

ARTHRITIS | *advisor*

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

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Update on HA Injections

While opinions differ about the effectiveness of hyaluronic acid (HA) injections, many physicians perform them.

Osteoarthritis in the knee is a leading cause of pain and disability. Symptoms usually start off mild and worsen over time. Pain and stiffness can make it difficult to stay active, and ultimately simple daily functioning can be challenging.

There's no cure for osteoarthritis. It's not possible to prevent loss of cartilage or grow new cartilage. But by using a combination of treatments, pain can often be controlled and the ability to function improved. One treatment involves injecting a substance called hyaluronic acid into the knee.

While this therapy is widely used in clinical practice, there is disagreement among medical societies about whether to recommend it. The recently published guidelines from the American College of Rheumatology (ACR) recommend against using hyaluronic acid injections. However, the ACR acknowledges that many health-care providers want the option to use them when other interventions fail to adequately control symptoms.

Cleveland Clinic orthopaedic surgeon John Bergfeld, MD, uses hyaluronic acid injections for some of his patients with knee osteoarthritis. "I have patients who swear by this, and they keep coming back to get their joints lubricated," he says.

The Basics

To better understand hyaluronic acid injections, let's start with some basic information. First, osteoarthritis occurs when cartilage, which is the cushioning material that covers the ends of bones in joints, breaks



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Hyaluronic acid injections may help some people resume activities they enjoy.

down and thins. The space between the bones narrows. Eventually, other structures in and around the joint are damaged. This leads to pain, swelling and stiffness.

Hyaluronic acid is a natural substance in the synovial fluid that surrounds joints. It helps to cushion, lubricate and protect the joint. People with osteoarthritis have a lower-than-normal concentration of hyaluronic acid in the joint, and over time it tends to lose its lubricating and shock-absorbing properties.

The idea behind treatment with hyaluronic acid is to inject a synthetic form of the substance into an arthritic joint, thus theoretically restoring some of its natural function.

Best for Early Arthritis

Studies that have examined the effectiveness of this treatment have produced mixed results. According to Dr. Bergfeld, one reason may be that the studies don't necessarily

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IN THE NEWS



Strenuous Activity Not Tied to Developing Knee Osteoarthritis

Regular exercise has many health benefits, but there is some uncertainty about whether very strenuous activity can damage joints, especially the knee joint. A study published in *JAMA Network Open* (May 2020) analyzed data on 1,194 adults (average age of 58) at risk for knee osteoarthritis to evaluate the effects of physical activity on joint health. The participants were followed for up to 10 years. The researchers found no association between long-term engagement in strenuous activity (such as jogging, swimming, cycling, singles tennis, aerobic dance and skiing) and development of knee osteoarthritis. They found that low to moderate amounts of strenuous activity (one to two hours per week) may have a protective effect on joints. The researchers concluded that older adults can safely engage in strenuous activity to improve their overall health. (Note: Once a person has osteoarthritis in the hip or knee, jogging may result in more rapid progression.)



Uric Acid Levels and Kidney Disease May Predict Gout Flares

Gout is a form of arthritis that originates from a naturally-occurring substance called uric acid. In some people, uric acid levels can get too high. When that happens, it can leave the bloodstream and settle in joints, where it can form needle-shaped crystals. These can cause the joint to suddenly become red, swollen and painful. After an initial gout attack, there can be occasional flare-ups. A study published in *The Journal of Rheumatology* (April 2020) examined risk factors for subsequent flares in 429 people with gout during two time periods (1989 to 1992 and 2009 to 2010). In both time periods, people with abnormally high levels of uric acid and those with kidney disease were at higher risk for subsequent flare-up of symptoms. The study highlights the importance of keeping uric acid levels low.




Vitamin D for Bone Health and Possibly Protection from Viruses

The role of vitamin D in keeping bones healthy is well known. Emerging evidence suggests that adequate amounts of vitamin D may also be important for boosting immune function against viral infections, possibly including the novel coronavirus that causes COVID-19. Previous studies have shown that people with respiratory infections have low vitamin D levels. A study published on the open-access research forum SSRN (April 2020) examined vitamin D levels in 212 people with COVID-19. Vitamin D levels were highest among those with mild disease and lowest among those who were more severely ill. There was about an eight-fold higher risk of having severe disease among those with a vitamin D deficiency compared to those with a normal vitamin D level. These results need to be confirmed. But it may be another reason to be sure to get adequate amounts of vitamin D.



