoarthritis pain, acetaminophen (Tylenol®) may be an alternative for people who cannot take NSAIDs.
- **Tramadol.** For some people who can't tolerate or shouldn't use NSAIDs, the drug tramadol may be appropriate. It is an opioid drug, but it works differently than the other opioids and is less potent. It received a conditional recommendation because it is preferred over other opioid drugs.
- **Duloxetine (Cymbalta®).** The drug Cymbalta, which is used for depression and fibromyalgia, has been shown in some studies to ease the chronic pain of hip osteoarthritis.

STRONGLY RECOMMEND AGAINST

Physical, Psychosocial, Mind-Body Approaches

- **TENS.** Transcutaneous electrical nerve stimulation (TENS) delivers low-level electrical pulses via electrodes placed on the skin. Based on recent studies that found no benefit, this is no longer recommended for hip osteoarthritis.

Pharmacologic Approaches

- **Glucosamine and chondroitin.** The panel determined that the weight of the evidence does not support any beneficial effects of the supplements glucosamine and chondroitin for hip osteoarthritis.
- **Hyaluronic acid injections.** Due to a lack of evidence for the benefit of these injections in the hip, they are not recommended.

CONDITIONALLY RECOMMEND AGAINST

Pharmacologic Approaches

- **Other opioids.** The dangers of chronic use of opioid drugs are well known. Studies have shown that they are only modestly helpful for osteoarthritis pain. They may have a role, but only after other options have been tried.

Benefits of Whole Grains

Look for a whole grain as the first item on an ingredient list.

The foundation of a nourishing diet is a variety of mostly plant-based foods. This includes vegetables and fruits, and also grains. Of course, grains means “whole” and not “refined” grains. The easiest grain to eat is wheat in the form of white flour. It is abundant in bread, pasta, crackers and many other products.

To nourish yourself, keep your weight under control, lower your risk for chronic health conditions, and reduce inflammation, eat whole grains. Grains in their intact form are composed of three parts: bran, germ and endosperm.

The bran and the germ are stripped out to create “refined” grains like white flour. When these are removed, most of the nutrients go away. Sometimes products are enriched with iron and vitamins to add back some of what is lost. “But they don’t return all the nutrients,” says Cleveland Clinic dietitian Mira Ilic, MS, RD, LD.

Don’t Lose the Fiber

“Fiber is another casualty of refining grain,” says Ilic. There are two types of fiber. Insoluble fiber is indigestible. It bulks up waste in the intestines and

helps to keep the gut microbiome (the good bacteria in our intestines) healthy. Soluble fiber, which is broken down during digestion, helps to control blood sugar and cholesterol levels. Oats and barley are particularly good for keeping cholesterol low.

Fiber also is filling. “People trying to lose weight will benefit from it,” says Ilic. White flour digests quickly. “Blood sugar spikes and then quickly goes down, and you feel hungry again,” she says. You’re likely to consume more calories.

Whole grains digest slowly, keeping blood sugar levels more constant. This has the added benefit of keeping your energy level up.

Research with populations that consume mostly whole grains shows they suffer less chronic illnesses, including a reduced risk for metabolic syndrome. This is a combination of abdominal obesity, high blood pressure, high cholesterol, high triglycerides and high blood sugar. Metabolic syndrome is associated with increased inflammation in the body.

Gradual Transition

As much as you can, try to eat whole instead of refined grains. For rice,



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Whole grains include amaranth, barley, brown rice, buckwheat, bulgur, millet, oats, quinoa and wheat.


keep in mind that white rice is simply brown rice with the outer fiber layer stripped away. For dishes traditionally made with white rice, substitute brown rice or a grain such as barley or quinoa.

If you are looking for whole grain versions of breads, pastas, cereals and crackers, check the ingredient list. A whole grain should be the first ingredient. “Look for bread with at least 3 grams of fiber per slice,” says Ilic. With pasta, you should have at least 3 grams of fiber per half cup of cooked pasta.

Some people object to the texture and taste of whole grains. Ilic suggests getting used to it by making the transition gradually. “For example, start by mixing half white rice with half brown rice or white rice with quinoa,” she says. Gradually increase the ratio of whole grain to refined grain.

Caution with Low-Carb Diets

Low-carbohydrate diets for weight loss are popular. But not all carbohydrates are the same. “If you eat non-stripped, whole foods as part of a balanced diet, and practice moderation and portion control, you can lose weight,” says Ilic.

