

Had I Known Then...

Letters of Self Reflection From Those
Whose Lives Were Changed
by Joint Replacement



EDITED BY

ELLYN SPRAGINS

Editor of *The New York Times* best-seller
What I Know Now®: Letters to My Younger Self®

FEATURING A LETTER FROM
MIKE "COACH K" KRZYZEWSKI
Duke University Men's Basketball Coach

About the Author



Ellyn Spragins is a best-selling author of three books, including “What I Know Now®: Letters to My Younger Self.” She also conducts “Letters to My Younger Self®” leadership seminars and workshops for corporations.

After losing her mother when she was 32, Ellyn found herself asking questions about her mother’s life as she navigated her own. She was curious about how her mother felt during key moments in her life and what her mother might have wished she’d done, with the benefit of hindsight. This personal reflection propelled Ellyn to approach women she admired and respected to get the words of wisdom they wish they had known during pivotal times in their own lives.

Previously, Ellyn was a columnist at *The New York Times*, writing *Love & Money* for the Sunday business section, and Editor-At-Large at *Fortune Small Business*. She was also Vice President of Editorial Development at Oxygen Media and a contributing editor to *Newsweek*. While at *Newsweek*, she won the National Press Club’s Consumer Journalism Award in 1997 and the Clarion Award in 1998.

Ellyn has been an editor at *Smart Money*, *BusinessWeek* and *Inc.*, and a reporter at *Forbes*. She is well-published. Her articles have appeared in national magazines including *O*, *The Oprah Magazine*, *Working Woman*, *Bloomberg Personal*, *Worth*, *The New York Times Sunday Magazine*, *Ladies’ Home Journal* and *Town & Country*.

Ellyn graduated *magna cum laude* with a bachelor’s degree in English and economics from Barnard College, which awarded her the Estelle M. Allison Prize for Excellence in Literature. She lives with her husband, John, and two children in Pennington, New Jersey.

Note: The third-party trademarks used herein are trademarks of their respective owners.

Dedication...

To all who suffer from severe joint pain,
their friends and family members:
May you discover an end to hurting.

To *DePuy Synthes Joint Reconstruction*, my gratitude for
sponsoring this initiative to raise awareness about treating
severe joint pain and for making this booklet possible.

Contents

| | |
|--|----|
| Introduction | 1 |
| Interview with Dr. Steven Barnett | 4 |
| Letters from Patients | 14 |
| Mike “Coach K” Krzyzewski, <i>Basketball Coach</i> | 14 |
| Bonnie, <i>Retired Administrator</i> | 18 |
| Carole, <i>Beauty Esthetician</i> | 21 |
| Lesa, <i>Dairy Farmer</i> | 24 |
| Larry, <i>High School Intervention Specialist and Tennis Coach</i> | 28 |
| Diane, <i>Nurse</i> | 31 |
| Bob, <i>Chemist and Business Owner</i> | 35 |
| Reader’s Guide | 39 |
| Additional Resources | 41 |

Introduction

Hello there,

It may seem odd to discover an established author as the writer and co-creator of a booklet on joint health. Certainly, this is not a project that I foresaw for myself. And yet, I was drawn to it for several reasons.

First, I have devoted nearly a decade to helping people discover their inner wisdom and sharing it with others. My technique is simple: I collaborate with someone on writing a letter to their younger self at a time when they faced difficulty or an obstacle. The letter contains a message or information that might have helped the younger self navigate through that daunting period.

This turns out to be extremely effective in revealing a key piece of a person's inner journey, as opposed to the outer story that we usually see. The resulting letters are moving and resonant for readers. Yet, despite working with hundreds of women and men on letters to their younger selves (in my books and corporate seminars), I have found very few people who chose to advise their younger self about their health. Still, I thought, wouldn't it be incredibly helpful to know more about how we might safeguard and enhance our physical condition from people who have faced the health challenges that may lie ahead of us? And for those living with the impairment that severe joint pain can cause, wouldn't it be an enormous consolation to know that they are not alone—and that there is a solution?

I was also interested in creating this booklet because joint replacement isn't just an abstract topic in my family. My father, a West Point graduate and Army Ranger, spent a lot of time as a soldier jumping out of airplanes and landing on his right hip before rolling on the ground and gathering up his parachute. In 1982, he had hip replacement surgery. He was 61 years old. He is now 89, and for the last 28 years he has led an enviably active life, even

INTRODUCTION

skiing and taking bike trips well into his eighties. To this day he goes to the gym five mornings a week.

What you'll read here is meant to give you both a professional and personal perspective on joint pain and what can be done about it. After all, few of us make a decision about having surgery based purely on medical opinion—or for that matter, based purely on our personal feelings and circumstances. So, you'll read my interview with orthopaedic surgeon Dr. Steven Barnett, which is easy to follow and illuminates what is happening inside those sore knees or hips, as well as the mechanics of joint replacement. And you'll also be able to “meet” several men and women who have undergone hip or knee replacement surgery and written a letter to their younger selves containing the advice and information they wish they'd known.

What you may learn, as I did, is that our physicality is intimately tied to our emotional well-being. Even the chronic pain that we believe we have adjusted to can take a toll on our ability to do our jobs and pursue activities we love—it also erodes our happiness, relationships and, sometimes, our sense of who we are. Thanks to the people who shared their stories with me, I also learned that pain sufferers can educate themselves in partnership with an orthopaedic surgeon and take action to find a solution that's right for them so that they may return to the activities they love.

Ellyn Spragins



Dr. Steven Barnett is a board certified orthopaedic surgeon with a practice specializing in Joint Replacement and Adult Reconstructive Surgery for arthritic conditions. He is a general partner of Orthopaedic Specialty Institute in Orange County, California. Dr. Barnett is involved in community and physician education and has presented at numerous conferences nationally on arthritis and new advances in joint replacement techniques. He has published multiple articles in professional orthopaedic journals, and is a member of the American Academy of Orthopaedic Surgeons, the California Orthopaedic Association and the Western Orthopaedic Association.

Ellyn Spragins interviews Dr. Steven Barnett

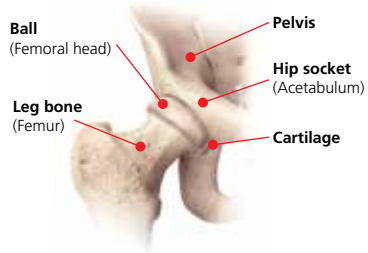
When I was asked to create a book that would highlight the journeys of those with a hip or knee replacement I did not realize that so many Americans—one in five—develop osteoarthritis (OA), a disease that over time can break down the cartilage around the hip and knee joints, sometimes necessitating treatment, or even joint replacement.ⁱ In fact, I didn't know that arthritis is the leading cause of disability in the United States and that a majority of people diagnosed with arthritis are under the age of 65.ⁱⁱ

To gain some additional perspective on the significant impact OA can have on everyday life and to answer questions about severe joint pain and treatment options, I spoke with Dr. Steven Barnett.

