

C O N S U M E R ' S  
A W A R E N E S S

# GUIDE TO KNEE PAIN TREATMENT

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LEARN HOW TO AVOID:

**4** TREATMENT  
RIP-OFFS

**6** COSTLY  
MISCONCEPTIONS ABOUT  
KNEE PAIN TREATMENTS

**7** MISTAKES WHEN  
CHOOSING KNEE  
PAIN TREATMENT

AND STEPS TO KNEE PAIN RELIEF

# Consumer's Awareness Guide to Knee Pain Treatment

By **Dr. Andrew Gorecki**

Founder of Superior Physical Therapy

[www.thesuperiortherapy.com](http://www.thesuperiortherapy.com)

Dear Knee Pain Sufferer,

**Choosing knee pain treatment isn't easy.** Why? You are bombarded with misleading advertising, confusing claims, and simply bad information from forced referrals to health system providers or surgeons, not to mention unqualified providers and their near worthless methods. So how do you ever find a highly effective knee pain treatment? You start by reading this consumer's guide.

In this fact-filled booklet, you will discover

- how to avoid four knee pain treatment rip-offs,
- six costly misconceptions about knee pain treatment,
- seven mistakes to avoid when choosing knee pain treatment, and
- four steps to a pain-free knee.

**We wrote this guide to help you better understand knee pain treatments.**

With this information, you can make an informed and intelligent decision. If you have any questions about knee pain treatment, you are invited to call us at **231.357.3930**. We have dedicated our business to educating consumers, and we will be happy to help you in any way we can.

Cordially,

*Andrew Gorecki*

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# HOW TO AVOID **4** TREATMENT RIP-OFFS

## **1** HAZARDOUS IMAGES: WHY YOU DON'T NEED — OR WANT — AN MRI OR X-RAY

Anywhere people fancy high technology—South Korea is a good example—MRI units are humming, and knee surgery is booming.

The most recent data available, published in JAMA Internal Medicine in 2013, assessed how often advanced imaging was ordered in nearly twenty-five thousand physician visits. The proportion of patients who left their doctors' appointments with orders for MRIs increased from 7.2 percent in 1999 to 11.3 percent in 2010. As a result of this increase in imaging, the percentage of patients who were directed to knee specialists for interventional procedures and surgery more than doubled, rising from 6.9 percent to 14 percent in the same period.

In 2015, the British Medical Journal researchers found, yet again, that osteoarthritis of the knee was a normal part of aging and that knee pain was not present in many patients with osteoarthritis in the knee, and many patients with knee pain did not show osteoarthritis of the knee. Yet knee replacements have increased by 56 percent from 2000 to 2015.

The number one reason a surgeon recommends a knee replacement is knee pain combined with an image that indicates osteoarthritis. Don't be fooled by this simplistic assessment. Following a knee replacement, nearly 20 percent of patients state that they have continued knee pain. This is mainly because the biomechanical problem that is causing knee pain was not addressed. The problem is a biomechanical dysfunction in the soft tissue surrounding the joint, which can be addressed by physical therapy.

## **2** STEROID INJECTIONS CAN GO WRONG

A study published in the Journal of the American Medical Association in May of 2018 concluded that quarterly corticosteroid injections for knee osteoarthritis increased cartilage loss over the course of 2 years without providing any clinical benefit, according to a randomized controlled trial.

"Although the cartilage loss was not associated with worsening of symptom outcomes, rates of cartilage loss have been associated with higher rates of arthroplasty, raising the possibility of potential for longer-term adverse consequences on the health of the joint," writes Timothy E. McAlindon, MD.

To translate that quote, it means that injections into the joint lead to higher rates of joint replacement. It is not the best treatment option out there yet is commonly performed and can lead to a higher cost of care and higher risk procedures (surgery).