Rheumatoid Arthritis Drugs May Lower Risk for Alzheimer's

Inflammatory types of arthritis, such as rheumatoid arthritis (RA) and psoriatic arthritis (PsA), are caused by chronic inflammation from a faulty immune system response that damages joints. Drugs used to treat these types of arthritis work by reducing inflammation. A study published in the journal *PLoS One* (March 2020) examined the effect of a class of drugs called tumor necrosis factor (TNF) inhibitors on risk for Alzheimer's disease. The researchers analyzed a database of health records from 56 million adults. They found that people with RA, PsA and other inflammatory diseases had an overall higher risk for Alzheimer's disease than those without these conditions. However, the risk for people with RA taking the TNF inhibitors etanercept (Enbrel®), adalimumab (Humira®) or infliximab (Remicade®) was lower than for those not taking these drugs. Enbrel and Humira lowered risk for those with PsA. 

Illustrations by Mary Bee

A Common Cause of Wrist Pain

The rise in popularity of yoga has brought an increase in a common wrist syndrome.

A painful wrist can have several possible causes. If you have pain when you bend your wrist back, you may have dorsal wrist syndrome.

“People who have this complain of discomfort especially when their wrist is extended under load, such as when doing certain yoga poses or pushups, or even when pushing up from a chair or pushing themselves out of bed,” says Cleveland Clinic orthopaedic surgeon and *Arthritis Advisor* Editor-in-Chief Steven Maschke, MD. People with the condition may also have a small bump on top of the wrist, called a ganglion cyst.

What Causes It?

Like all joints, the wrist joint is surrounded by a capsule. “The capsule is like a bag that surrounds the joint and holds joint fluid,” says Dr. Maschke. The fluid (called synovial fluid) provides lubrication for movement.

With dorsal wrist syndrome, the capsule becomes thickened. As you extend your wrist back, the tissue of the capsule can fold inward, and you get pinching in the joint. “It can cause pretty significant pain to the point where people don’t want to do activities requiring pushing off with the wrist,” says Dr. Maschke.

A cyst can form if there’s a small tear in the capsule. “Some fluid can leak out, but it can’t leak back in, and then your body walls it off as a ganglion cyst,” says Dr. Maschke.

The exact cause of this very common syndrome is not known. It may be a repetitive overuse type of injury. People who regularly put heavy

weight against a wrist bent backwards are at risk. However, it’s not known whether these types of activities cause the problem or they just activate the symptoms.

Diagnosis and Treatment

A doctor will diagnose dorsal wrist syndrome with a physical examination and by recognizing the characteristic symptoms. An X-ray will look normal. However, physicians obtain X-rays for most patients to rule out other possible causes of symptoms, such as arthritis.

Initial treatment for dorsal wrist syndrome includes resting the joint, use of a wrist brace and nonsteroidal anti-inflammatory drugs (NSAIDs). NSAIDs can be taken in pills, such as ibuprofen (Advil®, Motrin®) and naproxen (Aleve®), or topically, such as diclofenac (Voltaren Gel®).

“We usually give that two or three months,” says Dr. Maschke. If symptoms persist or get worse, a corticosteroid injection can be considered. This is a powerful anti-inflammatory drug that is injected into the joint.

Most people with dorsal wrist syndrome will get better with these measures. “When they first resume some of their activities, such as yoga or pushups, they may want to alter them for a while in ways that avoid extending and loading the wrist,” says Dr. Maschke. Over the long term, the goal is to get back to being able to do those wrist extension activities.



© Lacheev | Getty Images

Symptoms of dorsal wrist syndrome can flare up when doing activities that put pressure on a backward bent hand, such as certain yoga poses.




What You Need to Know

- Dorsal wrist syndrome is a common cause of wrist pain.
- Pain is felt along the back side of the wrist when doing activities in which the hand is bent backwards, such as certain yoga poses, pushups and pushing yourself up from a seated position.
- The cause is not known.
- The condition is primarily treated with rest, a wrist brace and nonsteroidal anti-inflammatory drugs.

Surgery

If the more conservative measures don’t work, surgery is an option. The surgery involves shaving away some of the thickened capsular tissue so it can no longer impinge. If there is a cyst, it will be decompressed and the stalk removed. This can be done as an arthroscopic or open surgical procedure.

