

JOINT REPLACEMENT RESPONSES FROM READERS

This is the original question in the October issue of Silent Sports.

Are you a skier with a hip or knee replacement? I'm looking for feedback for a future article on skiing with artificial knees and hips. In addition, I'm reaching that stage with my own knees and am wondering what experiences other skiers may have had.

You can send your reply to Silentsports@charterinternet.com.

I'm particularly interested in the following feedback:

1. Was the surgery successful? Any complications?
2. How did you adapt to skiing?
3. Were striding and skating both still an option?
4. Would you have the surgery again?
5. What limitations did you have with other activities?
6. How did the physical therapy go and how did the artificial joint affect your range of motion?
7. Any other thoughts?

These responses were from October through December of 2007. I've highlighted each response as to **KNEE REPLACEMENT or HIP REPLACEMENT** for easier specific access.

KNEE REPLACEMENT

The first response was by phone and maybe the most enthusiastic of all those responding, although as you'll read below, most had very glowing reports. These are the highlights of my conversation with Johnnie Ostberg of Minnesota. Johnnie had been a pro freestyle arial acrobatic skier as well as a competitive water skier... plus he was involved in gymnastics. He had never had any serious injuries, just minor cartilage tears. Then he suffered a cracked femur. The swelling (blood) kept returning despite draining. So, three years ago, he elected knee replacement rather than just repair.

The artificial knee was by Johnson and Johnson. Johnnie now can

Bend it well past 90° and it only gets sore if his heel touches his butt in a fall. But it does not ruin the knee. He can bend his leg so that the calf touches the hamstring, the only limit being scar tissue. His surgeon was Dr. Robert Trousdale, and expert skier himself. Johnnie says they can easily replace the plastic insert when it wears out... like arthroscopic surgery.

He went to Dr. Ed Laskowski, of Mayo, for therapy. Dr. Laskowski is, in addition to being a fitness expert, is a very fit XC skier. As far as rehab: He had surgery in July, and it took a month before he could walk with no aid. Then he began light biking working up to a November 100 mile ride. By January he was back to competing in Alpine.

Johnnie felt that extreme athletes were driving the replacement improvements. They want high level use after injury so they need VERY STRONG implants. While he has gone back to Alpine racing, Johnnie no longer does aerials, as he feels that would be too much for his knee. He has returned to a high level of competitiveness since his surgery.

HIP REPLACEMENT

Lee -

I saw that you are looking to contact skiers who have had hip replacements. I had hip resurfacing in Belgium in November of 2005. I was 45 years old at the time. I had been an avid cross country and downhill skier. I had skied six Birkies but gave it up due to hip pain.

My surgery went well. I didn't have much in the way of physical therapy, other than the PT I received after the operation in Belgium.

I did get back on skis later that winter a few times. I was very careful, and I think that the best advice would be for anybody who does this to wait at least 6 months before skiing again. I'm

able to both stride and skate ski better now because I have a better range of motion and less pain. I don't have any limitations, other than I do try to maintain control a little more than before my surgery, to avoid a major fall. There is some risk of dislocation with hip resurfacing. The risk of dislocation is less than with a full hip replacement. I just ordered new equipment, and may ski the Birnie again. Too bad, I'm sure I've lost my wave standing by now. If you write an article on this, you'll probably want to mention that there are some risks with the surgery, such as infection, dislocation, etc. and not everybody has a great result (but most do). I think that hip resurfacing has a very high satisfaction rate, and those with good results tend to be almost evangelical about the procedure. However, there are risks, and not everybody ends up with a great result.

Randy Andersen

HIP REPLACEMENT

Hello Lee, I am responding to your request on knee and hip surgery. I had a hip replacement in 1998. My quality of life had gone downhill, and my activities were limited. I ran, biked, and skied about 12 races a year. I gave up running because of the pain, mostly when I ran down hill. Biking wasn't too bad, I had difficulty getting on and off the bike. I was able to ski, but needed help getting the skis on and off. After any strenuous activity, I paid the price for a few days. I went to an Orthopedic Surgeon, and he didn't suggest surgery because I was too young. The longevity of hip surgery was 10-15 years. As active as I was, he said I would be back in 7 years. I finally went ahead and had it done. It was the best thing I ever done. I can't run as it is high impact. I can ski and bike without any problem. Classic skiing causes the hip to "bark", so I stick to skating. I have lost a lot of flexibility, but the doctor gave strict instructions to avoid flexing that hip, the problem being dislocation. I was also told not to lift more than 25 pounds. A grocery bag weighs more than that. I have to admit that I have lifted 3-4 times that weight often. After surgery, I was not allowed to put any weight on that hip for 6

weeks. The doctor put a metal rod and ball into the thigh bone, and that needed time to grow tissue around it. The other surgery they do is to cement the rod and ball, but that isn't as good. After 6 weeks, I was allowed partial weight on the hip. The physical therapy was set up for a person twice my age. The doctor then gave me a more aggressive routine. Being in good shape prior surgery makes a big difference. It has been 10 years since the surgery. If I over do it sometimes, I have some discomfort. I am now 69 years old. Sitting for long periods of time, or bouncing around of a stiff road bike can cause some minor discomfort. I am happy with the results, and I would do it again in a heartbeat. You just have to decide if you want to be in constant pain and take Motrin the rest of your life. I hope this will help you. Don't hesitate to contact me if you have any questions.

Regards, Bob Cairns

P.S. After the 12 week recovery period, I rode a 62 mile bike tour.

HIP REPLACEMENT

Hello,

I saw your notice in the magazine.

I had right side hip-replacement in Dec of 2006 and was skiing (striding) on flat terrain in late Feb.

Not only was my surgery great, but the doc straightened out, my right leg alignment which did take some time to adjust to.

My range of motion is better and I have done everything I used to do with exception of blading and running, I plan to use a treadmill through the winter and begin road running in the spring. (much shorter mileage than before)

My biking has actually gotten better also, possibly due to the new alignment.

Since I was in denial for three years about my problem, I slowly had to give up many of my sports and now feel great. Not to mention I can tie my own shoes which within the last month before surgery I was unable to do.

Anyway, instead of rambling any further, I would be glad to help if you have any other needs

Michael.R.Orth

KNEE REPLACEMENT

Hi Lee,

I am writing in response to your last column in Silent Sports requesting information on skiers with replacements. I had a total knee replacement on my right knee in June 2004, and another on my left knee in July of this year. With the first replacement, I was operated on Tuesday, and was home from the hospital on Saturday of the same week. I was 54 years old at that time, and 9 days from the surgery, I climbed onto my bike and did 1/2 mile. I continued to bike throughout the summer, doing the Tour of Shell Lake(10 Miles) on Labor day weekend. I skied that winter, both classic and skating, and was able to do so without pain. I have 140 degrees of bend and minus 5 degrees of extension in the right knee, and very close to the same in the left knee which was replaced this year. I am not a racer, so I cannot speak for those that do, but the only problems I have with the cross country skiing are a psychological fear of falling and destroying the Doctors good work. I had to convince the Dr. that cross country skiing was less stressfull on the joints than walking if you take out the falling part. The only physical problems I have had, come from walking on uneven ground(hunting) and the type of joint they used on me is different than ones for older people, this one is designed for more active younger types. The right knee developed some scar tissue on and under the patella(crepitus) which makes a crunching

sound when I rise from a seated position, and is fairly common with this particular joint. It can be corrected by arthroscopic surgery which I plan on doing next spring after skiing is over. Skating is still a mystery to me after trying for the past 5 years, so I usually go classic unless it is early in the season without enough snow to set track. I'm sure the problem lies with technique, as skating seems to be about 3 times physically harder than classic.