### 3 KNEE SURGERIES ARE NOT THE ONLY OPTION

Knee surgeons, who are typically trained as orthopedic surgeons, do essential things. They repair traumatic injuries. They excise tumors. They fix congenital abnormalities. But, except for top-tier physicians who usually work at academic medical centers, such procedures are not their main-stay. About 60 percent of patients who walk into a knee surgeon's clinic have knee pain that will be diagnosed as "ordinary," "mechanical," "degenerative," "functional," or "nonspecific." Those terms describe joint space narrowing, osteoarthritis, cartilage loss, and the bony outgrowths known as osteophytes. Too often, surgeons point to these commonplace artifacts on an MRI and diagnose "Bone on Bone," recommending knee replacement surgery as the best option.

But there's a problem with this very common procedure in which the joint is removed and replaced with screws, plates, rods, and other medical devices. Studies show that knee replacements succeed in pain relief in 80 percent of patients. This is one of the highest success rates for joint replacements; however, it comes with risk. According to the British Medical Journal in 2012, 25 percent of patients reported an unfavorable long-term pain relief outcome.

Gregory M. Martin, MD, in a literature review in June of 2018, indicated that, of the patients who had a total knee replacement, 1.6 percent had a pulmonary embolism, and 1 percent had a deep infection in the first twenty-six weeks after surgery. These rates are not high by any means, but they are real. You are also at a higher risk for myocardial infarction, aseptic loosening, and a large list of other serious complications. You could avoid the risks by relieving knee pain with conservative treatments.

Another major rip-off is knee surgery performed to repair a torn meniscus or to clean up arthritis. There is a mountain of research to indicate that this is completely unnecessary.

One that stands out the most is the Guideline, published in the British Medical Journal in May of 2017, which strongly recommends against arthroscopy for “Nearly All” patients with knee arthritis or meniscal tears. It states the following:

- In countries with data available, knee arthroscopy is the most common orthopedic procedure.
- Data was reviewed by an international multidisciplinary panel that included physical therapists.
- The guideline makes a “strong recommendation” against the use of arthroscopy in nearly all patients with degenerative knee disease, based on linked systematic reviews; authors write that “further research is unlikely to alter this recommendation.”
- Authors write that “health care administrators and funders may use the number of arthroscopies performed in patients with degenerative knee disease as an indicator of quality care.”

The guideline is based on a 2016 systematic review, which indicated that outcomes for knee arthroscopy were no better than those for exercise in people with degenerative medial meniscus tearing.

Finally, a study published in Arthritis & Rheumatology in August of 2014 indicated that 34 percent of knee replacements were classified as inappropriate. The reality is that most knee pain can be resolved by improving motion above and below the knee. This is accomplished through physical therapy, so call a therapist at Superior Physical Therapy today at 231.944.6541.

## 4 TREATING ONLY THE KNEE

It is important when getting care for a painful knee to seek help from an expert who understands the complexity of the knee and its relationship to the rest of the body. The source of knee pain often originates from a biomechanical problem in the areas above and below the knee, which causes a stress response in the knee itself. The most common areas that are overlooked are the foot/ankle complex and the hip. These areas often show a reduction in movement ability and create stress and pain in the knee itself.

Commonly, treatments are focused on the knee that is painful. This treatment option can often result in not getting to the root of the problem and can lead to overspending on treatments that don't fix the problem. This is, by far, the most common rip-off when seeking knee pain treatment.

The knee pain experts at Superior Physical Therapy intimately understand how the entire body is connected and that you must look above and below the painful knee in order to find a solution. Call one today at 231.944.6541.

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## COSTLY MISCONCEPTIONS ABOUT KNEE PAIN TREATMENTS

### 1 SEEING THE RIGHT SURGEON PROMISES BETTER RESULTS

I recently saw an ad featuring smiling senior citizen who has apparently just had arthroscopic knee surgery to clean up some arthritis. She was walking days later and had only a band aid on her skin where the tiny incision was.