With arthroscopy, small incisions are made. An arthroscope, which is a thin tube with a camera on the end, is inserted through one incision. The surgeon views the image on a video monitor. A surgical instrument to perform the procedure is inserted through another small incision.

The same procedure can also be done with traditional open surgery, which involves a longer incision. 

Walk Your Dog Safely

There are many benefits of dog ownership. There are also hazards.

Dogs are wonderful companions. One of the many benefits of having a dog is the necessity to go out for walks. Research shows that dog walkers are more likely than other people to get the recommended amount of physical activity. A walking routine is a great way to keep fit and also ease arthritis pain.

But, you need to be cautious. A study published in *JAMA Surgery* (May 2019) found that there was an increase in bone fractures from walking dogs among older adults between 2004 and 2017. Hip fractures were most common, followed by fractures in the upper arm, hand and wrist.

Be Aware

Cleveland Clinic occupational therapist Anne Baldwin, OT, a dog owner herself, doesn't discourage people from having a dog. "Dogs not only promote an active lifestyle, they provide emotional support and comfort," she says. They are great

companions, especially for people who live alone.

If you have a dog, it's important to know what to watch out for. Falls are a common cause of injury. The dog can see a squirrel or something else it wants to chase and take off, pulling

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you down. Or the dog's attention might be drawn to another dog or to something else, and it crosses in front of you. You can easily get tangled in a leash and go down.

"Another dog might come towards your dog to play or to be aggressive," says Baldwin. "Even the best behaved dog might try to protect you, which can lead to an altercation and a dangerous situation."

The size of the dog doesn't matter. "Even small dogs can be amazingly strong," says Baldwin. Falls from tripping over the dog can even happen in the home.

Consequences

Broken bones are serious consequences of falls, but you can also have bruising, cuts, joint dislocations, and tendon and ligament injuries. People with varying health conditions may have difficulty healing. This may be due to the condition itself or medications. Infections are also possible.

If you have a dog, or are thinking of getting one, Baldwin has some advice to stay safe while walking the dog (see box). 

Prevent Dog-Walking Injuries

- **Know your dog.** Pay attention to the things that trigger a reaction in your dog, and try to avoid them.
- **Use a leash safely.** Use a short leash to keep the dog close to you. Baldwin does not recommend long or retractable leashes. You have better control if you keep the dog by your side. If the leash is too long, dogs can get a lot of momentum going, and it's harder to hold them back. A long leash may also get wrapped around your legs, leading to a fall.

Don't wrap the leash around your fingers or your wrist. This causes a lot of injuries. Baldwin does not recommend fastening a leash to your waist.

If you have arthritis in your hands, use a leash with a thicker handle for a more comfortable grip. Leashes can be built up with foam tubing, which is available in various sizes.
- **Consider the terrain and your footwear.** Whether you walk your dog on a sidewalk or on a park trail, look for a flat terrain, and watch out for bumps. Wear sturdy shoes with traction. Avoid flip-flops, high-heeled shoes and any shoe with a slick bottom.
- **Be aware of your surroundings.** It's great to enjoy the fresh air while outside, but pay attention to your surroundings because unexpected things can happen. Sometimes you need to be able to react fast.
- **Enroll your dog in obedience training.** Training will teach your dog basic commands and expected behaviors, hopefully improving your control while the dog is leashed.
- **Choose the breed and the dog carefully.** Consider your lifestyle and any physical challenges you have when choosing a dog. The energy level and personality of the individual dog are other factors to take into account.

Choose Plant-Based Protein

Look to plants to get at least some of the protein your body needs.

Temporary disruptions in the food supply, especially red meat, may have forced some people to look for other protein sources. Cleveland Clinic dietitian Kristin Kirkpatrick, MS, RD sees this as a potential opportunity. “Some alternative proteins are better for us in the long run,” she says.

Quality Protein

“We need to get beyond the misconception that if you want quality protein it has to come from an animal,” says Kirkpatrick. Populations that consume primarily plant-based diets have longer life spans and fewer chronic diseases.

It’s important to have protein in your diet. Older adults especially need to consume adequate amounts of protein to prevent losing muscle mass. But excess meat consumption can have adverse health effects.

If you’re looking for ways to get more plant-based protein into your diet, here are some suggestions from Kirkpatrick.

