

Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1 VBS	2 9am Nifty Notters
3 8:30am Worship/Communion 11am Worship/Communion 1:30pm Taiwan Lutheran Church 3pm Spirituality Book Group	4 <u>Independence Day</u> 9:30am Parade	5 7am Men's Breakfast & Bible Study 7am Women's Sunrise Spirituality Exploration 10am Meals on Wheels/Loaves & Fishes 7pm Simply in Season Leadership 7pm IT Mtg	6 11am Team Ministry Mtg 1:30pm Prayer Shawl Ministry	7 5pm Foundation Board Mtg 7pm Executive Committee Mtg	8	9 9:30am Clos Enuff Quire
10 8:30am Worship/Communion 11am Worship/Communion 1:30pm Taiwan Lutheran Church 12:30pm Simply in Season Families	11 11am Storytime	12 7am Men's Breakfast & Bible Study 7am Women's Sunrise Spirituality Exploration 2pm Grief Gathering 6pm Simply in Season Small Group 5:30pm M & M Meeting 7pm Finance Meeting	13 11am Team Ministry Mtg 6pm Worship in the Wetlands	14 7pm Council Meeting 7pm Healing Service	15	16 9am Nifty Notters
17 8:30am Worship/Communion 11am Worship/Communion 1:30pm Taiwan Lutheran Church 3pm Creekside Worship	18 11am Storytime	19 7am Men's Breakfast & Bible Study 7am Women's Sunrise Spirituality Exploration	20 11am Team Ministry Mtg 7pm Pedals, Pipes & Popcorn	21	22 Family Campout	23 Family Campout
24 8:30am Worship/Communion 11am Worship/Communion 1:30pm Taiwan Lutheran Church Family Campout	25 11am Storytime	26 7am Men's Breakfast & Bible Study 7am Women's Sunrise Spirituality Exploration 6pm Simply in Season Small Group	27 11am Team Ministry Mtg	28 6:30pm Bras, Bibles & Brews	29	30
31 8:30am Worship/Communion 11am Worship/Communion 1:30pm Taiwan Lutheran Church						

Parish Nurses

OSTEOARTHRITIS

In February I wrote about the difference between osteoporosis and osteoarthritis. I said that people often confuse the terms osteoporosis and osteoarthritis. The only two things these conditions have in common is that they both begin with "osteo" and they are both ailments of the musculoskeletal system. Osteoporosis affects the bones, and osteoarthritis affects the cartilage on the ends of the bones.

There are many types of arthritis including osteoarthritis, rheumatoid arthritis, gouty arthritis, septic arthritis (infection of a joint), and many more. By far, the most common form is osteoarthritis.

This article will focus on osteoarthritis, also known as degenerative arthritis, or degenerative joint disease. All of these terms mean the same thing. As I mentioned in the February Pulse, osteoarthritis is not a disorder of bone; rather it affects the cartilage on the ends of bone. The next time you eat a drumstick, look at the white cartilage on the ends of the chicken bone. We have the same cartilage on our bones. This cartilage acts as a cushion between the bones, and has a smooth surface so our joints can move smoothly. Osteoarthritis occurs when this cartilage wears away. When someone says they have "bone on bone" arthritis, it means there is little to no cartilage cushion left on the ends of the bones in the affected joint.

Osteoarthritis progresses slowly, and is no longer considered to be a normal part of aging, though age is a major risk factor. Osteoarthritis often begins as early as age 30 or 40, but usually does not cause pain until age 50 or 60 or more. I have often had patients who came in to the office with pain in a joint following an injury, and it turned out that the pain is from osteoarthritis the patient did not know they had, rather than from the injury. In other words, they had osteoarthritis that did not become painful until that joint was "tweaked" by the injury.

Symptoms include not only joint pain which is usually provoked by activity, but also joint stiffness following inactivity such as after prolonged sitting or when first arising in the morning. This stiffness usually improves with activity. Another symptom is crepitation, which is a term that describes a grating sensation in the joint with movement. Joint deformities can develop, such as crooked fingers, or knock-knees, or bowlegs.

Osteoarthritis can affect one joint, or several joints. The most commonly affected joints are those of the fingers, spine, hips, and knees.

The cause of osteoarthritis remains unknown. Risk factors include age, genetics, obesity, and lack of regular, moderate exercise. However, strenuous exercise of knees such as quick stops and pivoting in sports, and occupations that require frequent kneeling are linked to osteoarthritis of knees.

Weight-bearing x-rays are more helpful than an MRI in diagnosing osteoarthritis because they show how much cartilage has been lost. Without the weight bearing, it's hard to tell how narrow, or how close to "bone on bone" the joint is. However, the amount of joint narrowing on x-ray does not always correlate with the amount of pain a person has. I have seen many instances where a joint looks terrible on x-ray, but the patient does not have a lot of pain. Conversely, some patients have a lot of pain, but the joint doesn't look bad on x-ray. Treatment is based on pain, not on x-rays.

There is no cure for osteoarthritis. Care focuses on managing pain, preventing disability, and maintaining joint mobility. Resting the joint must be balanced with exercising the joint. Heat and/or cold may help with stiffness. If the patient is overweight, weight loss is essential. Routine, moderate, muscle strengthening exercise improve pain and maintain mobility. Medications include over the counter pain relievers in pill as well as cream/ointment forms, prescription anti-inflammatories, and various joint injections. The last resort is joint replacement surgery, and is not recommended unless pain and immobility interfere with a person's life style.

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*While cartilage is living tissue, it does not have a blood supply, and cannot heal itself. That is why we don't grow more cartilage to replace what wears away. And that is why doctors can't just put new cartilage on the bone to replace what is gone. It won't heal.