I went directly to the website. Happy patients at the facility in Tampa, Florida, waxed euphoric, including their full names and hometowns in their endorsements. Patients had to be incredibly impressed to be willing to do that, I reasoned.

The Institute described itself as “the premier healthcare provider in knee surgery.” Physicians there employed “a wide variety of high-tech assisted techniques,” performed while the patient was “under local anesthetic.” The Band-Aid on the woman walking covered “only one three-millimeter incision at the surface.” Naively, I reasoned that an incision that small meant that the disruption of the bones and soft tissue beneath the skin was also minimal.

**The bottom line is that there is plenty of research to indicate that knee surgery to clean up the joint whether it’s a meniscus or arthritis is performed by even the best surgeon in the world, the outcomes poor.**

For the frustrated patient, direct-to-consumer medicine, such as what exists at the unnamed institute and countless other entities crawling the Web, appears to be the best way to skirt the relentless red tape of the medical-industrial complex. But it’s essential to realize that healthcare companies that market their services this way on the Internet exist in a regulatory netherworld. The institutions that patients expect to safeguard them—the FDA, the American Medical Association, and the Joint Commission on Accreditation of Healthcare Organizations (JCAHO, or the Joint Commission, for short), among others—exercise little or no authority over how such entities conduct their businesses. Although ads that drug makers pay for typically carry disclaimers, there are far fewer such requirements for outfits that sell surgical procedures, so they can tout convenience, speed, and the size of the incision without ever discussing the risks.

## 2 OPIOIDS ARE THE ANSWER

For a long while, it was understood that opioid addiction was the outcome of misuse or abuse and was unrelated to doctors' prescribing habits. "The reality is that the vast majority of people who are given these medications by doctors will not become addicted," Russell Purdue told those assembled for a media gathering at a D.C. press conference. Repeatedly, Purdue described a "bright line" between the state of addiction and that of physical dependence in the treatment of chronic pain. For patients who needed pain control, Purdue said, access to chronic opioid therapy was no different from providing insulin to a diabetic.

Some regarded that comparison as outrageous. Andrew Kolodny, at the time an addiction psychiatrist at Maimonides Medical Center in New York City, had founded a group called Physicians for Responsible Opioid Prescribing (PROP). (Subsequently, he would be chief medical officer at Phoenix House before accepting the position of co-director of opioid policy research at Brandeis University.) In 2011, Kolodny explained that physicians who overprescribed to patients with non-cancer chronic pain were largely responsible for having created the epidemic of addiction, not only to prescribed opioids but also to heroin. "The reason we have a severe epidemic of opioid addiction," Kolodny said, "is that we have overexposed the U.S. population to opioid pain medicine. The people who are using heroin are out there using heroin because they were first addicted to opioid pain medicines." In 2010, enough painkiller prescriptions were written and filled to medicate every American adult around the clock for a month.

The sad statistic is that it is projected that over 70,000 Americans will accidentally overdose from the use of opioids in 2018. That is more than we lost in the entire Vietnam war. Seek nonpharmacological treatment for your knee pain, and your best bet is a physical therapist.

## 3 THE COST IS THE SAME REGARDLESS OF WHERE I GO FOR TREATMENT

A new report comparing some common tests, procedures, and treatments has found that hospital outpatient departments (HOPDs) consistently charge and are reimbursed more than community-based settings for the same services. For physical therapy, HOPDs charged on average 50 percent more than freestanding clinics.

The study, conducted by the former Center for Studying Health System Change and published by the National Institute for Health Care Reform, used private insurance claims data from 2011 for about 590,000 active and retired nonelderly autoworkers and their dependents to track charges for magnetic resonance imaging (MRI) of the knee, colonoscopies, common



laboratory tests, and physical therapy. What researchers found was that where the service was provided made a big difference in how much was charged.