Legumes

There are many options to replace your favorite cuts of meat. What you choose depends on your preferences and your lifestyle. Legumes, which include beans, peas, chickpeas, lentils, soybeans and peanuts, are high in protein.

“Soy is an amazing complete protein,” says Kirkpatrick. It comes in blocks of tofu or the firmer and chewier tempeh. It can be somewhat bland, but it picks up the flavors of any sauces or seasonings added to it.

There have been some health concerns about excess soy consumption. However, research shows that

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ZESTY BLACK BEAN BURGERS

INGREDIENTS

1 15-oz can black beans, drained and rinsed
 1 14.5-oz can tomatoes with zesty mild chilies
 1 garlic clove, minced, or 1 tsp garlic powder
 1 tsp onion powder
 2 green onions, chopped
 1 cup chopped carrots
 1 cup cilantro or parsley
 2 cups old-fashioned rolled oats

DIRECTIONS:

Preheat oven to 400°F. Process the first seven ingredients in a food processor until blended. Add to oats and stir. Form into patties, put on a baking sheet, and bake for 8 minutes. Turn oven up and broil about 2 more minutes, until tops are nicely browned. (You can also fry the burgers in a nonstick pan until both sides are browned, or grill on the barbecue.) Serve on whole-grain burger buns with lettuce, tomato, onion, mustard, ketchup, or hummus.

Servings: 6. **Per Serving:** 180 calories, 2.5 g total fat, 0 g sat fat, 7 g protein, 32 g carbs, 6 g fiber, 4 g sugar, 240 mg sodium (g=grams; mg=milligrams, sat fat=saturated fat, carbs=carbohydrates).

both soy and soy milk are safe at one to two servings per day. “It’s been shown in Asian cultures to be incredibly healthy,” says Kirkpatrick.

You can start adding more plant-based protein slowly. For example, eat more hummus, which is traditionally made with chickpeas but can be made with other legumes. Peanuts are also protein-packed legumes.

If you want something to put on the grill, try making your own

bean-based burger. It’s really simple. Mash some beans with some oats and add a little olive oil and some spices. “You can make burgers out of any beans or lentils,” says Kirkpatrick. Quinoa, which is another plant-based source of protein, can also be used as the base of a burger.


Plant-Based Burgers

If you want a burger that tastes more like meat, you might try one of the newer plant-based meats, such as Beyond Meat® and Impossible Burger™. These products are meant to smell, taste and cook more like meat.

The exact ingredients depend on the product. Protein comes from soy, peas, beans and brown rice. Fat content is coconut, sunflower and canola oil. They also contain potato starch and a plant fiber derivative. Beyond Meat adds beet juice, apple extract and natural flavors. Impossible meat products contain heme, an iron-rich compound that makes the burger “bleed.” It occurs naturally in both meat and plants.

There is some controversy about the plant-based meats. They are highly processed and contain sodium, which meat does not naturally contain. Nutritionists generally recommend eating more whole, unprocessed foods.

“I’m in the middle on this one,” says Kirkpatrick. They have not been available long enough to be extensively studied. “They really could benefit the environment and our health, especially if people eat this instead of red meat,” she says.

If you love meat, you don’t necessarily have to give it up completely. Kirkpatrick recommends moderation. And when you do eat it, go for higher quality, grass-fed beef or an alternative like bison meat. These may be more expensive, but you’re not having it as often. 

Surgery for Bunions

Surgery may be the next step after conservative treatments for a painful bunion have failed.

Bunions are very common. They can be annoying and painful, but they usually can be managed without surgery. Sometimes surgery is needed.

A bunion is a bony bump at the side of the big toe joint. It occurs when the big toe bends toward the second toe. Formation of a bunion is a slow process.

Who Gets Bunions?

Biomechanical problems such as having flat feet or reduced range of motion in the ankle can lead to bunions. Heredity also plays a role.

Bunions occur more frequently in women, likely due to wearing ill-fitting or high-heeled shoes. Medical conditions such as rheumatoid arthritis and psoriatic arthritis can raise your risk for developing bunions. “These forms of inflammatory arthritis can weaken the supportive structures around the joint, and that can lead to the development of the deformity,” explains Cleveland Clinic podiatrist Patrick McKee, DPM.

“Pain is the main symptom of a bunion,” says Dr. McKee. Pain is typically caused by pressure on the bony bump from rubbing on the shoe. Bunions can also cause walking difficulties.