Ellyn: *Let's start with the hips. I know that the hip joint plays a vital role in movement, but can you tell me more about how this joint works?*

Dr. Barnett: The hip is known as a ball and socket joint. It is made up of two parts—the first is the cup-like socket part of the pelvis and the other is the rounded ball of bone found at the top of the thigh bone, or femur. A smooth material called cartilage covers the ball and lines the socket, allowing the ball to move smoothly within the socket and protecting the thigh bone from rubbing against the hip socket.

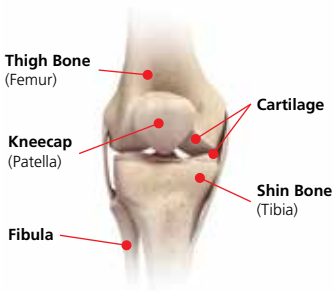
The hip joint plays an important role in movement and maintaining balance. It also supports weight while we are standing, sitting, running or walking.



Ellyn: *OK, so let's talk about knees. I know that they also help with walking and running. Can you tell me more about how the knee joint works?*

Dr. Barnett: The knee is the largest joint in the body. It is a hinge joint and is much more complex than other joints. It not only bends and straightens,

but also rotates and turns as it bends. The knee joint is made up of three individual bones, including the shin bone (tibia), the thigh bone (femur) and the kneecap (patella). Similar to the hip joint, the knee joint is lined with cartilage to protect the bones from rubbing against each other. This cartilage ensures that the joint surfaces can glide easily over one another.



Healthy Hip



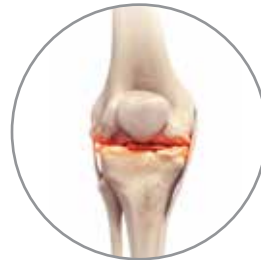
Diseased Hip
(osteoarthritis)



Healthy Knee



Diseased Knee
(osteoarthritis)



Ellyn: *I've heard that hip and knee pain may be caused by osteoarthritis (OA). What exactly is OA and what is it doing to the hip and knee joints?*

Dr. Barnett: You're right, severe hip and knee pain may be a result of OA, which is the most common form of arthritis. OA is still not completely understood and there is no cure. It is a degenerative condition that may slow with early treatment, but affected joints generally continue to get worse. OA occurs when the cartilage covering the bones wears down over time. When this happens, eventually a bone rubs against another bone, which results in pain and reduced motion. In time, even the simplest activities, like climbing a flight of stairs, getting in and out of a car, or walking can cause severe discomfort.ⁱⁱⁱ

Ellyn: *It sounds like people need to be aware of OA. What causes this disease and what are the common symptoms?*

Dr. Barnett: That's right, it's important to be aware of OA because it does affect so many people and can keep people from doing the things they love. The cause of OA is mostly unknown, but some of the risk factors include family history, aging, weight, joint injury or overuse, nerve injury or lack of physical activity. In my practice, I've heard patients say they have symptoms like pain or stiffness in their joints, a "catching" sensation during joint movement, difficulty going up and down stairs and groin pain. Typically, symptoms begin to appear after age 40 and progress slowly.ⁱⁱⁱ

Ellyn: *How do you diagnose OA?*

Dr. Barnett: It's important for people experiencing severe hip or knee pain to talk with an orthopaedic surgeon. An OA diagnosis is typically based on a number of things: medical history, physical examination, X-rays, MRI, and/or laboratory tests.ⁱⁱⁱ

Ellyn: *What are some of the treatment options for OA?*

Dr. Barnett: Treatment for OA varies based on the symptoms. We can sometimes manage mild to moderate joint pain, stiffness, and swelling with various non-surgical options such as weight control and exercise, over-the-counter treatments, prescription medications, dietary supplements and physical therapy.ⁱⁱⁱ

Another non-surgical option to help relieve pain and swelling in the knee is a hyaluronic acid injection. The body naturally produces high amounts of hyaluronan in the joint tissues and the synovial fluid that fills the joint. Hyaluronan acts like a lubricant and a shock absorber in the joint, so it is needed for the joint to work properly. When someone suffers from OA, there may not be enough natural hyaluronan in the joint. Hyaluronic acid injections help to restore the lubrication and shock absorption to the osteoarthritic knee.

However, if OA has progressed to the point where bone is rubbing against bone, hip or knee replacement to replace the damaged bone and cartilage can be an effective option to help relieve pain, improve mobility and allow people to return to doing the activities they love.^{iv}

Ellyn: *What should people keep in mind before deciding if joint replacement is the right option for them?*

Dr. Barnett: Only an orthopaedic surgeon can help people decide if joint replacement surgery is the appropriate treatment for them. An orthopaedic surgeon will assess the patient's situation and discuss the various treatment options available. He or she will also explain the risks and benefits so that the patient, along with the orthopaedic surgeon, can make a decision about the future course of treatment. Another factor that a person with OA should keep in mind prior to surgery is how well he or she is functioning before surgery. Joint replacement surgery is elective and its advisability really depends on the degree to which the patient's arthritis is impacting his or her quality of life. Only when this becomes unacceptable should that patient proceed surgically.

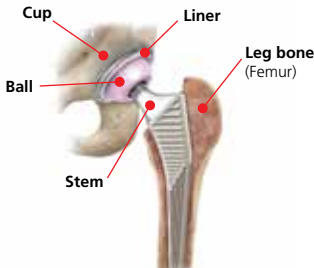
Ellyn: *Can putting off joint surgery hurt someone in the long run?*

Dr. Barnett: Every year more than 600,000 knee replacement surgeries and 270,000 hip replacement surgeries are performed in the U.S.^{v,vi} Even though many people undergo joint replacement surgery, we still see too many people continuing to put off surgery in hopes that it will get better. As a matter of fact, one study found that people who experience hip and knee pain wait, on average, seven to 11 years before seeking joint replacement surgery.^{vii}

The impact of OA will only get worse over time. Many people delay joint replacement surgery because they are afraid, don't have the right information or don't understand their treatment options. I've seen people live with the physical pain, stiffness and reduced movement that limit the activities they enjoy. It doesn't have to be that way.