In looking at physical therapy, the study's authors limited investigations to therapeutic exercise and manual therapy—"2 common physical therapy services" that, according to the report, accounted for \$25.9 million of the \$38 million spent on physical therapy among the claims analyzed. Their findings: In looking at 136,000 services provided, "average prices were 41 percent and 64 percent higher in HOPDs for therapeutic exercises and manual therapy, respectively, than in community settings."

This highlights a much bigger problem. The reason that health insurance is skyrocketing in price is because the cost of healthcare is growing out of control. Health systems with the "we fix everybody" approach are driving up the costs to provide the service, and the burden, in turn, is placed on the patient, not the insurance companies.

The bottom line is that you have a choice of where you go for treatment, and your referral is good at any location anywhere in the state. Without making an educated choice, you risk being ripped off.

## 4 I NEED AN MRI TO FIND THE CAUSE OF MY KNEE PAIN

There is a mountain of research to indicate that, when performing an MRI or Xray to find abnormalities in the knee, the findings are not indicative of the cause of knee pain. A study in the British Medical Journal in 2012 indicated just that. In the study, the prevalence of "any abnormality" in painless people given an MRI was 89 percent overall. Osteophytes were the most common abnormality among all participants (74 percent), followed by cartilage damage (69 percent) and bone marrow lesions (52 percent). The higher the age, the higher the prevalence of all types of abnormalities detectable by MRI. There were no significant differences in the prevalence of any of the features between BMI groups. The prevalence of at least one type of pathology ("any abnormality") was high in both painful (90-97 percent, depending on pain definition) and painless (86-88 percent) knees. The study conclusion is that an MRI shows structural abnormalities in the knee with the absence of pain. Therefore, using the MRI or X-ray as an indicator or diagnostic test for knee pain is not valid.

## 5 FOCUSING ON PAIN RELIEF IS THE NUMBER ONE PRIORITY

The three most common treatments for knee pain are opioid medication, anti-inflammatory medication, and injections. All these only alter the pain that your brain feels and do not provide a solution to the knee pain. Anti-inflammatory medication has also been shown to slow down the healing process because inflammation is the 2nd phase of the healing process and is required for the body to heal. By stopping this process through medications or injections, you are not fixing the problem that is causing the knee to hurt, and you may be slowing down the healing process.

A study published in the May 2018 addition of the Journal of the American Medical Association indicated that cortisone injections in the knee have been shown not only to be ineffective at long-term knee pain relief but also to increase the speed of cartilage degeneration, making the situation worse. Injections of corticosteroids are designed to reduce pain by decreasing inflammation but can have side effects and long-term consequences. "Although the cartilage loss was not associated with worsening of symptom outcomes, rates of cartilage loss have been associated with higher rates of arthroplasty, raising the possibility of potential for longer-term adverse consequences on the health of the joint," wrote Timothy E. McAlindon, MD, MPH, from Tufts Medical Center in Boston, Massachusetts, and colleagues.

## 6 TRUST THE REFERRAL

Ask specific questions about why you are being referred to a particular practitioner or facility. Ask if there is any financial reason for your doctor to send you there. Ask if there is a financial arrangement between the doctor and the treatment provider. Do not go somewhere simply because your doctor makes more money from the referral. That's not a good idea. This often leads to overspending, lower quality of care, and more likely ending up getting a knee replacement or other knee surgery. Recently, health system or physician referral for profit has become a big problem that patients are typically unaware of. You need a referral that is in your best interest, not the health systems'.

# 7 MISTAKES TO AVOID WHEN CHOOSING KNEE PAIN TREATMENT

## 1 SEEKING UNQUALIFIED PROVIDERS

A recent study in the Journal of BMC Musculoskeletal Disorders indicated that experienced physical therapists had higher levels of knowledge in managing musculoskeletal conditions than medical students, physician interns, residents, and all physician specialists. Most people go to their primary care physician, nurse practitioner, or physician assistant for knee pain care, even though these providers have received only one to three hours of education in the management of musculoskeletal disorders. Don't avoid speaking with your physician about your knee pain, but discuss seeing a qualified physical therapist for relief.