Treating Bunions

Bunions are first treated with non-surgical measures, such as wearing properly fitted shoes with a wide toe box and use of bunion pads. “Conservative measures do not reverse a bunion, but they can control the symptoms,” says Dr. McKee. Taking pain medication such as

acetaminophen (Tylenol) or a nonsteroidal anti-inflammatory drug (NSAID), such as ibuprofen (Advil®, Motrin®) or naproxen (Aleve®), may help

If symptoms persist despite these measures, surgery may be the next step. “If a bunion is affecting your quality of life and you can’t do the activities that you need or like to be doing, then we may consider surgery,” says Dr. McKee. There are potential risks with surgical treatment, so this is reserved for people with moderate to severe pain.

Surgical Options

There are several different procedures to correct bunions. You and your doctor will decide which one is best for you. “We look at it on a case-by-case basis and consider a number of factors,” says Dr. McKee.

An important factor to consider is whether to preserve the joint function. Two common surgeries are osteotomy and arthrodesis. An osteotomy preserves joint function. During osteotomy, the protruding toe bone is cut and repositioned using metal pins or screws. “With an osteotomy, there’s a risk of bunion recurrence,” says Dr. McKee.

If you have a severe bunion, arthritis or an unsuccessful previous surgery, your doctor may recommend joint fusion (arthrodesis).

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What You Need to Know

- A bunion occurs when the big toe bends toward the second toe.
- Nonsurgical treatment options include properly fitted shoes, shoe inserts and padding.
- Surgery may be considered if the symptoms are not controlled by nonsurgical measures.
- Osteotomy involves cutting and repositioning the toe bone.
- Fusing the bones is sometimes done to correct more severe deformities or an arthritic joint.
- Most people have recovered by eight to 12 weeks after surgery.

“This is more effective for correcting large deformities, and it also eliminates arthritis,” says Dr. McKee.

With arthrodesis, metal plates and screws are used to fuse the two bones at the deformed joint. “There’s no motion after joint fusion, and that could impact certain activities,” explains Dr. McKee. People with a fused big toe joint can still walk but would have trouble squatting or wearing high heels.

Generally, bunion surgeries are outpatient procedures performed using sedation and local nerve blocks. There is a small risk for infection, nerve injury, recurrence or failure of the bone to fully heal.

Recovery depends on the type of surgery performed. At first, your foot will be in a soft bandage or a cast. You can’t bear weight on that foot initially. Full recovery occurs within eight to 12 weeks. [Aa](#)

HA Injections ... from page 1

reflect the type of patient for whom the injections would be most appropriate. In his experience, hyaluronic acid injections work best for active people with early arthritis.

“Hyaluronic acid injections don’t work for severe osteoarthritis,” says Dr. Bergfeld. “That’s when you need a corticosteroid injection or knee replacement.”

Dr. Bergfeld does not use hyaluronic acid injections as a first option. When symptoms, a physical examination and X-rays indicate early arthritic changes, the first steps are weight loss for people who are overweight, exercise and judicious use of nonsteroidal anti-inflammatory drugs (NSAIDs) or acetaminophen (Tylenol®).

The types of exercise matter. “Many people don’t exercise properly,” says Dr. Bergfeld. A physical therapist can guide you. “If you are still having trouble after four or five months, my next step is a hyaluronic acid injection,” he says.

What to Expect

Hyaluronic acid injections do not reverse cartilage damage, and they don’t cure arthritis. They can ease symptoms. Dr. Bergfeld notes that they don’t work for everyone. If they do help, the effect usually lasts six months or more. After six months, the injections can be repeated. There’s no limit to the number of injections that can be given.

The most common side effects of hyaluronic acid injections are mild swelling, soreness and stiffness around the joint. These usually go away within a few days. Rare side effects include infection and bleeding.

If a hyaluronic acid injection doesn’t help, Dr. Bergfeld

will try a corticosteroid injection. Corticosteroids, which are powerful anti-inflammatory drugs, tend to provide quicker relief (within a few days), but the effect may not last as long. It may last a few weeks to a few months. Repeated use of corticosteroids may damage cartilage. Therefore, there is a limit to the number of corticosteroid injections that can be given.

Not all insurers cover hyaluronic acid injections. Medicare and Medicaid pay for them, but some private insurers do not. Medicare will pay for the injection every six months. Check with your insurance provider to find out the details of your own policy.