The toughest part about rehabing the leg after the surgery has been getting the muscle tone back, as when the surgery is performed, the Dr.s cut through all the tendons and ligaments, and then re-attach them. Somehow, everything ends up either a little sloppy, or a little too tight, which is where the Physical therapy exercises come into play. They give you back flex and extension, but the actual muscle build up is a much longer process, as your knee will let you know when you over-do it by swelling. This will continue out to 6 months or more after the surgery. The most work getting muscle back seems to be on developing the quads, as the hamstrings want to overpower them, which causes a straightening problem if the PT exercises are not done correctly or for the length of time recommended.

I hope this helps you out, and you can feel free to write back with any questions. I ski the Timberland Hills trail system, and am considering the 58K relay at Mora with some friends of mine.

Jim Cervenka
Treasurer, CASTA

HIP REPLACEMENT

Hi,

In answer to your request, I am attaching what I know about the situation (see below). But, I should add that I had no complications from either of my hip surgeries. Also, after breaking my hip in January, 2001, I did the 80 mile Menominee River Century bike ride, last Sunday in June. Then in August that same

year I did a very demanding ride with Bicycle Adventure Club called " Colorful Parks of Utah and Arizona" and experienced no problems at all (except maybe altitude at Cedar Breaks/ Cedar City) GEEZZZ but no hip problems. And actually, I have never had knee problems.

I hope the following helps.

1st, I will say that I only cross-country skied for my own interest and not ever as a competitor. I broke my right hip in a bicycle accident in 2001. Black ice and before 6 a.m. The ball of the hip was snapped off so they did a complete replacement. I haven't even put the skis on since. And I would be reluctant to do so at this time. I do have that urge to "give it a shot" but I'm still very leery. I'm just so happy that I can bike.

This past January, I had my left hip replaced and that too was a complete replacement as recommended by Dr. Pat Cummings (West Allis Memorial) and also does surgery at Elmbrook Memorial. I mention him because when I went to give blood for my surgery should it be needed, there was a young lady (I say young, probably about 30-31 years old. She asked why I was giving blood and who my doctor was. After answering her she commented : "Oh, wonderful Dr. Cummings. I had total hip replacement two years ago by Dr. Cummings and I can do everything-run, play tennis, everything! I really felt happy for her. She was tall, very pretty and originally from "Hungary". I can't recall her name but I do believe she was a "volunteer" at the blood center in the Southridge Shopping Center.

I should add that I have heard of some people that have had the "less invasive" type surgery and when I had my second hip done, I asked Dr. Pat about that. He explained that the procedure was not new, been around since the early 70's but said the rate of failure was very high. I believe he was concerned about me at my age (I'll be 80 next month). But I am so very thankful that I can still bike, I just recently did a 60 mile ride with no problems whatsoever. I'll say this: I have no problems riding long distances the day I ride them. I have to pay the pauper the next couple

days. And I am not pain-free after cutting the lawn on our small lot here in Hales Corners. (walk behind mower).

I think that because the peddle pressure is in the same direction, no twisting, etc. that accompanies x-country skiing, biking is a lot easier. I do believe that those that have skied and are conditioned for skiing, perhaps have their youth, and maybe the less invasive surgery, they might do very well. Competitively? Who knows? I take no pain medication of any kind. Actually I take no medication of any kind. I'm really very fortunate. I wish I could run. With my type surgery, I could break my femurs. So, this info may not help you very much but for what it's worth, I wanted to tell you my story. My skis are still here and I never did "skate ski", but come this winter, I just might head for Hales Corners Park! Thanks for bearing with me.

George Wolter

HIP REPLACEMENT

Answers to the seven points:

- 1) Bilateral hip resurfacing 10/05 very successful, no complications
- 2) Could not ski before secondary to pain - now I can
- 3) Striding and skating now easier
- 4) Definitely (have surgery again)
- 5) Prior to surgery I was limited in every activity including walking and sleeping, now my only limitation is how long and fast I can run.
- 6) Physical therapy was one day in the hospital, joint surgery increased my range of motion somewhat.
- 7) I practice Emergency Medicine and prior to the surgery had tried multiple other treatment options for DJD and extensively researched multiple different types of joint replacement. I would recommend it for most people who have tried and failed more conservative management.

Steven Klos

HIP REPLACEMENT

Hi Lee,

I had my first hip replacement in 2004 at age 54 and my second in 2006 at 57 after seven years of pain and struggle. While I never resorted to using a cane, I was always happy to ski train and see the ski season when I could lean on the poles quite a bit more than the average skier. On the whole, I think the new technology that has developed recently has made hip replacement the most successful of all the replacement sites. As a single moving joint, large and covered by relatively strong muscle mass (unless degenerated from disuse) the hip is not a piece of cake, but the simplest and most likely to succeed in surgery.

To respond to your questions in the November 2007 issue: I feel my surgeries have been very successful. I've been able to resume skiing and many of the training options I've enjoyed in the past. At 57, my running days are behind me, but I do enjoy hiking, ski striding, "moosehufs", and occasionally the low, "light" bound (all with poles) for uphill effect. After retiring this fall I spent five weeks on the road hiking in the Rockies and Cascade Mountains with weekly hiking episodes of 2+hours. Pain free fun! My biking has picked up, I'm able to rollerski, swim, and strength train. Life is good, in moderation, understanding that the prosthetic (ceramic in my case) can be damaged and has to be kept in the back of your mind. Revisiting the surgical process is not part of my retirement plans. I think the biggest benefit to my replacements has been the weaning away from the ibuprofen bottle. Near the end I was constantly popping pain relief to keep the throbbing at bay. I would panic if I didn't have a "feed" every 2-3 hours. I had to worry about kidney damage. I was depressed at times and grumpy with a "Why me?" attitude. I knew that certain activities would make me pay the price in the future for pain before the event, skiing included. The safe, pain

free option was the butt suckin' LazyBoy. By the way, I had no complications from either of my surgeries.

I had both my surgeries planned for April, after the ski season. This was to bring conclusion to the season, but also to recover during the "dry" ice free time, as my rehab consisted of some in house exercises and walking. June was the first tentative times on the bike and July for rollerskiing, double pole on slow bearings very slowly. On snow, my skiing was also very conservative with striding being favored over skating. I'm much more aware of speed, icy conditions, and hazardous situations as pain is a great teacher. It really seemed to take two years post surgery to recover balance, strength and confidence to return me to a level approximating previous fitness and skill. I still favor classic skiing, but am able to skate and train for both also.

Have surgery again? Best thing I've done for myself physically, outside of skiing itself. My only limitations have been impacting the prosthesis and the joint integrity. Age brings discretion.

Physical therapy may be the achilles heel of the whole process. I'm sure statistics would show younger and younger patient ages as surgical procedures and materials improve. The old adage was "Wait as long as you can." presumably to not outlive the prosthetic and have to redo surgery at an older, more vulnerable age. As such, the literature, videos, and general advice all seemed aimed at the Senior Set, of which I did not feel a member. The rehab seems aimed to get you back to a mall strolling level, not what the average Silent Sports reader had in mind. Surgeons and physical therapists give no guarantee, but I've gotten back to strength and range of motion levels slightly below individuals who have normal joints. No Extreme Yoga, but still stretching and cautious range of motion movements . After my second surgery I demanded a lengthy term with a local PT, who I had a great deal of confidence in, and feel that it went much better than the first and was key to my remaining active. At this time I am able to exceed prescribed limitations without fear of dislocation, although pain that is muscular and normal may be

present.

I'm planning on more skiing than ever now that I'm retired. I am signed up for the Kortie and the 26k Bear Chase classic, and all looks rosy because of the surgery.

Hope I've helped some.

