Health news about young athletes and arthritis

More than 8 million people between the ages of 18 and 44 have been diagnosed with arthritis. Young athletes playing competitive sports are at a greater risk for injuries that can speed up the degeneration of cartilage and bone, which leads to osteoarthritis. The good news is that sports medicine doctors have more options available than ever in treating and managing osteoarthritis in active young adults, with their primary goal to restore optimal joint function to allow their patients to return to their sport.

(PRWEB) August 3, 2005 -- Greenwich, CT and New York (PRWEB) August 3, 2005 Â– While the term osteoarthritis usually conjures images of the elderly and inactive, a surprising number of young, athletic adults are suffering the joint pain and stiffness associated with this degenerative disease. In fact, according to recent statistics from the Centers for Disease Control and Prevention, 8.5 million people between the ages of 18 and 44 report that they have been diagnosed by a doctor with arthritis.

Osteoarthritis is a real hurdle for young, athletic adults who simply aren't ready to give up the sports they love to play, explains Kevin Plancher, M.D., a leading NY-area orthopædist, sports medicine expert and official orthopaedic surgeon of the U.S. Ski and Snowboard teams. Fortunately, the sports medicine community has made good strides recently in helping active young adults with arthritis to stay in the game, he adds.

The Ironic Cause of Osteoarthritis in Athletes
Dr. Plancher notes, The irony about young adults and osteoarthritis is that it is often the sports themselves that either cause or contribute to such an early diagnosis. That's because engaging in highly-competitive sports puts athletes at a greater risk for injuries that can speed up the degeneration of cartilage and bone, which leads to osteoarthritis. The CDC confirms that people who suffer severe joint injuries, such as Anterior Cruciate Ligament (ACL) and meniscus injuries of the knee or Rotator Cuff injuries of the shoulder, are six times more likely to develop osteoarthritis than those who have never suffered such injuries.

Orthopaedists and sports medicine physicians always have two goals in mind when treating joint injuries, Dr. Plancher explains. The first is to attempt to restore optimal joint function in order to allow the patient to return to the sport, he says. The second, equally important aim is to ensure the long-term viability of the joint, so that players can enjoy an active lifestyle for years to come.

High and Low Tech Techniques for Arthritis Management
Recent research is proving that a combination of surgical and palliative techniques may be the most effective approach in treating and managing arthritis in active young adults. One of the most unequivocal findings is that arthroscopic surgery is surpassing both imaging and invasive surgery as the gold standard in the diagnosis and treatment of osteoarthritis.

In a review of data published in the January, 2005 issue of the journal Clinical Sports Medicine, the authors conclude: Arthroscopy remains superior to imaging in the diagnosis of osteoarthritis of the knee, and that minimally-invasive techniques such as arthroscopic lavage and debridement provide benefit in a significant percentage of patients. A similar review on data surrounding shoulder arthroscopy and osteoarthritis, which appears in the April, 2004 issue of the journal Current Opinion in Orthopedics, confirms that Arthroscopic treatment of glenohumeral [shoulder] joint arthritis can offer pain relief and improved...
function with a quicker rehabilitation and fewer complications than joint replacement. And in March 2005, German scientists published a study of 124 patients who had arthroscopic surgery to address osteoarthritis of the ankle. The authors report: "Due to minimal invasiveness and low risk of complications, arthroscopy is recommended for upper ankle osteoarthritis."

In addition to arthroscopy, patients can do a lot to self-manage their osteoarthritis successfully, Dr. Plancher maintains. First, the American College of Sports Medicine's Action Plan for Arthritis encourages sports enthusiasts who struggle with arthritis to engage in low-impact activities, such as yoga or water exercise, in order to maximize the range of motion in the joints, Dr. Plancher explains. This is also helpful as a warm-up, to get fluid into the joints, prior to other sports activities, he adds. Indeed, a study in the February 2005 issue of the journal Arthritis and Rheumatism found that patients with knee osteoarthritis who exercised experienced better physical function for everyday tasks than those who didn't follow their prescribed exercise routines.

Osteoarthritis, like injuries and aging, is a challenge that young adult athletes sometimes must contend with, Dr. Plancher concludes. However, with the right treatment plan and good compliance with self-management techniques that are proven to work, these sports enthusiasts needn't allow arthritis to force them onto the sidelines.

About Dr. Plancher:
Kevin D. Plancher, M.D., M.S., F.A.C.S., F.A.A.O.S, is a leading orthopaedic surgeon and sports medicine expert with extensive practice in knee, shoulder, elbow and hand injuries. Dr. Plancher is an Associate Clinical Professor in Orthopaedics at Albert Einstein College of Medicine in NY. He is on the Editorial Review Board of the Journal of American Academy of Orthopaedic Surgeons and the American Journal of Medicine and Sports.

A graduate of Georgetown University School of Medicine, Dr. Plancher received an M.S. in Physiology and an M.D. from their school of medicine (cum laude). He did his residency at Harvard's combined Orthopaedic program and a Fellowship at the Steadman-Hawkins clinic in Vail, Colorado where he studied shoulder and knee reconstruction. Dr. Plancher continued his relationship with the Clinic for the next six years as a Consultant. Dr. Plancher has been a team physician for over 15 athletic teams, including high school, college and national championship teams. Dr. Plancher is an attending physician at Beth Israel Hospital in New York City and The Stamford Hospital in Stamford, CT and has offices in Manhattan and Greenwich, Connecticut.

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Dr. Plancher lectures extensively domestically and internationally on issues related to Orthopaedic procedures and injury management. During 2001, 2002, 2003, 2004 and 2005 Dr. Plancher was named among the Top Doctors in the New York Metro area and was the New York State Representative for the Council of Delegates to the American Academy of Orthopaedic surgeons. For the past six years Dr. Plancher has received the Order of Merit (Magnum Cum Laude) for distinguished Philanthropy in the Advancement of Orthopaedic Surgery by the Orthopaedic Research and Education Foundation. In 2001, he founded "The Orthopaedic Foundation for Active Lifestyles", a non-profit foundation focused on maintaining and enhancing the physical well-being of active individuals through the development and promotion of research and supporting technologies.

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