Ellyn: *I think I have a good understanding of the considerations before choosing surgery. Can you take me through what happens during the actual hip replacement procedure?*

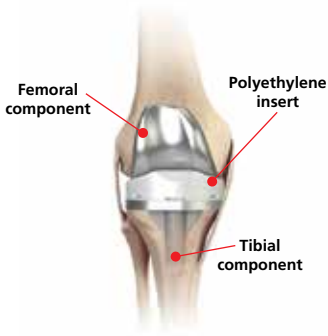
Dr. Barnett: The surgeon begins by making an incision in the skin to access the ball and socket joint of the hip, which are surrounded by layers of muscle and fibrous tissue. The surgeon will then remove the arthritic femoral head (ball). Special instruments are then used to shape the hip socket so a metal cup can be inserted. Next, the surgeon shapes the top of the femur (thigh bone) so a femoral stem can be inserted down the hollowed out bone. This stem can be attached inside the femur with or without bone cement. After the implants are placed, a prosthetic head (ball) is placed on the top of the stem and then into the metal cup to complete the procedure.



Cup
Liner
Ball
Stem
Leg bone (Femur)

Ellyn: *OK, could you explain what happens during knee replacement surgery?*

Dr. Barnett: Knee replacement surgery involves removing the layer of arthritic bone on the bottom end of the femur (thigh bone) and the top end of the tibia (shin bone) and covering the ends of these bones with new metal implants. The implants are then placed over the ends of the femur and tibia and attached to the bone with or without bone cement. The surgeon will check to ensure the leg is perfectly straight after the implants are in place. Next, a plastic liner is inserted to provide a cushion between the two metal implants. This liner is made



Femoral component
Polyethylene insert
Tibial component

out of polyethylene. Surgeons may also replace your kneecap, or patella, if needed.

Ellyn: *How old does a person need to be before having joint replacement surgery?*

Dr. Barnett: Joint replacement is generally related to need, not age. Total joint replacement is considered to be an effective procedure that can help people resume an active lifestyle.

Ellyn: *What are some advances in hip replacement surgery?*

Dr. Barnett: Over time surgeons have refined surgical approaches to the hip in an effort to minimize post-operative discomfort and make the procedure easier for patients to tolerate. As a result, there are numerous less-invasive techniques utilized today in hip replacement surgery.

One such technique is the direct Anterior Approach. This approach allows the orthopaedic surgeon to enter the hip joint from the anterior (front) of the thigh and work between muscles and tissue without cutting or detaching them from either the hip or thigh bone.

In my experience, patients who undergo the Anterior Approach typically experience less pain and have fewer restrictions following surgery. This, in turn, can lead to a more expedited recovery process and shorter time to functional independence.^{viii, ix, x, xi}

Only an orthopaedic surgeon can determine if a specific approach is appropriate for an individual patient.

Ellyn: *What are some advances in knee replacement surgery?*

Dr. Barnett: A new advancement in total knee replacement includes the development and use of personalized surgical instruments. Prior to surgery, patients undergo a 3-D imaging procedure to generate personalized instruments specifically designed for the patient's knee. These instruments then assist

the surgeon in knee alignment at the time of the actual surgical procedure. Obtaining neutral knee alignment is critical in the long-term success of knee replacement surgery.

Think of it like this: If you don't get an alignment on your car after putting on new tires, you'll eventually see uneven wear and tear, possibly even tire failure. The same idea applies to a knee replacement. As a result, techniques such as computer-assisted navigation have been developed to achieve alignment during surgery.

It's important for patients to talk to their orthopaedic surgeon about what surgical approaches and other advances may be right for them.

Ellyn: *What are some possible complications of joint replacement surgery?*

Dr. Barnett: Some possible complications of joint replacement surgery include: deep-vein thrombosis, infection, component malposition, dislocation, leg length discrepancy, component loosening, failure to eliminate all pain, bone fracture and tissue reaction. If a patient experiences any of these complications, the surgeon should be contacted immediately.

IMPORTANT SAFETY INFORMATION

The performance of hip or knee replacements depends on a patient's age, weight, activity level and other factors. There are potential risks and recovery takes time. People with conditions limiting rehabilitation should not have these surgeries. Only an orthopaedic surgeon can determine if hip or knee replacement is necessary based on an individual patient's condition.

REFERENCES

- ⁱ Arthritis Foundation. Arthritis Prevalence: A Nation in Pain. http://www.arthritis.org/media/newsroom/Arthritis_Prevalence_Fact_Sheet_5-31-11.pdf. Accessed April, 2012.
- ⁱⁱ Reference: MMWR 2006; 55(40): 1089-1092 [data source 2003-2005 NHIS].
- ⁱⁱⁱ Arthritis Foundation. Osteoarthritis Fact Sheet. http://www.arthritis.org/media/newsroom/Osteoarthritis_Fact_Sheet_from_AF-Final_12-10-09.pdf. Accessed April, 2012.
- ^{iv} American Association of Orthopaedic Surgeons. Preparing for Joint Replacement Surgery. <http://orthoinfo.aaos.org/topic.cfm?topic=A00220>. Accessed April, 2012.
- ^v American Association of Orthopaedic Surgeons. Total Knee Replacement – Your Orthopaedic Connection. <http://orthoinfo.aaos.org/topic.cfm?topic=a00389>. Accessed April, 2012.
- ^{vi} Thomas Healthcare. Market Scan Research Data, 2007.
- ^{vii} DePuy Hip: A&U/Segmentation. Final Report January 2008. Data on file.
- ^{viii} *DePuy Synthes Joint Reconstruction*. Anterior Approach Surgery. <http://www.hipreplacement.com>.
- ^{ix} Patrick F. Bergin, MD et al. “Comparison of Minimally Invasive Direct Anterior Versus Posterior Total Hip Arthroplasty Based on Inflammation and Muscle Damage Markers.” *Journal of Bone and Joint Surgery*. 2011. 93:1392-8.
- ^x Joel M. Matta, MD Inc. and Robert E. Klenck, MD Inc. Hip and Pelvis Institute at St. Johns Health Center. “Anterior Approach: Total Hip Replacement.” http://www.hipandpelvis.com/patient_education/totalhip/intro.html. Accessed April, 2012.
- ^{xi} Joel M. Matta, MD et al. “Single-incision Anterior Approach for Total Hip Arthroplasty on an Orthopaedic Table.” *Clinical Orthopaedics and Related Research*. 2005. 441:115-124.

The image features a torn piece of light-colored, textured paper against a blue, marbled background. The word "Letters" is printed in a dark, serif font on the paper.