Different Opinions


While the ACR and the American Academy of Orthopaedic Surgeons have reservations about hyaluronic acid injections and don’t recommend them, the American Medical Society for Sports Medicine does recommend them for appropriate patients with knee osteoarthritis.

The conflicting advice can be confusing. Guidelines are written based on a review of available

evidence. So far, studies that combine results from several studies (called meta-analyses) have not conclusively shown a significant benefit of hyaluronic acid injections.

However, the scientific literature continues to evolve and change as new studies are performed. In the case of hyaluronic acid injections, there is limited data that addresses which patients are likely to have the best response based on factors such as age and severity of osteoarthritis. Dr. Bergfeld would like to see more research that focuses on identifying which patients are more likely to have a good response to hyaluronic acid injections.

Guidelines are helpful for doctors, but they are not rules that must be followed. Instead, they are meant to provide guidance to doctors, who use them along with their own clinical judgment to make treatment decisions for individual patients. Doctors take into account a range of factors in making decisions.

If you are thinking about hyaluronic acid injections, talk to your doctor about whether it makes sense to try them based on your particular situation. 

HA INJECTION PROCEDURE

Hyaluronic acid injections are FDA-approved only for osteoarthritis in the knee. The injection is done in a doctor’s office. There are several products on the



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market. Some are given as a single injection, while others involve a series of one injection per week for two to five weeks.

If the knee is swollen, the doctor may drain some fluid before doing the injection. The injection will work better if not diluted in a large volume of joint fluid. The logistics vary from physician to physician and also depend on which product

is used. With all the products, symptom relief generally does not occur right away. It often takes three to four weeks after the first injection to feel the full effect.



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ASK THE DOCTORS

Topical NSAIDs.....Knee surgery

Q The articles on guidelines for treating osteoarthritis say that NSAIDs should not be used for long periods of time due to possible side effects. Is this true for the topical gel too?

A Nonsteroidal anti-inflammatory drugs (NSAIDs) can be effective for reducing inflammation and relieving pain of osteoarthritis. They are available as pills and a gel that you rub onto the skin. You can buy nonprescription NSAIDs, such as ibuprofen (Advil®, Motrin®) and naproxen (Aleve®). There also are numerous prescription-strength NSAIDs. The topical NSAID is diclofenac (Voltaren Gel®), which is available only by prescription.

All NSAIDs have potential side effects, especially for older adults. These include gastrointestinal ulcers and bleeding, as well as milder stomach upset. There is a small increased risk of heart attack and stroke with NSAIDs. NSAIDs can raise blood pressure, especially when used for long periods of time. In addition, NSAIDs can cause problems for the kidneys. The risk for many side effects increases with duration of treatment, which is the reason they should be taken for as short a time as possible. Some people with severe arthritis need long-term therapy. They will be closely monitored.

There may be less risk with the topical gel because it is rubbed onto the skin. The level of the drug entering the bloodstream is much lower. In general, the topical NSAID is most effective for painful joints that are close to the surface, such as the knee, hand and elbow. They are less effective for the deeper joints, such as the shoulder and hip.

There are risks with all medications, but there also are benefits. It's best to talk to your doctor to decide which medication is likely to work best with the fewest possible side effects.

Q I have knee osteoarthritis. I've had three cortisone shots and radio-frequency ablation. All of them have worked, but provide only temporary relief. Should I consider surgery?

A Surgery for knee osteoarthritis is usually considered only after other measures have failed to adequately relieve pain. These measures include weight loss if overweight, physical therapy, regular exercise, a knee brace and pain medications. If symptoms persist, corticosteroid (cortisone) injections and radiofrequency (RF) ablation are options. RF ablation disrupts pain signals in the knee. These can provide temporary relief.

If pain and stiffness continue and seriously limit your ability to function, it's time to consider surgery. The most common surgery is a total knee replacement, although partial knee replacement may also be an option. With these procedures, an implant made of metal and plastic is inserted to take over the function of the joint. This has a very high success rate for relieving pain.

Knee replacement is an elective surgery, meaning the timing is up to you and your doctor. Many elective surgeries were temporarily halted due to the COVID-19 pandemic. Orthopaedic surgeons will need time to catch up with the backlog of cases. In the meantime, continue the other therapies. RF ablation and cortisone shots can be repeated. Although there is a limit to the number of cortisone shots you can get. [Ad](#)

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