## 2 MASKING SYMPTOMS

Masking symptoms with medications, creams, devices, or activity avoidance only compounds the problem that is causing knee pain. Most knee pain is due to a biomechanical problem that is creating cumulative trauma to your knee over time. You must first identify what that problem is and then fix the mechanical problem. Ignoring problems only makes the situation worse in the long term.

## 3 DEMANDING AN MRI

MRIs cost, on average, \$2,600 in the U.S., and studies indicate they will most likely show some sort of knee abnormality, regardless of whether you are in pain. MRIs that show knee abnormalities often lead to referrals to knee surgeons. This too often leads to surgery without attempting other conservative approaches. An MRI should only be performed if there is a suspected fracture or infection. Otherwise, try to avoid this mistake even though you have a burning desire to "find out what's going on in there."

## 4 RESTING

All recent research indicates that resting either in the lying or sitting position when you have knee pain only makes the problem worse. This is because knee pain is a biomechanical problem, meaning parts of your body are not moving properly. When you rest or stop moving, the parts that aren't moving properly in the first place become even more dysfunctional. If you don't feel comfortable moving on your own because of the pain, find a movement expert (physical therapist) to help you understand what movements to do. In fact, call us at Superior Physical Therapy at 231.357.3930; we specialize in knee pain.

## 5 NOT DOING YOUR RESEARCH

Not all healthcare providers are qualified to treat knee pain. In fact, studies indicate that not all physical therapists are qualified to treat knee pain. Do your research. I would recommend looking at company websites, online peer reviews, and credentials to find the best provider available. Superior Physical Therapy has the most qualified, highly rated and reviewed physical therapists in the region. Call one today at 231.944.6541.

## 6 SURGERY

Even the most advanced knee replacement surgery techniques are successful at reducing a person's knee pain only 80 percent of the time. Surgeries for a meniscus tear or cleaning up arthritis are much less effective and are no more beneficial than physical therapy. An expert panel produced these recommendations based on a linked systematic review triggered by a randomized trial published in the BMJ in June 2016, which found that, among patients with a degenerative medial meniscus tear, knee arthroscopy was no better than exercise therapy. The panel made a strong recommendation against arthroscopy for degenerative knee disease. Those statistics are simply not high enough when considering the serious complications that can occur from a surgical procedure.

## 7 IGNORING THE PROBLEM

Knee pain is considered a cumulative trauma injury. This means that the trauma cumulates over time. It will get worse the longer you wait, so get help as soon as possible. Call us at 231.944.6541, and we will get you set up for a one-on-one consultation with a knee-pain specialist.

# The Importance of **Value** and **Choice**

**Value** is defined as considering (someone or something) to be important or beneficial; having a high opinion of.

**Physical therapy should be considered of high value to you** if you want relief from knee pain. If it's not, let me explain why it should be.

Musculoskeletal disorders (that cause knee pain) are the highest health cost category in the country at 75 percent more than heart disease and 75 percent more than cancer, affecting more people than both combined. Musculoskeletal disorders are the leading cause of disability and impairment globally. Fifty-four percent of adults report recurrent or chronic musculoskeletal disorders, and the cost of musculoskeletal disorders to the patient doubles over the age of forty-five.

**Most primary care providers have little or no training** in musculoskeletal (knee pain) management beyond prescribing medications to treat symptoms, ordering expensive and too often unnecessary tests, and referring to orthopedic surgeons when only 10 percent of the exams are surgical. The problem is compounding by a projected shortage of 20,000-30,000 primary care physicians by 2025. Ineffective treatment is the standard of care nationally for musculoskeletal disorders, and related opioid addiction is an emergent crisis.