Letters



Coach K

Basketball Coach

"A leader's responsibility is to be at his best: physically, emotionally and intellectually."

As a husband, father of three and grandfather of eight, Mike "Coach K" Krzyzewski knows all about family. Whether it's mentoring his daughters through their teenage years or helping his grandchildren build sand castles, he's earned his title as "dad" and "poppy."

But his offspring aren't the only people whose lives he has shaped. As the head coach of the Duke University men's basketball team for more than 30 years, Coach K has inspired hundreds of young men through challenges on and off the court. His leadership and profound connection with each player has not only made him the winningest coach in the history of NCAA

Division I Basketball, but also enabled Coach K, a West Point graduate, to forge gold-medal-winning teams out of professional U.S. players at the 2008 and 2012 Summer Olympics.

You can't put together a record like that without being a disciplined leader. But, as Coach K discovered in 1998, at age 51, discipline can work against you. That was the year he began to feel groin pain. Rather than get it checked out, however, he lived with it because of a lifelong habit of determination.

"I usually work through pain. I thought it would go away," Coach K explains. It didn't. It wasn't until just before September recruiting season and October practices that he consulted a doctor and was surprised to discover that the groin pain stemmed from osteoarthritis in his deteriorating left hip. The doctor suggested a hip replacement and showed him an artificial joint. "It seemed inconceivable to me that I would have a foreign object in my body...I was afraid of having that done," Coach K admits.

Delaying surgery, though, was a decision he now regrets. At the time, he was working with a potential national championship team—one he considered to be one of the best in the country. As the season progressed, however, Coach K's pain grew worse. He was unable to sleep and walked with a limp. He was able to move less and less. During the last few months of the season, he coached during practice from a stool.

He also noticed that his pain was impacting his relationship with his wife and family—people he holds dear to his heart.

Reflecting on that time, Coach K knows that he tried his best—but his best was compromised. He couldn't go on the court to demonstrate. He didn't have the kind of closeness he usually has with his team. "We lost in the national championship and I really feel, in looking back, if I'd had my hip replacement surgery earlier it might have been different. I should have been better at the end of the year than I was," he says.

Two days after the national championship game, he got his left hip replaced. Three years later, in 2002, his doctor told him that his right hip was

also deteriorating. Together they decided it was time to have the second hip replaced and, prior to the procedure, Coach K embarked on a few weeks of pre-rehabilitation strength-training exercises. Following both procedures, he underwent post-surgery rehabilitation to facilitate his recovery.

Today he lifts weights, rides an exercise bike for fitness and enjoys gardening. “You know, I’ve won two national championships, two Olympic Gold Medals and a world championship all on new hips,” Coach K reflects. “At 65, I feel a lot better than when I was 51 and 52.” Here is the letter he wishes he could have received back in the summer of 1998, when the pain in his groin became noticeable.

Letter

Dear Mike,

What is going on with this pain that you’re feeling? You know— that pain that’s bothering you at night?

You don’t understand why it’s there, but you’re not worried. You learned to work through obstacles and tolerate discomfort long ago. Most of the time that fortitude is a strength for a cadet, an officer and a coach. But sometimes your strength turns out to be a weakness. This is one of those times. You’re not Superman, Mike, even though you were kind of taught to be. Be smarter about this pain.

You don’t have much experience with this, so I’ll lay it out for you. If you don’t address the underlying problem soon, the pain you have now will grow into a hydra-headed beast that will steal from you and your team in insidious ways.

A physical presence on the court is the first loss. As you know,

when you're on the court—demonstrating, looking a player in the eye, putting an arm around him—the learning that can take place is phenomenal. Instead of that connection, you'll have distance. During the last few months of the season you'll be sitting on a stool on the sidelines.

Your energy is the next loss. Basically, every day you'll be competing against pain before you ever compete with anything else. You can't be emotional and enthusiastic if you're whipped. It's tough to be confident when you're exhausted. Pain. Lack of movement. Fatigue. Those are extra opponents you'll be fighting every day.

Worst of all, if you decide to live with this pain, you'll fail in your role as a leader. A leader's responsibility is to be at his best: physically, emotionally and intellectually. Right now you think that will be possible. But you don't know how fast your condition can progress. Don't let your strength become a weakness. Tend to this pain and its underlying cause now, so you can be your best on the court and at home for the people who count on you.

*With respect,
Mike*

Bonnie

Retired Administrator

"It's okay to be a little selfish and really start taking care of yourself."



There's hardly a time in her life when 64-year-old Bonnie hasn't battled her weight. She remembers losing 100 pounds in high school, but nevertheless has spent most of her adult life tipping the scales at over 200 pounds.

Bonnie's weight hampered her activities and contributed to knee pain that began in her 50s and eventually resulted in severe osteoarthritis. But even bigger issues have swallowed up Bonnie's focus during the last 13 years. In 1999, her husband, Daryl, was diagnosed with multiple myeloma. During the next eight years, her world revolved around him and his treatment, which included two stem cell transplants. Also during that period, Hurricane Katrina hit New Orleans in 2005 and destroyed the couple's home. Bonnie and her husband rebuilt in Picayune, Mississippi. Daryl died in February of 2007, four months after they moved in.

"It took me a year before I started to ask when am I going to do something about Bonnie. I was starting to eat more. I didn't exercise because I just could not do any physical activity," she says.

But at long last she began to address her needs, first by getting her left knee replaced in 2008—a recommendation which her doctor had made five years earlier when she was 55. Recovery was more difficult because of her weight and weakened muscles. Then she began to lose weight, eventually applying

for and being accepted in 2011 on Season 12 of *The Biggest Loser*. After nine weeks on the show she was eliminated, having lost 77 pounds.

Bonnie was happy with her weight loss, but after experiencing years of pain in her right knee she finally had it replaced. Following surgery, in-home rehabilitation helped Bonnie strengthen her knee. After three weeks, she participated for the very first time in the New Orleans Buddy Walk, a fundraiser for programs serving individuals with Down syndrome. Her extended family had been walking in it for years, in celebration of Brennan, Bonnie's grandson who has Down syndrome. "It was one of the most memorable accomplishments I've experienced," says Bonnie. "To be able to see the joy and happiness on Brennan's face far exceeds what I ever could ask for. I just wish I would have taken care of myself sooner," she says.

In her letter, Bonnie tackles this message, addressing herself at 55, when her doctor first told her that her knees were severely diseased.

Letter

Dear Bonnie,

It's been almost 15 years since you first needed to push with your arms against a desk or a chair in order to stand up. You've been dreading stairs for more than a decade. But now your condition is serious, Bonnie. The doctor has told you that both knees are in bad shape. Your left one is bone rubbing on bone, with no cushion in between.