Regards,

Ken Schoville

HIP REPLACEMENT

Hi Lee,

I'm responding to your "Wanted:" call in the latest issue of Silent Sports regarding skiing and artificial body parts. I'm a 63-year old recreational skier (mostly xc(classic) but some downhill) with both hips replaced a couple of years ago. I've done 7 Korties, 1 Birkie, 1 PH12k, and 1 Kortie dnf since 1993 and I'm usually in wave 7-9. The dnf was hip-related and was a real heart-breaker when I realized I couldn't go any farther. My prostheses have titanium/stainless/ceramic and pure ceramic friction surfaces. One is glued in and the other is press-fit (more about this later). Both surgeries were conventional big-incision total hip replacements.

To answer your questions:

Was my surgery successful? Yes, very. Both surgeries involved a hospital stay of 4-5 days which included being up on my feet asap and morning and afternoon pt. I wasn't released until I could negotiate stairs, with crutches, on my own. I had daily visits and evaluation by my surgeon and pain-relief when I wanted it although I didn't need much of this. Post-surgery recovery was different because of the method of attachment - with the glued-in hip, I was able to use a walker almost immediately and with the

press-fit, I was on crutches for 6 weeks. In both cases, it was a week or so before I could manage more than back and forth to the bathroom. I had in-home nurse visits (for cumidin monitoring) and in-home pt for a month during which I was restricted to the house. During this time, I think it's essential to have someone to assist you. In my case, my wonderful wife did yeoman duty for me.

Adopting to skiing post-surgery? Striding and/or skating? Well... This took some time. I knew before my first surgery (Oct '02) that I needed both hips done so my surgeon did a careful job of re-aligning everything which resulted in the repaired leg being 3/4 in longer than the other. I wore a prosthetic shoe until my second surgery in Feb '04 which was Ok for walking, etc. but I couldn't ski correctly. After the second surgery everything was back square and I have had no trouble skiing classically (I never could skate). I suspect that skating may put some different forces on the hips, but my doctor did not mention any restrictions for any sliding-motion exercise (elliptical trainers, in-line skating, etc.). The big issue here is falling. It is easier to dislocate an artificial joint than a real one, especially soon after surgery, and a fall can unleash forces that you would never encounter in regular skiing. This is why almost all orthopedic surgeons discourage downhill skiing. By the way, I can no longer run - something in the new geometry has screwed this up, but surgeons are adamant about not running with artificial hips so, no loss, I guess.

Would I have the surgery again? In a heartbeat. I knew when I woke up in the recovery room after my first surgery that I was better (this with a 10-inch cut in my hip). Without this type of surgery, I would be in a wheelchair by now, crippled with osteoarthritis. That said, use your natural joints 'til they wear out. If you have pain in your knees, but can still function, soldier on.

Limitations? No running, as I said. Nothing that puts undue sideways strain outside the normal range of motion and nothing

that hyperextends the hip forward or back ward (so, no touching your knee with your nose). No straight-line shocks like jumps or falls (no more skydiving). Dislocation or, even worse, loosening of the attachment of the prosthesis is VERY serious. Subsequent repair/replacement can be done but each replacement is more fragile than the preceding one.

Physical therapy? INSIST that your doctor prescribes pt. I credit the 6 weeks of pt at a sports rehab facility with my complete recovery. Most insurance plans will cover this. Even if they don't it is a worthwhile expense. I regained full-motion and balance (don't forget that you will have to learn to walk right again. I was so compromised that my posture was slumped over and I walked at an angle, crabwise before my new hips.

General advice - Replacing joints is both like and unlike car maintenance: Like, in that you are replacing a worn out major component; unlike, in that it's YOU that's being worked on and you will have to live with the consequences of the replacement.

1. Educate yourself. Find out about latest techniques, what works and what doesn't, and what brands of prostheses are better than others (believe me, there is a huge difference. I insisted on Stryker.). Investigate on the Internet about any difficulties with surgeon, prostheses, or techniques.

2. Select a surgeon with as much care and research as possible. It's been my experience that the bigger the population center, the better the orthopedic services. Make sure your prospective surgeon is experienced in conventional and minimally invasive techniques. Tell your surgeon what you expect as an outcome and what you want to do with your life after. If you have a strong prostheses preference, insist he/she uses that brand and, if he cannot offer conclusive proof why it shouldn't be used, find another surgeon.

3. Use a hospital with a good reputation. This will somewhat be guided by your choice of surgeon, but if the hospital gives you pause, get another surgeon. It's that important.

4. As I said, INSIST that you be prescribed physical therapy. Being active, learning the correct exercises, and, most important,

being forced to extend yourself during these exercises is key to a speedy recovery.

This is probably WAY more information than you were looking for, but I feel strongly about remaining active and having the best outcome to these type of procedures. It takes 9 months to a year to come back 100% so it's important to do things right. In my own case, after my last surgery in Feb '04, I waited until the following winter to ski, biked during the summer, did the Prince Haakon in Feb '05, and Korties in '06 & '07. I would like to do a full Birkie this time, but I have some significant training to do for that to happen.

Take care and good luck with your knees,

Dennis Sheehan
Waupaca, Wi

HIP REPLACEMENT

Hi Lee,

I am responding to your request for feedback regarding hip replacement and cross country skiing.

I first probably developed problems with my left hip in high school or college, but did not know the cause for the problem. After several years of groin pain, I finally had it checked out and learned that I had an arthritic hip (at about the age of 31). Due to the pain, I was no longer able to play soccer, but I was able to ski.

I first cross country skied when I was 22 years old (35 years ago). I could never snow plow as I could not internally rotate my left hip (which I later learned was due to the arthritis). This always lead to problems with turning on the down hills. When the skating technique was developed, I also skate-skied for a number of years, but had to give it up in the early 1990s, as skate-skiing caused me to have more left hip pain.

I finally had my hip replacement surgery in May of 1998. I scheduled the surgery to coincide with the snow melt. I did not want to slip on the ice/snow in the northwoods right after surgery. I also wanted as much healing and rehabilitation time before the next ski race season.

The only surgical complication of note that I experienced was that my femur was fractured when the femoral stem was being placed. Thus, I had to be non-weight bearing on my left leg for two months after surgery. This was a very small price to pay for pain relief and the ability to do things that I was never able to do before.

I went into my surgery with the goal of skiing the Swedish Vasaloppet within the winner's time plus 50%, 21 months after my surgery. This is something I could never come close to accomplishing before my surgery. As I recall my best race before surgery had me finishing the race 1 1/2 hours after this cut off time. Following this race in 2000, I decided to return every year to ski Vasaloppet and every year I have now skied the race within the winner's time plus 50%.

As I had experienced rather severe left hip pain before my surgery with the skating technique, I decided to only ski with classical technique. I have emphasized double pole technique in my training and racing (as this places much less stress on my artificial hip joint). The two big races that I focus on for training are the Minnesota Vasaloppet and the Swedish Vasaloppet, but I also race the Seeley Hills Classic, American Birkebeiner, and Great Bear Chase as well. With my new hip joint, I can now ski competitively. I have won a Dala Horse every year since my surgery at the Minnesota Vasaloppet (again this is something I could never do before surgery - as my technique was not good because of the lack of range of motion in the hip - and the pain).

This year I am registered for Minnesota Vasaloppet, Swedish Vasaloppet, and Birkebeiner Rennet in Norway. I also plan to

register for Seeley Hills Classic and the classic race in the City of Lakes Loppet in Minneapolis.

If I were to do it all over again, I would definitely have the surgery done. It has been a boon to my life. I can sleep pain-free (what a blessing!), I have much better (but not perfect) range of motion of the hip and it is pain-free range of motion. I have much better balance and strength. I can walk without falling down. I can ski without having to carry my cane on my back in a back pack to use to limp away from the finish line at races. Life is Good!

As a specialist in Physical Medicine and Rehabilitation, I supervised my own rehabilitation program. I have accomplished almost everything I have set out for goals for the surgery. The only goal I have yet to achieve, and I may never, but I will continue to try, is to ski the Swedish Vasaloppet and finish in the top 1,000 skiers. My closest to date has been 1074th place. But maybe this year, if I train really well ...

