

Keeping the Joints Oiled

By Alexander Germanis

Anyone who has seen the *Wizard of Oz* knows about the Tin Woodsman, particularly the awful squeaking sounds produced whenever he had inadequate oil in his joints. Unfortunately, there's a real world analog to that sensation—the kind of pain caused when bare bone scrapes across bare bone due to a lack of cartilage in the joint. Even the thought of it makes one cringe. Fortunately, there's also a real world analog to the oil can: cartilage restoration.

However, just because one might have pain in one's joint does not necessarily translate into a need for cartilage restoration. Dr. Joseph Norris of McLean County Orthopedic, an expert in sports medicine specializing in joint repair, understands the different types of cartilage damage and the variety of procedures that can be utilized to repair, restore, or replace worn or non-existent cartilage.

"When most people talk about a tear to their cartilage," Dr. Nor-

ris explains, "they're talking about a piece of fibro-cartilage called the meniscus that sits between the two bones, as opposed to articular cartilage. The articular cartilage is the cap (like the smooth surface on the end of a chicken bone) that we have on the ends of our bones, on the backs of our kneecaps, on the end of the femur, or end of the shoulder joint. If you have diffuse cartilage wear (cartilage that is absent), that is arthritis, and some of the restoration surgeries may not be ideal."

Indeed, Dr. Norris emphasizes that "every case is so individualized; there are so many factors." Therefore, the best place to start with any joint problem is with a clear, accurate diagnosis by someone who has "all the tools in the arsenal to do it."

Those tools in Dr. Norris' arsenal are as myriad as the joint problems that need fixing. Such tools include: osteochondral allografts, autologous chondrocyte implantations (ACI's), osteochondral autografts, meniscal allograft transplants, osteotomies, microfractures, tibial tubal osteotomies, and the use of glucosamine/chondroitin supplements.

"Each lesion, each injury requires a game plan in its own right," Dr. Norris emphasizes. "The larger ones do deserve ACI's"—a procedure in which some of a patient's cartilage-forming chondrocyte cells are removed, grown in a lab and re-implanted. "Sometimes the bone doesn't look good either and you end up transplanting a fresh allograft. These are grafts of cartilage and bone from people who have died within the last two weeks. A plug of cartilage and bone is removed from the patient and we then insert a plug of cartilage and bone from the donor."

Similar to the allograft, there is the osteochondral autograft in which the patient is the donor and the recipient. A plug is removed from an area not part of the true joint and implanted where it serves an articular function.

For those whose cartilage needs more of a pick-me-up instead of entire replacement, there is the supplement known as glucosamine/chondroitin. According to Dr. Norris, it is the only supplement that has shown to be beneficial in decreasing pain symptoms in an arthritic knee; but even then, one must beware that "nothing reverses degeneration and makes cartilage grow back on the end of bone."

That's what makes cartilage work so important and why it is crucial to get the proper diagnosis, in person, by a doctor who knows what to look for and how to fix it. Dr. Norris adds, "If you break a bone, it can heal. If you tear a ligament, you can make a new one. If you lose your cartilage—you're born with a certain number of cartilage cells and once they're gone, they're gone."

With such a thought, it is all the more reassuring knowing that there are those nearby who know how to get those joints moving again and without the proverbial squeaks.

For more information about joint pain, cartilage restoration, arthroscopic surgery or other orthopedic questions, you may contact Dr. Norris at McLean County Orthopedics, 309-663-646.

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