You know this, of course. When you go out to dinner with your husband and friends, you ask them to give you a few minutes warning before they want to leave the restaurant. It takes you that long to adjust your leg so that you can start walking.

When the fire alarm goes off at work, an event you dread like no

other, no one is allowed to ride the elevators back up to the third floor. That means you've got to haul yourself up, step by step, by pulling on both handrails—blocking the stream of people behind you who are impatient to get back to work. It's mortifying.

And think of when you've tried to climb to the second floor of your home on all fours. How pathetic is that? You assign your three kids chores to do up there but you can't go check if they've been done because it's torture to mount each of those 12 stairs.

You're in pain and you're losing strength. You're suffering. Let me repeat: You are suffering. It bears repeating because Bonnie, you don't consider your own feelings worth your attention, or anyone else's.

I understand why. You were raised to believe that your husband is No. 1. Really, how could you do anything but put your husband first, especially since his diagnosis? It hasn't been about taking care of Bonnie.

Now, though, it is. It should be. It's okay to be a little selfish and really start taking care of yourself. Lose some weight. Strengthen your legs. Get your knees—one after the other—replaced. Your life will be so, so much easier if you act now. If you won't do it for Bonnie (who deserves it) think about your six grandchildren. It could be they'll lose a grandfather. Do you want them to lose their grandmother, too, if you don't look after yourself?

Especially, consider Brennan. What if you could do more than stand on the sidelines cheering during the Buddy Walk in New Orleans? What if you could walk with your entire family during the ½ mile kickoff? That's a thrill no one should have to miss.

*With confidence in what you can do,
Bonnie*

Carole

Beauty Esthetician



"...pay attention to your pain. Honor yourself. Take care of yourself."

For Carole, riding horses through trails on the grounds of the Biltmore, a grand estate in Asheville, North Carolina, is more than a pastime. She practices "natural horsemanship," a way of training and communicating with horses that depends on establishing a strong rapport with the horse rather than using force. "Whatever you are feeling the horse will respond to. He's like an emotional teacher," she explains. "Horses represent a spiritual experience for me because they can mirror your soul."

The first time horses entered Carole's life in a big way was at age 39, when she left her fast-paced life in Los Angeles to become a psychiatric nurse in Santa Fe. She was trying to find herself and riding horses in the mountains helped. Then, a horse accident fractured her entire pelvis when she was 45. She had to give up riding.

By the time Carole was in her early 60s, she had hopscotched from Santa Fe, to Albuquerque, to Tennessee, finally landing in Asheville. She and her husband, Billy, exulted in the region's outdoor activities, hiking and biking together. She also became an esthetician, giving clients beauty treatments

such as facials. “I realized that women don’t love their bodies. They don’t treat themselves as well as they do other people,” she says.

But as she built a business devoted to supporting women’s well-being, her own physical health began to worsen. Her left hip was deteriorating due to severe osteoarthritis. By the time she decided to get it replaced, she walked with a limp. Recovery was hard work, but eventually she was able to begin riding horses again at age 65—“a miracle for me,” she says.

Windwalker, a tricolored Tennessee Walker she bought in 2010, brought tremendous joy back into her life as they rode through trails three times a week with Carole’s friends. Alas, the happiness was short lived. The following year, Carole’s right hip was hurting badly enough that she had to give up biking and hiking with Billy. She also said goodbye to her beloved horseback jaunts with friends.

“I became extremely depressed. My blood pressure went up,” Carole recalls. She began relying heavily on ibuprofen every day. Her posture, which had already been a little bit “crooked” worsened and she began walking with a cane. But she continued to visit Windwalker in the barn. Now 69, Carole is writing to herself at this dejected moment, about two years earlier.

Letter

Dear Carole,

You believe you are losing all the things that are dear to you. Your relationship with your avid mountain-biking husband is strained because you can’t bike and hike together. You’re losing time with your dear friends on horseback. And, this feels so painful; you’re losing the full scope of your relationship with Windwalker.

All of this makes you feel like your soul is shrinking—that soul you’ve worked so hard all your life to expand. You are so very sad.

I'm writing to you at this moment because even now, at this low point in life, there is a lesson here for you. In your life journey, you learned long ago that you never truly liked your self at a deep level. You've changed that in many ways... but there's still a stubborn part that's too tough on yourself. Carole, pay attention to your pain. Honor yourself. Take care of yourself. You've always waited too long to take care of yourself.

Keep these thoughts in mind next time you go to the barn. Because you will have some fantastic luck. You'll meet a nurse there who will tell you about a doctor doing hip replacements using something called the Anterior Approach. Because of him and the research you do on this technique, everything—and I mean everything—will change for you.

Having this surgery will mean you'll be able to walk upright for the first time since before you fractured your pelvis. You'll undergo two weeks of in-home rehabilitation, climbing stairs and practicing how to properly mount your horse. Your recovery will be so smooth that you'll be able to hike in Nicaragua with your husband only 10 weeks after the surgery. And yes, you'll be able to ride horses again just six weeks after surgery.

But the most moving reunion with your equine soulmate will come on the day you leave the hospital. Billy will take you by the barn on the way home. And there Windwalker will be, outside the stall, waiting for you. He'll nuzzle you and sniff you all over. He'll be so happy that he'll lick you, too. And standing there, both of you will know how much joy is ahead.

*Honoring you,
Carole*



Lesa

Dairy Farmer

"Why let life pass you by because of pain that can be fixed?"

Getting up at 3:30 a.m. Milking cows. Driving tractors. Working in the fields as late as 8 or 9 p.m. Farming is definitely not for everyone, but to Lesa, her 1,000 acre farm in the rolling hills of Paducah, Kentucky is heaven. "I wish everyone could grow up on a farm," she says, a wide smile across her face. "I live next door to my mom and dad. I've never considered farming a job. It's just a natural thing for me to do every day."

And these days LeCows Dairy, as Lesa's farm is known, is even more richly endowed. Lesa's 31-year-old daughter, Ellie, has taken on an active role on the farm after a three-year stint at a corporation following college. Because both Lesa and her daughter are married to "city guys" with non-farming careers, girl farmers rule at LeCows.

But it was tennis, not farming that first signaled knee trouble to Lesa. After surgery on her rotator cuff in 2002, she returned to playing tennis. While in the midst of a game she felt a sharp pain in her knee. After going home promptly to rest, she was surprised that her knee pain worsened the next day. She had a torn meniscus, which required arthroscopic surgery. In the process of this surgery, her surgeon discovered that her knee was full of arthritis.