I, of course, am limited in some activities. I never run on my prosthetic joint. That would be foolish. But I can now ski and roller ski pain free and with reasonably good technique with proper positioning on my skis. I can ride my road bike and my mountain bike pain free. I am somewhat cautious on hill descents on my mountain bike (as I do not want to do something that I would regret for the rest of my life). I can kayak without problem. (I used to dump a lot getting in and out of my kayak. I can take canoe trips into the Boundary Waters and the Canadian wilderness again! I can even portage my light weight Minnesota II canoe.

Hope to see you up in the north woods soon. I have heard on WXPR that there is snow in the forecast this evening!

With Best Wishes!
Jim Agre

This was my email back to Jim:
Hi Jim,

Thanks for the response; it was very very thorough. Was wondering if I'd hear from you as you were the skier on my mind when I requested feedback. Still remember vividly, when you easily kept up with our skating group at Afterglow... and you were striding with an artificial hip.

Thanks again for the feedback.

Lee

KNEE REPLACEMENT

Hi Lee.

I am going to answer your questions in the order they appeared in Silent Sports.

1. In terms of what I can do now vs. what I could do before, I would say yes it was successful. I did have complications in that I contracted an infection within days of the initial (knee) surgery. The surgery was repeated and because the Dr considered the two surgeries in quick succession a "trauma", he did not have me start PT until three days later which turned out to be a mistake, because this short, inactive period caused excessive scar formation and a subsequent, lengthy rehab. Normally, PT starts within hours of the operation with a motorized bending device which automatically bends the knee through a preset range which is increased periodically.

2. I had surgery in April 2006 and started rollerskiing and biking in the fall. Although I worked hard to build up the strength of the quad, which was cut during surgery, the first two months were cruel, but by the time the first snow arrived I was ready, albeit with the help of copious amounts of anti inflammatories. After the workouts, the knee would at first be nice and flexible but after an hour or so became very tight, felt like it was heavily bandaged and it was very painful at rest. Lots of ice compresses worked wonders though. By the end of the skiing season, the pain

subsided and things became more or less normal. Still, in order to maintain the obtained range of motion a minimum of one hour of {home} PT was necessary. Eventually, regular biking and rollerskiing replaced the daily PT without a problem.

3. My skiing consists primarily of skating but I found that neither style was difficult however, the pain after skiing workouts was much less pronounced when I strided. It appears that the lack of side pressure was easier on the knee. When I started skiing again I used a Polypropylene knee brace which helped but didn't need it all summer for rollerskiing.

4. Most definitely. When I opted for surgery { right knee only} the meniscus was completely gone, it was bone on bone, the pain was excruciating and prevented all but the most gentle activities. To delay the surgery I tried a series of 4 shots into the knee of HYALGAN, a lubricant which did indeed relieve the pain for about 4 months. Depending on the extent of damage to the knee I was told that it could last 6 mo. or longer. But you probably already researched that.

5. Limitations, I have a little less range of motion, mostly bending and kneeling on the knee is now {after a year} possible but not comfortable. I suspect it will get better. Banging the knee does cause considerable pain. I didn't fall on it yet but was told that it would not cause any more damage than it would to a healthy knee. Other than that, I am back almost to normal although I don't yet know how the knee stands up to the rigors of a Birkie. I'll tell you in February. Biking and rollerskiing workouts have increased to one hour and a half to two hours with no ill effects. The replacement is made by DePuy and was, acc. to the Dr, selected to match my level of activity. It is made of Titanium with a PP wear surface {cartilage} No cement was used. High impact activities are to be avoided which of course includes running. But, with the new knee I was tempted to try everything I could do before the surgery and I tried running again and it worked. When I asked the Dr about it he said, yes its possible but then I will probably see you again in two to three years instead of twenty.

6. The Physical therapy was cruel but was, by all accounts not typical. Because of the excessive scar formation, a manipulation {under anesthesia} became necessary about two months after the surgery to restore mobility to the knee. At the PT clinic I became an oldtimer while the others that started PT with me began disappearing at an alarming rate. But here again, this is my experience and most certainly not the norm. I tell you this simply because I found that all too often the official prognosis is much too optimistic when it comes to the projected recovery period. It prompted me to suggest to my Dr that in order to speak from personal experience all Orthopedic surgeons should be required to have a joint replacement whether they need it or not. He took it in good humor.

Final thoughts: It appears that knee surgeries are more complex and require a longer recovery period than hip replacements. But once healed, the limitations in terms of activity and movement are less restrictive than with the hip. While I am limited only by temporary lack of flexibility, my wife must avoid certain movements, such as bending too far at the hip or crossing her right leg over the left. Most people do a fair amount of research when looking for a surgeon and hospital for the replacement. Once that selection is made however it is equally important to ensure that the surgeon does the complete operation INCLUDING the reconstructive repair of the severed muscles which is often left to less experienced interns.

Inexperienced reconstructive work may cause excessive scar formation and will delay recovery at best or affect your range of motion at worst. Insist on it.

I hope I covered your questions. If you are like me, you will likely have many more. If you do, let me know I will answer them promptly.

Regards, Hans (Schiessl)

HIP REPLACEMENT

Hi Lee,

I had my best ski season five years ago when I turned 60, making the 25% club at the Birkie. The following summer I had a full hip replacement. It took a good year before I got back into training shape but I really can't say that the replacement, in itself, has slowed me down. I'm 65 now and I think that those 5 years of aging has slowed me some.

Ironically, after my hip replacement, asthma, which hadn't plagued me for years, reared up again. I can't prove that it had anything to do with the operation, but it sure seems like a coincidence. The asthma, if anything, has become a concern, not the hip.

Have a great year and I enjoy your columns. In December, Silent Sports will feature a story I wrote on the VASA in Traverse City. The story expounds on the 'family atmosphere' at the VASA.

Jerry Harpt

HIP REPLACEMENT

Dear Mr. Borowski,

I'm pleased you are getting notable feedback. I'm okay with using the email on your blog. I'm hoping to enlist other primary care doctors and their patients with joint replacement in a project through the Wisconsin Research and Education Network to establish a registry to help define some of the questions raised in the email.

Leon Radant, MD

This is Dr. Radant's response:

Dear Mr. Borowski,

I have read with some interest your recent notice of wanting feedback from your more mature readership on joint replacement and its subsequent effect on an active lifestyle. I will first describe my own experience and will then offer why I feel your effort at gathering this information from others may prove to be a very valuable case series report for the Silent Sports community and the orthopedic surgeon who does joint replacement surgery.

I am a 56-year-old family physician in a central Wisconsin rural practice. Fitness has always been a personal interest and a part of the lifestyle sermon that I commonly share with my patients. In days gone by I would run to and from my clinic, maintaining weekly mileage of around 40 miles. I have always enjoyed biking and have a long streak of uninterrupted Birkie's dating to 1980. My last marathon was Boston in 1994. It was about that time that my left hip became stiff and increasingly painful. I cut back and ultimately stopped running. Biking and roller skiing became my means of commute to work.

My difficulty progressed to a dysfunctional limp, chronic pain, sleep disturbed despite use of narcotic analgesics, and near fusion of my involved hip joint. I attempted a multitude of anti-inflammatory medication and had fluoroscopic guided injections of my hip with hyaluronic acid.

Joint replacement was the only apparent remaining option. My search of the literature on this topic was exhaustive and discouraging. This revealed no more information than case series published by institutions or individual surgeons. The endpoint of successful surgical outcome was defined by whether the joint prosthesis remained in the patient undisturbed by revision surgery at a ten-year interval. I could find nothing on the effect of this surgery on interruption or resumption of an active lifestyle. (My definition of active and the definition of your readership is likely more than a couple standard deviations from the commonly held expectation.)