**The US center for Disease Control** reports that that six preventable health conditions account for 86 percent of all US healthcare spending. They are musculoskeletal disorders, cardio-vascular disease, cancer, diabetes, depression, and obesity. Prescriptive movement is proven to benefit each of these six conditions.

Studies indicate that, by seeing a physical therapist to initiate care for any musculoskeletal disorder, you will save on average 50 percent of the money that you would normally spend on expensive images, medications, injections, and surgeries.

**The bottom line is that seeing a physical therapist when it hurts to move will get you in the hands of an expert who can offer you a natural solution to your pain and save you a ton of money at the same time, which is the definition of high value.**

**Choice** is also a very important element to consider when deciding which knee pain treatment to choose.

In normal business relations, such as car mechanics, hair stylists, etc., normal buying behavior includes combining several key pieces of information in order to make an informed decision. These pieces of information usually include recommendations or reviews from your friends and family and the general public. Other important pieces of information that matter to us are the cost, location, authority, expertise, credibility, and reputation of the company we are choosing to do business with. In healthcare, the choice for the healthcare consumer is being eroded by large health systems that are monopolizing communities by purchasing, owning, and controlling once privately owned medical facilities and then forcing referrals from physicians who stay in house in order to increase the revenue of the health system. These scenarios put you as the consumer at risk because they present situations where you feel like you don't have a choice.

**The bottom line is that you do legally have a choice of where you go for treatment. No matter how the scenario is presented to you, you always have a choice. I encourage you to make the best choice possible because your health is on the line.**

# 4 STEPS TO KNEE PAIN RELIEF

## 1 STOP IGNORING OR ALTERING THE PROBLEM

The single biggest mistake knee pain sufferers make is ignoring the problem. Often, this is in the hopes that the problem will simply go away as time goes on. The problem with this thought process is that knee pain is classified as a gradual onset or cumulative trauma injury. These types of injuries only get worse over time if the problem that is causing the trauma is not identified and fixed.

In addition to ignoring the problem, the most common treatments given for knee pain are symptom-altering medications, such as pain medication or anti-inflammatories. Again, these strategies only mask the symptom of pain and do not resolve the underlying biomechanical problem that is causing the trauma.

## 2 FIND AN EXPERT

There is nobody in the healthcare system with more knowledge about managing knee pain than physical therapists. This is proven by many studies. The more advanced the degree of the physical therapist, the more knowledge they have about managing knee pain. Look for a doctor of physical therapy who specializes in any type of functional exercise. At Superior Physical Therapy, all of our doctors of physical therapy specialize in knee pain.

## 3 IDENTIFY THE CAUSE

The first step in finding a solution to any problem is to identify the cause of the problem. Most providers are focused on finding the type of knee pain. This is the diagnosis, such as arthritis, bone on bone, or joint space narrowing. The problem is that the type of knee pain does not identify the cause. The cause of most knee pain is improper movement in the areas above and below the knee, most often in the feet, opposite side knee, and upper torso. You must identify the cause before you can fix the problem. Otherwise, you are just guessing.

## 4 COMMIT TO THE PLAN

Once the cause is identified, stick to the plan. It takes time to make a change in the way the body moves to allow for the healing process. You should stick to one treatment plan for at least three months before you make any decisions about the effectiveness of the treatment.



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My hope is that, by reading this *Consumer's Awareness Guide to Knee Pain Treatment*, you are now better prepared to select the most qualified provider for your specific problem. I believe that you will make the right choice. If you are still not sure about where to go, I would like to offer you an opportunity to get a taste of what we have to offer. If you call now, I will reserve a spot for you to receive a Free Knee Pain Relief Consultation with one of our doctors of physical therapy who specializes in knee pain. This offer is only for people who receive this guide. In order to receive this opportunity, you need to call **231.357.3930** and mention this Consumer's Awareness Guide to Knee Pain Treatment.

I look forward to meeting you.

*Andrew Gorecki*

**Andrew Gorecki**

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