He told her he thought she would have to get it replaced. The idea came as a shock to the 42-year-old farmer. The people she knew who'd gotten joints replaced were in their 60s or 70s, not their 40s. Then Lesa's knee kept getting worse, requiring another arthroscopic surgery.

She finally consulted an orthopaedic surgeon who told her that she was ready for a knee replacement. It was getting harder and harder for her to play tennis and work on the farm. Even so, Lesa waited as months went by, feeling she was just too young to have the surgery.

"It became a chore to get dressed. Then, if I didn't go outside, I'd feel guilty. I was eating more and putting on weight. I didn't feel good about myself anymore," Lesa remembers. In the end she waited a year before getting her knee replaced.

Now 52 and more active than she's ever been on the farm, Lesa is writing to the sad, hurting 42-year-old who thought she was too young to have such surgery.

Letter

Dear Lesa,

I have one question for you: Why let life pass you by because of pain that can be fixed? I know you are shocked that you need a knee replacement at such a young age. I also know what's going through your head when you dread standing on concrete for six hours a day. This pain—maybe it's all in my head. Maybe I'm just a softie. How can I possibly need a new knee at 42?

Lesla, I want you to stop and look at what is happening to you—not just your body, but your whole personality. You are like the kid who lives next door to a playground, but is not allowed to play on it. The farm has been your playground your whole life. Right now, you can see the kids playing but you can't go outside and play.

Your normally sunny disposition is dimming. You're short with people. You feel guilty that your husband, an engineer with a regular day job, and your Dad, who retired from farming a few years ago, must do the work you used to do.

Here's the most important thing you need to know: Your depression is going to get worse if you wait to have the surgery. Not being able to farm will slowly kill the person you have been—and the person you want to be. That's because those activities—the entire beautiful cycle of seasons, cows calving and harvesting grains—fill up your soul completely. It always has.

Losing interest in playing tennis and having lunch with friends will hurt you too. If you keep turning people down, eventually they give up. You'll risk losing your friends. Don't think that you're too young to have the surgery. Think about the fact that there are people

who go through life with pain who don't have the option of getting it fixed. You do.

I won't lie. It hurts. But it's a different kind of pain. Right now, before the surgery, you have a no-hope pain, knowing it's only going to get worse. After the surgery, you'll understand that if you just keep going with your daily exercises, it's going to get better.

In less than a year, you won't even know the difference. Your full life on the farm will return—and competitive doubles tennis. In fact when your other knee turns bum, you won't hesitate to get it replaced.

And one of your greatest fears—that having the surgery so young will doom you to one replacement surgery after another—will fade. Ten years from now you won't notice your knees. When the doctor X-rays your knees to measure how well the replacement joints are holding up, he'll find they're doing great.

*With encouragement,
Your smiling 52-year-old self*

Larry

High School Intervention Specialist and Tennis Coach

"Take the initiative and start to learn about other options."

Larry has earned awards, including the 2002 Naismith College Official of the Year Award, for his exceptional career as an NCAA referee and high school coach. But the award that the 62-year-old considers most life-changing is the Patient of the Month recognition he received from the rehabilitation unit at his local hospital in Virginia. That's because he earned this

honor for his diligence in following an exercise protocol after a total knee replacement—an operation that transformed every part of his life.

"I wish I had known that this procedure could relieve me of so much pain. I'm now able to do things I never thought I'd be able to do again. On a scale of 1 to 10, I had level nine pain. Now I have zero. My life is better now than when I was 55," says Larry.

The problem began when Larry was 21. He tore all four ligaments in his knee while playing college football. When the doctor operated on him, he predicted that Larry would walk with a limp for the rest of his life. The young athlete managed, nevertheless, to build a successful career refereeing basketball games and coaching high school football and tennis while raising five children with his wife, Yvonne.

By his mid-fifties, however, Larry couldn't move well enough to show his high school tennis students examples of what he wanted them to do on the



court. He couldn't bend his knee, which swelled regularly. He could do less and less at home, too. He figured it was just his lot in life, because of that long-ago knee injury. Nothing could be done. Now 62 and a grandfather of eight, here is Larry's letter to himself at 56, when he first began to think he might have to retire from refereeing.

Letter

Dear Larry,

You're lying in bed trying to sleep. But your knee won't let you. It throbs. It pulses with pain, the way a toothache does. The bag of ice you went to bed with has melted. The pain relievers that you took don't work.

How will you live this way? You've tried physical therapy and leg braces. Now the relief you get from cortisone shots is getting shorter. Your limp is getting worse. The next step is staring you in the face. As much as you love your career, you're going to have to stop officiating games. Somehow you're going to have to learn to live with the pain.

There's another way. You believe that nothing can be done for you because of your injury so many years ago, but this is incorrect. Take the initiative and start to learn about other options. At first you'll be completely turned off by the idea of joint replacement. You'll say to yourself, You gotta be crazy. I ain't gonna do it.

Still, keep learning more. If you do, you'll adjust to it. And you'll find out that if you don't do this now, the pain is most likely going to get worse and in a year you'll barely be able to walk on that knee.

You won't be able to stroll with your wife or play golf. You'll have to give up work that you love. Your wife will start to bring you your meals in bed. The laughter that is such a big part of your personality will disappear.

Don't you want to be able to travel? Walk your daughter down the aisle without limping? Play—really play—with your grandkids? And don't you want to be able to sleep through the night again? Larry, if you take this next step you'll be shocked to see that you can work in your flower gardens again. You'll be able to do more things than you could do in the last 30 years and no longer have to sit and wait for your wife to shop in the mall—you'll be able to walk side by side with her and enjoy this time in your life.

You can reclaim your great life.

*Yours truly,
Larry*

Diane

Nurse

"You'll walk without pain. Without swelling. Without burning."

Diane, a nursing supervisor for the Visiting Nurse Service of New York Hospice and Palliative Care in New York City, barely remembers a time in her life when her knee wasn't a concern. As a young teen, her meniscus was damaged while riding an amusement park ride. Not long after, she also tore ligaments in the same knee playing basketball in high school.

From then on, her knee began restricting her life. The first job she had, in her early 20s, was in surgical intensive care at Mt. Sinai Hospital in New York City. She was on her feet 10 hours a day and after three months her knee flared up with swelling and pain. "I had to be on crutches," remembers Diane. "It forced me to change jobs."

In some ways, her inability to pursue athletic leisure activities was worse than job constraints. When Diane lived in Colorado, where she received a master's degree, she was unable to ski. Nor could she ski in Jackson Hole, a skier's paradise, where she and her husband, Gary, had a home for 14 years.