I struggled through one last Birkie, before proceeding with a total hip prosthesis in March of 2005. I fully recall standing on Main Street of Hayward thinking I was there for the last time as a competitor. My greatest concern was that I would be entering the community of the sedentary.

My hip was done with a total prosthesis. Hip resurfacing procedures were not being done in the U.S. in early 2005. The surgeon I worked with used no cement in this procedure and grafted some bone into my acetabulum (the "cup" of the ball-in-socket joint structure), which was deteriorated with cystic changes. The joint interface is a polyethylene insert, which was sterilized in a fashion that avoided the heat or gas sterilization associated with the breakdown of this polymer. Silica interface, also known as porcelain, was another consideration, but allowed for fewer intra-operative adaptations for an exact fit. Also, if the silica fit is not proper and wears, the resulting residue in the joint lining is disastrous.

My surgeon continues to be skeptical of the joint resurfacing procedures that have been so notably marketed since my procedure. He notes caution about the large incision and wide joint exposure required in this resurfacing procedure. My surgery was done through a 4-5 inch incision. I was back to my practice, though at less than full capacity, in a week. Post-operatively, I did some work on a stationary slide board device, known as a Total Gym, to maintain some level of strength. At 5 weeks, with great caution, I got back on a bike and rode about two miles. It was the best ride of my life. The bike has been my primary means of rehabilitation. Intensity and duration of my rides picked up. In the fall of 2005, I got back on the rollerskis and signed my entry form for the Birkie. The celebratory American Birkebeiner of 2006 was accomplished in three and a half hours, which was a full hour faster than what I thought at the time to be my last race. I gave the surgeon my bib.

I have since been on a bicycle tour of the Rocky Mountains

crossing the divide eight times in a week. I have carried a full pack over 40 miles in Yellowstone. I can classical and skate on Nordic skis. There have been many a hundred mile bike ride with friends. I do not run for any distance or play basketball. I have avoided sports where collision is likely. I don't dive to dig out the volleyball anymore. Then again, I never was very good at volleyball.

Your project of gathering information on joint replacement among the physically active population is a worthy undertaking. More information needs to be synthesized and published in this area. It is simply not known what works best. Are worse results experienced when cement surgical techniques are employed? Is the material used in the joint interface critical? Is a smaller incision important in maximizing recovery? Is joint resurfacing better or worse than total joint prosthesis? Are there activities familiar to the silent sport athlete that are more likely to compromise the result of joint replacement surgery? To what level of activity should we expect to recover after such a major joint intervention?

I believe many would benefit from the gathering of information about the aging active athlete. We need to know about the problematic outcomes and the success stories. We need to study how long these joint replacements last when challenged by the active individual. It is my hope that many respond to your request. You are in a unique position to request and gather these stories. I hope you will keep us, your readership, updated.

With kind regards,
Leon Radant, MD

KNEE REPLACEMENT

Hi Lee,

I just read your article today asking for information from anyone with a recent joint replacement. I am 76, live in Fort Atkinson,

and had a total knee replacement in August 2006. I am certainly no outstanding athlete, but try to bike at least a few thousand miles a summer, and enjoy training for and have been skiing the Noque (6 times) and the Birkie (22 times) on an annual basis. I needed the replacement after experiencing traumatic arthritis in my left knee over the past few years resulting from a motorcycle accident about 35 years ago. Both my skiing and my biking were becoming too painful to continue at the same pace I was using before.

After getting a second opinion and reading just enough on the internet to be dangerous, I decided to have Doctor Holly Duck of Madison go ahead. She seemed to be up to date on state of the art procedures, knew that I wanted to continue my sports, and inserted what they labeled a "Journey Knee" which had just been recently developed by an international team of doctors. The surgery was a snap, but the rehab was a workout. After about a month, I still wasn't getting the flex and extension she had expected, and so she put me back on the table and "re-bent" the knee to break the scar tissue that was developing. She was kind enough to put me under for this. After a few more months of intense therapy using primarily a motion machine along with a stationary bike and a number of other exercises, I was eventually able to get my flex up to 135 degrees vs the 110 to 115 degrees promised by my first doctor.

The happy ending for me was to ski both the Noque and the disappointing Birkie last winter without any problems. At this writing I am in Texas for a few weeks, and have about 2500 miles on my bike so far this year. I also did the Waupaca team triathlon with my daughter and grandson this summer, and was able to average just a shade under 20 miles an hour, which was 2 miles an hour faster than the last time I did it, a few years ago.

As you can see, I am no world class geezerjock, but it has been more than wonderful to have my body back again to do the things I enjoy. Both doctors claimed a 95% success rate with their surgeries, and I would encourage anyone who needs a new

knee to do it now!

Note: This addition just came in. I recently did ski the full Noque and my knee held up fine. No pain during or after effects of any kind. My problems are really with the rest of my body!

John McKenzie

HIP REPLACEMENT

Hi Lee:

In 1970 I received my first artificial hip. I was 43, and probably a high school ski jumping accident at the Putney School in Vermont when I put that hip out of joint was the cause of the deterioration. And Lee, looking at your credentials, you probably know the guy in the class behind me, Johnny Caldwell, who now has more artificial parts than anyone else I know and no doubt would be happy to share his experience for your article. (Note: John did respond. See below.)

That first hip was a cup arthroplasty which was state of the art at the time. It was a slow healer and I was hospitalized six weeks and on crutches more than two years. I took up swimming. But after a few years I did resume my skiing, carefully for some time. But the pace picked up, the joint felt good and I began skiing pretty hard again. I took a lot of Ibuprofen, and hot baths after skiing, but I had no long term after-effects from the sport.

As a result of that first operation, my right leg was a big inch shorter than the left, and I put a shim under the binding and a lift on my street shoes.

Fifteen years later in 1985, the other hip was replaced. A total hip. That was a more modern experience, and I was out of the hospital quickly and back skiing within months.

It is true that the literature on skiing for hippies was never

encouraging. But nobody said definitively, "Don't!" so I did. In fact I skied alot, even helicopter skiing in Canada. I found powder snow skiing was decidedly more comfortable than the hard pack and ice of the East.

Then in 1995 I took a gentle fall on some hard snow, landed on the left hip and popped it out. It was a long time getting fixed-- kept coming out of joint, took two operations one of which led to infection. But I got better. I asked my surgeon--- Dr. Dennis Burke of Mass. General in Boston and a great guy--- about skiing, and he said,"Cross country would be okay." I happened to ski a long XC trail going downhill on hard snow and came away terrified of falling with light XC skis, so I told the surgeon of my experience, and he said,"Guess you'd better do downhill."

And I have, ever since. The original 1970 hip -- it lasted 28 years---has been replaced with a total. And the hips are doing better and better. Of course, I pay attention to them and do strengthening exercises at the gym. I walk better now than I did for many years. I am 80 and retired and in the winter I ski three months downhill at Lost Trail Powder Mountain and XC at Chief Joseph Pass in Montana. I even did a Masters giant slalom last season and came in third in my age category---yes, there were only three of us.

I don't do big bumps. I don't race often because ruts are a hazard. I try very hard not to fall, and, touch wood, I do not fall often. I am a prudent, not fast, skier, and if there is powder, that's where I am. I have trouble angulating, especially to one side,and I can't skate worth a damn. It has been, incidentally, always easier to ski, either downhill or XC, than to walk.

Other sports: I used to swim a lot, but never regained a decent kick; I use a float between my legs for free style and it is only this year that I have been able to do a frog kick for the breast stroke. I now hike and last summer I climbed a 10,000 foot peak, carefully, and with poles. Ice skating is out of the question, and my XC is classic. I can play tennis, but I don't run

well. I ride horseback, but again, don't want to fall; you almost always land on your butt off a horse.