It’s about choosing the right carbohydrates and getting the right balance of nutrients. “If you eliminate whole food groups, you have the potential for nutrient deficiency,” she says. 

BARLEY PILAF

INGREDIENTS

2 Tbsp olive oil	1 cup pearly barley	½ to 1 tsp lemon zest
1 onion, chopped	2½ cups vegetable stock	½ tsp salt
3 garlic cloves, chopped	2 Tbsp fresh parsley	Black pepper, freshly ground, to taste
1 carrot, finely chopped	(or cilantro), chopped	

DIRECTIONS: Heat oil in a skillet. Add onion, garlic and chopped carrots. Sauté until onion is translucent and carrots are soft. Add barley and stir while barley is toasting, about 3 to 4 minutes. Heat vegetable stock in another pot. Add barley, onion, garlic and carrots to vegetable stock. Cover and simmer for 30 minutes or until stock is absorbed and barley is tender. Remove from heat and keep pan covered for another 5 to 8 minutes. Add chopped parsley and lemon zest. Add salt and pepper. Add toasted nuts, if desired.

Servings: 4. Nutrition Information Per Serving: 263 calories, 7 g total fat, 0.5 g sat fat, 6 g protein, 44 g carbs, 6 g fiber, 4.6 g sugar, 790 mg sodium (reduce by using low-sodium stock) (g=grams; mg=milligrams, sat fat=saturated fat, carbs=carbohydrates)

Ankle arthritis ... from page 1

When this happens, you may need to move your ankle a bit to warm it up.

Loss of cartilage also triggers the body's immune system to initiate an inflammatory response, which causes the area to swell. Stiffness happens because the body also responds to loss of cartilage by forming new bone and making bone harder. Bone spurs often form and extend from the joint. "The bone spurs limit motion," says Dr. Pinney.

How It Is Diagnosed

To diagnose ankle arthritis, a doctor will ask about symptoms and any past injuries that may help explain the symptoms. Weight-bearing X-rays will be done to confirm the presence of ankle arthritis. Loss of cartilage causes the space between bones at the joint to narrow, which can be seen on X-rays. Bone spurs will also show up on an X-ray.

"Once you have a diagnosis of ankle arthritis, you need to grade the severity as mild, moderate or severe and determine the cause," says Dr. Pinney. Correcting any alignment problems is important if possible.

There are two categories of treatment for ankle arthritis: nonsurgical and surgical. "There's nothing we can do to put the cartilage back, but we can often improve the arthritis symptoms," says Dr. Pinney. He notes that it requires several measures that together lead to incremental improvement.

Nonsurgical Treatment

The first step is activity modification. "That doesn't mean we don't want people to be active," says Dr. Pinney. Instead, it means limiting activities that are hard on the ankle. For example, walking for long periods of time or on uneven surfaces can be problematic. Try alternating

walking with bicycling or swimming for aerobic exercise.

Shoes can make a difference. "You need to have your shoe do the work that the ankle would otherwise," says Dr. Pinney. Shoes with a rocker bottom have a sole that is curved, which reduces ankle motion. Choose shoes with some shock absorption in the heel as well. Having a soft insert can also help because it allows the force to get dispersed up past the ankle. Custom inserts are usually not necessary.

Sometimes a shoe with a slight heel can be helpful. "With ankle arthritis you lose the ability to move your foot upwards, and having a little bit of heel may help counteract that," says Dr. Pinney.

An ankle brace can also help because it limits motion in the joint. There are a wide variety of them. They can be purchased in retail stores or online. You may need to try several to find the one that works best for you. Some are custom made.

Nonsteroidal anti-inflammatory drugs (NSAIDs), such as ibuprofen (Advil®, Motrin®) and naproxen (Aleve®), can be taken for pain relief. However, they should be taken only occasionally and for short periods of time. Acetaminophen (Tylenol®) is an option for people who can't take NSAIDs, even though it may not be as effective.

For people who are overweight, losing weight can make a big difference. "The foot acts like a lever, and the amount of force that goes to the ankle is usually two to three times your body weight," says Dr. Pinney. Losing 5 pounds results in up to 15 pounds less force through the ankle.

Physical therapy won't necessarily help the actual ankle arthritis, but

What You Need to Know

- Ankle arthritis often results from a previous ankle fracture or other injury.
- Uneven loading to the ankle joint, such as from very high arches or flat feet, may also put people at risk for ankle arthritis.
- Ankle arthritis causes pain, swelling and stiffness. Pain may be worse after a period of rest, such as in the morning.
- Treatment is aimed at decreasing pain and improving function.
- If nonsurgical measures aren't sufficient, ankle fusion or ankle replacement are options.