Of course, it wasn't just sports that Diane missed out on—it was also the relationships that flourished during a shared activity. When she and her



husband lived in Portola Valley, south of San Francisco, Diane inaugurated a regular hike up a beautiful nearby hill with four or five other mothers in the neighborhood. The group dubbed Diane “a gazelle,” because she was so nimble.

But by then Diane was in her 40s and the pain in her knee responded to the extra activity. “I quickly got the message that I needed to preserve my knee. I couldn’t hike with them,” she says. The group continued, though, eventually climbing the hill once a week without her. Diane, who now lives in New York City, still has friends in California. But her bonds with the neighborhood hikers weakened once she had to drop out.

“I didn’t make an issue of it. I was brought up that you suck it up and move on. It wasn’t the end of the world. It just meant I had to limit my activities,” she explains.

Still, there came a point when restricting movement and getting cortisone shots—even removal of a bone spur—were not enough. She had a total knee replacement in 2005 and has seen the world open up to her in a whole new way. “My knee is great. With my job, I’m on my feet up to 14 hours a day for three days a week. I’m amazed,” she says.

Her newly expanded physical capabilities have allowed Diane to help the Visiting Nurse Service set up its first Inpatient Hospice Unit in 2011. “Our goal is to be the premier unit in the nation,” she says with pride.

As positive as the outcome has been, there are things Diane wishes she’d known about getting a new knee. Now 62, Diane is writing to her younger self at 55, when she had the knee replacement. The day she left the hospital, she walked without crutches. “I made myself,” Diane remembers. “I’m very strong willed and I have a high tolerance for pain.” Here is her letter to herself at that moment.

Letter

Dear Diane,

I look at your strength as you exit the hospital and I know that you, of all people, will make a success of this new knee. You've restricted your activities and your career for years. You've waited almost your whole life to bring unreserved energy to athletic activities and your work goals. Remember when your hiking buddies used to call you "a gazelle?" The time has finally come for you to be a gazelle again in all parts of your life.

Still, there are a few hurdles that you're not really prepared for. Ironically, one of them is the pain you'll experience in physical therapy. You think you know all about pain, right? But this pain is going to be more difficult than you anticipated. Just remember, it's part of the healing process and won't last forever. And most important: the more effort you put into the therapy the more you'll get out of it.

At the same time, there are limits to how far to push. You'll know when it's too much and when you need to share these concerns with your physical therapist.

Even though you're a nurse, well-versed in so many health issues, educate yourself a little more. Find out what your artificial joint physically looks like. Put your hands on one, if you can, and manipulate it. This will help you later, especially during the next few weeks after surgery when the new knee feels very strange to you. It will feel so strange, in fact, that you're going to go back to the doctor and ask if it's possible that he gave you an extra-large knee. Rest assured he didn't. He'll remind you that your knee joint was collaps-

ing—the cushion between your bones was gone. Your new knee is going to feel different in the beginning, but you will get used to it. And, strange as it sounds, there will be an emotional adjustment too.

The good news is that all of a sudden one day you won't notice your new knee anymore: it will feel like a part of you. And Diane—you have so much to look forward to! Assigned the job of walking one additional block each day, you'll tour the streets of Manhattan during a perfect wonderland of summer beauty. You'll walk without pain. Without swelling. Without burning. You'll sit in Washington Square Park on Wednesdays, listening to a jazz band with a newspaper in your hands and the sun on your face. You'll feel liberated.

This time it will be the splendor of these days, rather than arthritis pain, that will bring tears to your eyes.

*A gazelle once more,
Diane*

Bob

Chemist and Business Owner

"Listen to your body. You're not invincible any more."

Now 57, Bob recently embarked on a surprisingly youthful activity—entrepreneurship. After running an environmental testing laboratory in Atlanta for 20 years under six different owners, he and his business partner bought the lab in July of 2011. Thanks to their experience in a strong niche of the market and an excellent location, their business started making money almost immediately.

This opportunity, on the heels of two successful hip replacement surgeries, has opened up a new vista that would have been hard to imagine a few years ago. "The change in my outlook is like night and day. It's just been tremendous. I had surgery and now I have my own business. It's helped my mood, my productivity. I'm excited about things again," says Bob.

That sense of possibility had been seeping away for much of the last decade after an apparently innocuous touch football injury when Bob was 45. A hurdler, high jumper and pole vaulter in high school and college, he had continued to seek intense workouts as an adult, whether through 10K races, weekly volleyball games or hiking and backpacking. Extreme physicality was simply part of who he was.



Then, during a weekly touch football game in 2000, he pulled a muscle in his right hip. As with a hundred small training discomforts before, Bob, then 45, assumed he'd heal on his own. Instead, "the injury seemed to morph into arthritis," he says. He continued to run and entered a few races, but he gradually became less and less vigorous.

It wasn't until five years later, in 2005, that he consulted a doctor who told him, much to his amazement, that he had osteoarthritis in not one, but both hips and was ready for joint replacement. Bob wasn't interested, despite the chronic pain he felt. "I believed there had to be something better. I couldn't believe here I was in my 50s and needed hip replacement," he remembers.

2005 became 2006, 2007, 2008 and 2009. Bob's reduction in sports activities was so gradual that he didn't quite recognize how much chronic pain was changing his life. But a couple of moments stand out. One was when he and his wife were visiting their daughter at college for her graduation in 2008. He couldn't walk long distances and had to sit on a bench while they strolled around town. "My wife was really good about it. It was painful I think just to watch me try to walk," he says. His wife and family encouraged him to have the surgery, but he resisted.

During the last stage of Bob's resistance, his psychological well-being began to crumble. "There's an emotional toll from being in pain," he explains. "I now understand how chronic pain can wear on you emotionally and get you depressed. I had classic symptoms of anxiety, helplessness, feeling less the master of my world. I just didn't realize how much of it was due to pain."

At last he understood that inactivity and inaction weren't getting him anywhere and he talked to his surgeon. His surgeon told Bob he was a candidate for the Anterior Approach to hip replacement, which is a less invasive procedure that may allow for faster rehabilitation and recovery than the traditional approach to hip replacement.

Bob, who had his right hip replaced in 2010, was putting weight on his leg using crutches the same day as the operation. “I got lucky finding a doctor to do the Anterior Approach. If I had gone to another doctor I might not have even known about it,” he says.