Of course I would have surgery again, and I guess it is possible that I will again since these hips sometimes don't last as long as we do. Obviously I have had a much fuller life with artificial hips than I would have had otherwise. The only counsel I have is to do the therapy and to have patience...

My knees, by the way, have never been a problem. The recovery, as you know, is much slower and more painful than with a hip.

Best, Bill Wassrman

ps I had a delightful visit with Scott Turner (owner of Silent Sports) today and he gave me a November issue which I read on the plane coming back home. I am glad to respond to any questions.

**BOTH KNEE & HIP REPLACEMENT FEEDBACK
FROM A PHYSICIAN ASSISTANT**

Hi Lee,

I am writing in response to your questions about skiing after hip and knee replacements. I work as a physician assistant in the Milwaukee area with an orthopedic surgeon who specializes in hip and knee replacements. As a PA, my role is to evaluate patients in the clinic, both pre and post - operatively, as well as assist in surgery.

Just by rough estimation, we probably perform around 350 joint replacements per year. Generally speaking, our patient population isn't made up of competitive athletes (especially skiers), but I have come across a few.

One particular patient comes to mind; he is a former US track cycling champion. At 80 years old, he was still logging century rides on a very arthritic knee. He decided to have it replaced, and less than 2 months later was back to doing 20-30 mile rides. I

would consider his recovery quicker than most 80 year olds because of his excellent condition.

Again, I don't have a lot of experience with skiers having joint replacements. It would certainly be possible to ski on either a hip or knee replacement. A new procedure that you may have heard about is called hip resurfacing. Basically, a metal cap is put on the arthritic ball and a new socket is placed. Resurfacing has 3 main advantages over a total hip replacement; 1. A larger ball is used (more like a native hip), allowing for greater range of motion and a lower likelihood of dislocation 2. Less bone work allows for quicker recovery 3. It can be converted to a total hip replacement down the road. Of course, the right patients must be selected for this procedure. Age, bone density, and individual anatomy are all factors.

I just started cross country skiing last year with the striding technique. From what I can tell, skating is more physically demanding. Not to say that skating wouldn't be possible after a joint replacement, but may be more of a challenge. I would encourage you to visit Dr. Wallskog's website, cleverly addressed at www.drwallskog.com. It answers a lot of questions about what to expect from surgery, rehab, and activity. If you have any specific questions, please feel free to contact me.

Sincerely,
Jason Szpak

HIP REPLACEMENT

Hi Lee !

In answer to your questions:

I am 6'1" c. 200 lbs 61 years old. I had a total left hip replacement 01/25/2004 at Gundersen Lutheran Hospital LaCrosse Wi. Surgeon was Dr. Richard Marchiando (now retired). Success of surgery? Best \$40,000 I've ever spent. No complications - thank God.

Post surgery skiing? First ski outing was approximately 1/23/05 - c 90 days post surgery. (When I asked Dr. M when I could start skiing he said I'd know when I'm ready.) Last year 38

days of skiing.

Classic vs skate? I'm primarily a classic skier. In fact, turn the page from your article to Jim Joque's Shoeing on the Edge "View the Mississippi River from Minnesota" p.22. I've spent probably 90% of my nordic life skiing at Great River Bluffs aka OL Kipp. Parts of the park have their own "arctic" micro climate. Most of last years skiing was on skied in tracks. I wondered myself on the ability to sustain skating but had no difficulty skating in the Mississippi bottoms.

Surgery again? Absolutely !!

Limitations? No jumping sports, no running, don't bring left leg across center line of body. In reality for what I do I would say I have a vast increase in mobility. My primary active endeavors are: sking, biking (90 % road), yoga, strength training and cutting and heating with wood. I no longer alpine ski but that has less to do with my hip than with the fact that for a whole lot of reasons I'd rather be x country skiing. Also I no longer do the dicey downhill on the skinny boards and this "limitation" came into play in my alpine days - Whoa ! them skinny boards ain't the right tool for the job.

PT? Post -op: In hospital to learn how to use crutches. My leg was non weight bearing for 6 weeks and I had some skrunches and toe wiggles to do during that time. Pre-op: 3 years prior to the surgery I was seen at Gundersen Sports Medicine by your acquaintance from Soldier Hollow (Salt Lake Olympics), Pam Stuhr, to strengthen the joint. I think her routine is so valuable that I still perform it twice a week (for both legs, of course).

Range of motion? I notice no limitations and say it is vastly improved due to having two working legs.

I've enjoyed your articles since day one of Silent Sports.

I'll be happy to continue the discussion either by phone or mail.

Happy skiing,

Bob Cieslak

La Crescent Mn

My reply to Bob:

Thanks for your very detailed email. My wife Betsy and I hiked those very same bluffs, you call home, last summer. Loved it. Also, great to hear about Pam Stuhr as I still think about her influence whenever I do some of the exercises she recommended. In fact, it was at Soldier Hollow where my knees started to act up.

Lee

HIP REPLACEMENT

Lee:

I just saw your request for feedback in Silent Sports. I had a hip replacement several years ago. My experience has been 100% positive. Not only has it not interfered with any of my silent-sports activities (other than running which I am "not allowed" to do); it has allowed me continue in a way which I clearly could not have without it. My doctor's advise to "let your body be your guide" in regards to all activities (other than running) has served me well and not kept me from anything.

In terms of range of motion, I have better range of motion in my artificial hip than in my real one. In fact I regularly practice yoga with no ill effects.

Incidentally, you and I have met briefly on a couple occasions --- both on skis. We have some friends in common.

Tom

Thomas B. Cassidy
Lisle, Illinois

HIP REPLACEMENT

Lee,

I broke my hip in 1990 at Telemark, while training for the Birkie.

At that time, Mayo repaired it with a plate and a couple of screws. The following year, Mayo took all the metal out and said I was good to go. Lo and behold, my hip started to go bad, and seven years later, I had it replaced at Mayo. Apparently the artery serving the hip ball was severed at the time of the accident and it took 5 years for that fact to appear. Normally it can be seen through xrays within two years, but somehow the hip was receiving a blood supply. Once it started to go bad, Mayo wouldn't operate for another two years. The surgery was unbelievably successful, and I have nothing but the highest praise for Dr Trousdale who performed the replacement surgery. While I haven't skied the Birkie (not because of the hip replacement, but because of increasing belt replacements) I have skied the Kortelopet several times. (I have actually skied the birkie 16 times, and the kotelopet 6 times in total, but have only skied the kortelopet since the surgery.) In crowds I always stride, but continue to skate on a limited basis. I love to stride much better than skate so this is no hardship. Skating seems much harder on my body with the replacement. I would have the surgery again . (Actually there was no choice about it) I continue to rollerski and bike, but no longer run. The secret success is to rehab, rehab and rehab. In addition to a hip replacement, I have broken or cracked 8 ribs, torn up my knee, and herniated two discs either as a result of rollerskiing or cross country skiing, but it remains a passion for me and it is still the best exercise there is.

Jerry Kellum

JOINT REPLACEMENT & MORE

Note: The following is from the "Dean of American Cross Country Skiing," John Caldwell. From his responses you can see his thorough approach that also how he approached ski instruction. His book was perhaps the most influential "event" in my cross country "life." John also was the US Ski Team head coach and his son Tim was on the most successful cross country team the U.S. has ever fielded. As you read below, you'll know why some of his friends call him the *The Bionic Man*. Lee

Lee--I'll dub in some answers below to your questions. That way I can keep more to the questions you ask. I can tell you quite a bit.