© Steve Mason | Getty Images

Using a cane helps some people.


it can strengthen weak muscles around the joint. "Ultimately, the patient is the best judge of what works best," says Dr. Pinney.

If none of these measures work well enough to relieve symptoms, a corticosteroid injection can be tried. This is a powerful anti-inflammatory medication, which can provide short-term relief for up to six months.

Surgery

For severe ankle arthritis that can no longer be managed with these measures, surgery is an option. There are two choices, and they are both major surgeries. Dr. Pinney notes that there is no "little" surgery to fix ankle arthritis.

The first surgery is ankle fusion, in which the bones in the ankle joint are permanently joined. "This is very effective for taking a stiff, painful joint and making it stiff but painless," says Dr. Pinney.

The other surgery is ankle replacement, which is usually reserved for older adults who don't put too much stress on the ankle joint. 

Heel raises.....TENS for back pain



Arthritis Advisor Editor-in-Chief **Steven Maschke, MD**, Department of Orthopaedic Surgery, Cleveland Clinic Orthopaedic & Rheumatologic Institute.



Associate Editor **Chad Deal, MD**, is Head of the Center for Osteoporosis and Metabolic Bone Disease, Department of Rheumatology, Cleveland Clinic Orthopaedic & Rheumatologic Institute.

Q In the article “Exercise Tips for Travelers” in the May issue, it says that people with arthritis in the foot and those who have had ankle fusion should not do heel raises. I have arthritis in my left ankle and I had ankle fusion in my right. I do heel raises. Why are they not recommended?

A We probably should have said that people with arthritis in the foot and those who have had ankle fusion should proceed with caution. Ultimately, it depends on your individual situation.

There are reasons to be cautious. Unless an ankle fusion is done because of an injury, such as a bone fracture, it typically is performed for people with severe ankle arthritis. In that case, other nearby joints and other structures are also affected by arthritis. An ankle fusion involves permanently joining at least two bones at the ankle, usually the tibia (the larger bone in the lower leg) and the talus (the ankle bone). This can relieve severe pain. It also takes away motion in the joint. Because one or more ankle joints no longer move, adjoining joints may take more stress.

Doing a heel raise involves moving the full weight of your body against gravity, which produces a lot of ground reaction force. This is typically not good for arthritis. Large amounts of force might not be problematic in the short run. But over time, more arthritis can occur in the nonfused joints.

In addition, if you have flat arches, the line of pull of the muscle is altered and not able to generate normal forces for the heel raise, compared to when the ankle is neutrally aligned. Doing seated ankle pumps for mobility and circulation is a conservative alternative to heel raises while traveling.

Q In the article “New Guidelines for Osteoarthritis” in the May issue, it says that a TENS unit is not recommended for knee arthritis. How about for lower back pain?

A Transcutaneous electrical nerve stimulation (TENS) units deliver low-level electrical pulses via electrodes placed on the skin near the site of pain. The electrical pulses are intended to block pain signals going to the brain. Research on the effectiveness of TENS units has produced conflicting findings. The American College of Rheumatology does not recommend use of TENS for knee and hip osteoarthritis because of a lack of evidence showing a benefit.

When it comes to back pain, the evidence is still not clear. A TENS unit may provide symptom relief, but it has not been shown to be as effective as other treatments in managing pain or reducing disability in the long run.

Physical therapy and exercise in general have been shown to be effective for back pain. Physical therapists focus on providing a tailored routine for each person depending on the underlying cause of symptoms. The use of a TENS unit for relieving your back pain requires a discussion with your treating physician. When used, it should be part of a comprehensive treatment approach. [Aa](#)

Correction: In the April 2020 issue of *Arthritis Advisor* in the article “How to Ease Hip Pain,” there is a suggestion to use a hip abduction machine to strengthen the inner thigh. This machine actually strengthens the outer thigh. For the inner thigh, use a hip adduction machine.

Send questions for Drs. Maschke and Deal to:

Arthritis Advisor
Attn: Lynne Christensen, Executive Editor
P.O. Box 5656
Norwalk, CT 06856-5656

email: lchristensen@belvoir.com

IN COMING ISSUES

- Hyaluronic acid injections
- Dog-walking dangers
- Dorsal wrist syndrome
- Bunion surgery

EDITORIAL CORRESPONDENCE

The Editor
Arthritis Advisor
P.O. Box 5656
Norwalk, CT
06856-5656

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