After a recuperation period of five to six weeks, he did not hesitate to have his other hip replaced about a year later. He is still reveling in the freedom to be fully active and without pain. His doctor asked him not to train for marathons, but apart from those limitations, he is free to indulge in most sports, so long as he listens to his body.

Knowing what he knows now, here is what Bob wishes he had understood back in 2005 when he first consulted the doctor and learned he had advanced arthritis.

Letter

Dear Bob,

Listen to your body. You're not invincible anymore.

You've made a practice of discounting your aches and pains. After all, you expect a little pain when you train hard. You've enjoyed pushing your body to the limit ever since you started jumping hurdles and vaulting into the air in high school.

But, here's the thing. It's been a long, long time since you were in high school. And yet, you've continued a fairly active lifestyle: running, touch football, volleyball, backpacking, hiking and camping. Your athletic prowess has always made you feel confident and proud.

There were a few other payoffs to being the guy who once ran 10 miles in training for a race and then later the same day played in an over-40 basketball game. You knew without a doubt that you

were healthy. Exercise was your all-purpose offset. Didn't eat exactly right? No matter. You exercise. Didn't stretch or rest your muscles? Not to worry. Those small injuries heal themselves.

All of that sweat produced a great attitude and lots of joy. But it also allowed you to believe that you were still young, still invincible—not subject to the laws of aging in quite the same way as everyone else. Until you injured yourself at 45 in that touch football game you would have sworn up and down that you don't have osteoarthritis and would never need hip surgery. Even now, after the doctor has just told you that you have severe osteoarthritis in both hips, you're having trouble believing that you need surgery.

Bob, that's called denial. And because of your tremendous—and mostly well-placed—faith in exercise, you will find it incredibly hard to believe that you, yes you, could be deteriorating. But it's true.

Accept it. If you do, you'll be able to sidestep a gradual growing sense of anxiety and helplessness while you wait for some kind of miracle alternative to surgery. You don't have to lose your zest for the things that interest you. You won't have to sit on a bench while your wife and children explore a museum.

The odd thing? Accepting the truth about a weakness in your body will be the first step toward strengthening you—restoring you to yourself. Don't let denial about what is really happening to your body delay you in fixing your hips.

*Not invincible, but back in the game,
Bob*

Reader's Guide

Coping with osteoarthritis and making a decision about joint replacement surgery can be difficult. You've just read the thoughtful reflections of people who have lived life with severe hip or knee pain and learned how joint replacement surgery enabled them to return to a life filled with movement. A key theme of all of the letters was that if they had known then what they know now, they would have taken action sooner.

If you are experiencing severe knee or hip pain that is impacting your life, the questions below can help guide a conversation with an orthopaedic surgeon. If you answer "YES" to THREE OR MORE of the questions, you should consider talking with an orthopaedic surgeon about a treatment option that is right for you.

Questions to Ask Yourself

- Is it painful to perform everyday activities?
- Is your hip or knee pain limiting your participation in activities you enjoy?
- Does your hip or knee pain interfere with your ability to walk?
- Does your hip or knee pain interfere with your sleep or cause you discomfort?
- Has your hip or knee pain forced you to miss any social activities? (e.g., taking a trip, visiting family members or attending a wedding or religious service)
- Does your hip or knee cause you pain or discomfort one or more days per week?
- Would you classify your hip or knee pain as more than mild?

- Are you taking pain medications to manage your hip or knee pain?
- Are your pain medications no longer helping to manage your hip or knee pain?

Questions to Ask Your Orthopaedic Surgeon

- What treatments do you recommend for my arthritis?
- Are there any changes I should make to my diet?
- Would exercise or physical therapy help my arthritis pain?
- What are the benefits and risks of continued use of pain medications?
- What non-surgical options are available to me?
- Am I a good candidate for joint replacement surgery?
- Can hip or knee replacement help provide relief from the pain and stiffness?
- Are there joint replacement options that could be right for me that may reduce recovery time or improve implant performance?
- What are the benefits and risks of hip or knee replacement surgery?
- What can I expect if I delay or choose not to have joint replacement surgery?
- If I choose surgery, when would I be able to resume daily activities?
- What types of physical activities would I be able to engage in after the surgery?
- How long is the recovery process?
- What should I expect from the recovery process?
- What type of time commitment will I need to make to rehabilitation?
- When will I be able to return to work?

Additional Resources

Included below are resources that can provide more information on hip and knee pain, osteoarthritis and joint replacement surgery. These websites include helpful tips such as the following:

- How to prevent and recognize symptoms
- Help with researching treatment options
- Patient videos and stories about joint pain and replacement
- Tools to help locate an orthopaedic surgeon or educational event in your area
- Free information kits

Had I Known Then

www.HadIKnownThen.com

Download a free electronic copy of this booklet and read all of the letters contributed by people with a hip or knee replacement.

Real Life Tested

www.RealLifeTested.com

For people who are motivated to take steps right now to learn about returning to a life filled with movement, visit this website from *DePuy Synthes Joint Reconstruction* to hear the stories of several knee and hip patients.

Arthritis Foundation

www.Arthritis.org

The Arthritis Foundation is the only national not-for-profit organization that supports people living with the more than 100 types of arthritis and related conditions. Founded in 1948, the Arthritis Foundation is

the largest private, not-for-profit contributor to arthritis research in the world, funding more than \$380 million in research grants since 1948. The Arthritis Foundation offers information and tools to help people live a better life with arthritis. Whether it's advice from medical experts to specialized arthritis self-management or exercise classes, the Arthritis Foundation has your solution.

American Academy of Orthopaedic Surgeons (AAOS)

www.AAOS.org

Founded in 1933, the AAOS is the preeminent provider of musculoskeletal education to orthopaedic surgeons and others in the world. AAOS provides the most up-to-date news and information about orthopaedic surgery. Its site contains over 600 articles about fractures, sports injuries, joint replacement, children's orthopaedics, and other topics, and also highlights tips on safety and prevention. AAOS articles are written and peer reviewed by orthopaedic surgeons who are experts in their field.

DePuy Synthes Joint Reconstruction

www.DePuySynthes.com

DePuy Synthes Joint Reconstruction, a global leader in hip, knee and shoulder replacement, is part of DePuy Synthes Companies of Johnson & Johnson, the largest provider of orthopaedic and neurological solutions in the world. Founded in 1895, *DePuy Synthes Joint Reconstruction* was the first commercial orthopaedics company in the U.S., and continues to advance the art and science of hip and knee replacement by helping orthopaedic surgeons improve the mobility for millions of patients around the world. This guide is one of the many ways we are educating those with severe joint pain about their various treatment options. For more information visit, www.depuysynthes.com.