From the set of questions published in Silent Sports:

1. *Was the surgery successful? Any complications? I got a new hip 17 years ago. I got a new ball joint in my shoulder at about the same time. Both operations were very successful with no complications. BUT, I took a slow recovery, following doctors' orders.*
2. *How did you adapt to skiing? It was no problem. Until last year I skied xc and alpine, but quit then because my wife--same age as I am--just about 79 now--didn't want to alpine anymore. And by the way, she had a new hip 15 years ago (see question #4) and a new knee about seven years ago. She says the knee bothers her sometimes BUT the hip surgeon told her Monday last that the pain may be caused by the hip he hasn't replaced yet, but will on 10 January!*
3. *Were striding and skating both still an option? Sure, no problem EXCEPT I've never been comfortable skating. My ankles, knees, hips and back all hurt when I skate! I think all those joints are pretty well worn out. Classic is definitely easier on old folks.*
4. *Would you have the surgery again? Ah hah! Yes! In fact, I needed a hip revision 15 years after my replacement. The recovery was slightly slower than with the hip, but after all. I was about 75 then. The revision is great. AND, get this--my wife just had a hip revision (Oct 4) and her replacement lasted 15 years too. So the shelf life for new hips in the Caldwell family is 15 years, apparently.*
5. *What limitations did you have with other activities? My limitations are due to general arthritis and old age and having used my body excessively (physically) for so long. But I'm still hiking, skiing, rowing a lot, cutting wood, splitting wood, etc.*
6. *How did the physical therapy go and how did the artificial joint affect your range of motion? I never had much PT but mainly followed the instructions given me by the hospital, which*

by the way, is the Dartmouth Hitchcock Medical Center. I don't notice any limits with the range of motion but it may be that I am used to whatever I have now. It does not cause a problem.

7. Any other thoughts?

Lots--I'll ramble a bit.

I consider myself a "walking testament to orthopedic surgery." In the 40's I had an operation to take a cyst off my big toe bone and they stuffed in some marrow from my hip. That was fine. Next I had my first shoulder operation for chronic dislocation and that went well. But I used my shoulder so much and got so much crap in there that they did the joint replacement many years later. I couldn't comb my hair before the operation. Now, with practice I can serve tennis balls and do the crawl--but I have to work into it of course.

I had the meniscus out of both knees and am eventually facing the prospect of a new right knee. Just now it's bone on bone.

I told you about the two hip operations.

Out of the realm of orthopedic surgery I've had the mitral valve replaced with a pig valve, and then, ten years after, the pig valve replaced with an artificial valve.

Back to orthopedics--two years ago I had a major back operation--I know you're not writing about this, but anyway--two decompressions and a spinal fusion for spinal stenosis (and they used some more bone marrow from my hip--very productive hip I have there). That recovery was a bit tough--the pain got ahead of my meds a couple of times. I hate those things like oxycodone and oxycontin, but there it is.

A recovering person should NOT let the pain get ahead of the pill intake. The recovery slows if you try to be a hero.

At the same time, I recommend conservative recoveries. Any surgeon that says he will give you a new knee or a new hip and have you walking in no time ought to be shot.

The longer you wait for an operation like a hip or knee the longer it takes to recover because generally your affected limb slowly degenerates all this time and you usually don't notice it. What I mean is this; If a surgeon tells you that you will eventually need a new joint, I'd go for it sooner rather than later.

I know why all the old-timers I used to know--great grandparents and grandparents--were sitting around so much in their rocking chairs (I have one, by the way!! hahah). They did not have the advantage of modern orthopedic surgery.

I've had polyps taken out of my nose and a hernia operation and I know you're not writing about them either. And a hemorrhoidectomy.

Most of my operations (including the heart, I believe) have come as a result of what one might call hard living. My retired doctor brother sometimes gets angry with me for having all these operations and says I'm lucky, or something to that effect. I tell him I have never gone into an operation and not come out better for it.

On Nov 17, 2007, at 4:27 PM, Lee Borowski wrote:

Hi John,

You mentioned: *I had the meniscus out of both knees and am eventually facing the prospect of a new right knee. Just now it's bone on bone.*

How long ago was the meniscus removed? And for how long were you pain-free in your knees after that was done? I'm curious about this as I've had my meniscus removed the natural way, grinding while living. So am now bone on bone on the inside of both knees. Thanks again, not only for your feedback on becoming a bionic man, but also for your contributions to cross country. As I mentioned before, you were literally my sole source of info when I took up skiing.

Lee

Interesting story about those two operations. I'm right-legged and tore the meniscus there first. Operation was in the late '50's, I think. (Knee operations are quite painful. Back then they kept

me in the hospital four-five days with this thing.) Then I had a rather rigorous weight-lifting regime which was to sit on a table or high bench which supported my upper leg and left the lower leg dangling down at a 90 degree angle. Then I lifted four days a week, doing half the last top weight for ten reps--then 2/3 or 3/4 that weight ten reps--then full weight and if I could do more than 10x I would go to a heavier load next time. You probably know this routine. It used to be standard for weight-lifters but I haven't kept up with that stuff lately. (Note: This is very close to the weight program followed by many college football programs and one of my favorite routines. Lee)

All that time I was on crutches when I wanted to go anywhere. Surgeon told me when I got to 55 lbs I could throw away the crutches. I did in pretty short order, maybe four-five weeks and then he said, "Oh did I say 55? I meant 75." These are lower leg lifts until the leg is straight out.

Eventually I got to 160 lbs. I kid you not. And I am not a big guy either. I used to line the kids up on my lower leg and hoist them--heheh--they were small then.

So I've had that knee for about 50 years and I'd say it was a very successful operation.

The next leg came a couple of years later--same meniscus--but NOW (or then!) the weight-lifting was different. They told me putting all that stress on the knee joint when I was lifting those big weights was not good for the joint. So now I was to do them lying down and lifting with a straight leg. You can imagine that was tougher and I think I only got to about 60 lbs or so. BUT, that was my left side and I think it had something to do with screwing up my left hip--the two operation hip. I may have torqued so much lifting those rather heavy weights that it put undue pressure on my the muscles around my hip joint and on the joint itself. But I dunno.

My right leg and right knee is and has been much stronger than the left. The surgeon did more scraping with the left and I lost some of the nerves there and it did not recover as well as the one where I did those "BAD" leg lifts. (Note: I've seen now where

they start with straight leg lifts and when a target poundage is reached go back to the "BAD" quadriceps extensions that helped John recover so well. One change in that exercise in that many therapists recommend that the knee is not bent to the full 90° angle... to keep from driving the knee cap into underlying structure. Lee)

I think the best thing you can do for knees such as ours is keep the quads strong.

The people at Dartmouth Hitchcock told me I'd have to get a couple shots of cortisone when the pain got bad and BEFORE they would do a new knee for me. I haven't had a shot yet but am waiting to see what xc skiing does to it this winter. The knee operations--after I healed--never kept me from skiing alpine or xc and I think I told you I quit piney (alpine) skiing last winter at my wife's request. She didn't want to do it anymore and I didn't want to ski alone--drive an hour, ski alone, drive an hour home, etc. No fun.

I don't think there are any magical solutions to the worn-out meniscus. I've heard of various things during the 50 years since I had my operation but haven't known any of them to be successful--you know, like squirting stuff into the joint to take the place of the cartilage, etc.

I have never had constant pain since the operations. Just soreness after a hike, especially one with lots of downhill. You go up--and that's pretty easy--but you gotta come back down unless there's a lift available. (We do that sort of thing occasionally in Switzerland--hike up, take a chair back down--and that's fine.)

HIP REPLACEMENT

The following response is from Marty Hall, the other huge influence when I took up cross country skiing. Marty has been the US Ski Team Head Coach and also Head Coach of the

Canadian Olympic Team. He recently retired from coaching. I still remember vividly the evening Marty spent at our house going over videos on technique. (This was about 1980 when Marty was given clinics for the USSA and was in Milwaukee as the guest speaker for the Milwaukee Nordic Ski Club.) Lee

Hi Lee---sorry to be so long in getting back to you---procedures and recoverys have change since I had my hip done 7 years ago--they cut you up less and have speeded up the recovery by doing this---my thoughts on this is to have your leg as strong as you can going in--lots of quad and hamstring work---also, using some surgical tubing that you make a loop out of and hook around something very stable at floor height and then a loop on to your ankle and do exercises in all different directions---so, all straight ahead, lateral, and rotational movements are strengthened.

In recovery it is important you do what the doctor and the rehab person tell you to do---my biggest worry was the possibility of dislocation as I was in a room for about 36 hrs with a guy who dislocated and it didn't sound like it was a happy experience. I was on my back for six weeks as I was growing bone material around the prothesises---the 1 wk after the 6 week period I was at 1/3 weight on my leg with crutches, 1 wk at 2/3 weight and then full weight with crutches or a cane and being able to drive. My operation was in late March and I was golfing and roller skiing, carefully, by early July. It was one yr before I felt confident about what the leg could really do----but still I was conscious of paying attention to what I was doing.

When it comes to skiing---I'm pretty much normal about what I do----but try not to be stupid---have not alpine skied---I've always been good at it---but worry about the weight of the ski if i get in trouble. When I ski longer distances--25-35 kms the hip gets tired---I can keep going, but I know that it is tired.

The outcome is as good as I expected and for how hung up I was for the last 2 yrs it certainly brought a lot of freedom back into my life.

I hope this helps,
Marty

KNEE REPLACEMENT

To: Lee Borowski

A skiing friend noticed your inquiry for feedback from skiers with new knees in the November 2007 issue of Silent Sports, and brought it to my attention. I had my left knee replaced in April 2006.

By way of background, I was one month short of 71 years old when I had the surgery. I attended the University of Iowa from 1953 to 1957 and lettered in track (mile and 2 mile) and cross country, so I have been reasonably physically fit for most of my life. I didn't do much running after college until about my mid-forties which was also about the time I started cross-country skiing. I have since completed 10 Birkies and 10 Kortelopets.

By the time I reached age 69 I found I couldn't run without severe pain in the evenings. X-rays showed bone on bone in my left knee while I still had cartilage in my right knee. The doctors accounted for this as not being just left handed but also left-footed!

My doctor referred me to Dr. Beckenbaugh at Gundersen Lutheran in LaCrosse. By this time I had found I could skate ski with very little discomfort but as little as 45 minutes of classical skiing would guarantee me a painful, sleepless night. I inquired about a "half-knee" replacement as that would avoid removal of the ACL and PCL. The doctor said he would never implant a half knee in someone my age as it would have to be replaced in a year or two anyway, due to arthritis in the knee. I asked Dr. Beckenbaugh about limitations after the surgery, and particularly in regard to cross-country skiing. He said I could still skate and classical but no Telemark and no running or jumping. I decided right on the spot that this was the doctor I wanted – one who at least knew enough about the sport to identify different techniques without me prompting him.

The surgery was successful with no complications other than evening pain during the first month. I would frequently have to get up and walk to relieve the pain. Adaptation to skiing post surgery was easy and painless. I had 7 months to recover before we had any snow, but I had done some roller blade work in November.

Striding was again an option without the previous pain. Skating was the same as pre-surgery. The only difference with both techniques is that I found myself apprehensive about attacking downhill runs. I was actually relieved when last year's Birkie and Korte were non-timed events. I have since talked to Dr. Beckenbaugh about injury while skiing, particularly going down hill. He said I was no more likely to injure my replacement knee than my other knee. The big difference is that repair work on the replacement knee would be much more complicated.

I would absolutely have the surgery again.

The only limitation I have experienced is not being able to run. (not due to pain – simply to not wear the joint out prematurely). I had previously used running as a means to build an aerobic base for skiing and now this is not an option.

I spent 3 days in the hospital at LaCrosse and then came home. I had a pair of crutches which I used for less than a week, and then got a cane which I used for about 3 weeks off and on. I did my physical therapy in Decorah at Team Rehab. Medicare covered this as well as the surgery and hospital. I went to therapy twice a week and did exercises at home on the other days. The home exercise regimen was developed by Gundersen Lutheran and included about 8 different tasks to be performed twice each day. It is very important to stick with the exercise specified for fast recovery and to regain maximum motion.

Before the surgery I asked Dr. Beckenbaugh if he could implant a

high quality knee like he would for a younger athlete. He said he would, and by the time I had completed 5 weeks of therapy I could already bend the knee 130 degrees. I haven't had it measured since, but I know I can bend it every bit as far as my right knee.

My implant was manufactured by Smith & Nephew. Before the surgery I told the doctor I didn't care how big of a scar it would leave. I just wanted him to open things up to where he could do the best job possible. During the surgery they frequently apply a pain killing injection in the groin by the affected leg. Since I had varicose veins pulled and a hernia repaired there was too much scar tissue to give me this injection. This turned out to be an advantage as the other patients in post-op training could hardly walk and I was about 2 days ahead of the rest in regaining motion.

If you reach the stage where knee replacement should be considered, I would certainly recommend Dr. Beckenbaugh and the Gundersen Lutheran facility in LaCrosse. I have never for one minute regretted my decision to proceed with this operation. Good luck!

Wayne Everman
Decorah, IA

HIP REPLACEMENT

Hi Lee,

I am a 53 year old male. I got a total hip in Aug 2006.

My surgery was very successful. I give the surgeon Dr Dworak an A plus. I got a BIOMET Titanium Total Hip with Cobalt Steel Bearings. It was done with minimally invasive approach (one incision from the lateral side). No complications.

I started skiing again by Mid Dec 2006 with the first snow. I did

not race. Both striding and skating work great,

I needed the surgery because I had avascular necrosis 8 years after falling out of a tree and breaking my hip. They had put my hip back together with 3 pins. But it only lasted 8 years.

My surgeon does not want me to pound on this hip (no running) and does not want me to fall hard on this hip. I have given up snow boarding and single track mountain biking. I picked up kayaking and canoeing. I still down hill ski some but the surgeon does not like that. I got some padded shorts I have used for downhill skiing and roller skiing.

No real, physical therapy required. The range of movement is much better than before.

I hope to ski the Mora and the Birkie this year.

Jim Johnson
Shorewood, MN

HIP REPLACEMENT

Lee,

Fours years ago I had full right hip replacement. The docs think the top of my femur never developed correctly, so I had little or no cartilage on the ball of the femur. I have a metal on metal type, traditional surgery with the 8 inch scar, and a press fit spike in the femur. Many years of running and skiing made the bone very dense, so no problems with bone cracking. I was out of work for 3 weeks, on 2 crutches for 1 - 2 weeks, then 1 crutch for 3 more weeks post op. I did all of my therapy, then some more. I'd go for 1 - 2 hour walks with my crutches.

I was on a bike 2 months after surgery, went to Moab and then did my first mountain bike race 3 months after surgery. I did the MN Series Sport class that first year and won my age group.

Next year went back to Comp and again won my age for two years, although Dan Meyer is really faster. I've also been doing cyclocross before and after surgery. No problems cross country skiing at all. I bounce between wave 1 and 2. As a matter of fact, my new hip is in a more ideal place than the original, giving me better balance on my right side. I noticed this immediately on getting on roller skis the first time after the new hip. I have better range of motion than ever. No problems lifting weights like doing squats.

I'm now 59, and have done 20 + Birkies, 8 -9 marathons, countless 10 Ks etc. But have not been running very much since surgery, mostly to humor my wife who thinks I'll wear out the hip. Doctor says running is about the worst thing I can do, because of wear on the mechanical components. X-rays showed my left hip to be perfect. I recently had arthroscopic surgery on my left knee and the pictures showed the cartilage to be in perfect condition. So much for those theories about running wearing out your knees and hips. By the way, along that same line, I do most of my off road riding on single speed.

Concerning my hip, I could not be more pleased with the result. My doctor was Kirk Aadalen of the TRIA Orthopedic Center in Bloomington.

Rob Ogren
