When is Enough, Enough- in the knee?

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What We Know

- WC patients do worse than non WC patients
- WC RTW = P and S
- Return to work does not necessarily equal relief of pain
- But patients do not know this
- So, what is our role?

What We Know (Or don't)

- Meniscectomy- "WC have worse outcomes"
  - 1987 Friedman ; no difference
  - 1992 Katz; WC, poor preop physical functional status and high grade cartilage injury- worse
  - 2005 Meredith/Katz- literature review – only 1 study showed positive correlation; greater resection, female gender,DJD and age did have a correlation

What We Know

Physical Therapy and meniscectomy

What We Think We Know
PT and meniscectomy

- Webster 2011; Archives of PMR Oct 2011
  - N =3888 pts 2001-2003
  - Passive PT had more days on disability
  - Active PT had shorter disability duration
  - No PT had shorter disability duration

ACL

- Bach 2000 – did not see worse outcomes
- Noyes 1997; sign difference in # lost days from work (222 days vs. 37 days); objectively the same
- Barrett; 2001 Objective criteria were equal ; subjective criteria was far worse in WC

TKR

Saleh 2004

- While both groups improved, stat better KSS in non WC pts
- Only 5/21 pt with WC RTW

Mont 1998 ; 80 mos fu;

- WC 29% G-E vs. 88% non WC G-E ($p<.001$)
- Higher revision rate
- Objective measures were the same!

Case 1

- 28 yo 6’7” 290 pound professional football player lineman seen for second opinion for pain and giving way
- DOI: 5/1/10
- PCL w allograft 9 days later - transtibial technique
- Postop pain continued

Case 1

- 8 mos postop; Repeat MRI showed high grade sprain of prox PCL graft;
- Revision PCL with AT allo 4/11/11- op report is 2 short paragraphs long and notes “mild insufficiency of the PCL”
- Postop developed DVT and on Coumadin for 3 mos.
- Should the adjustor have said “enough” here?

Case 1 PCL injury

- New MD; Underwent PCL with Achilles allograft with tibial inlay 7/6/11
- Developed pain, popping and catching postop
- Repeat scope 10/11.
- Referred for consideration of further PCL surgery so he can return to football
- Is this enough?

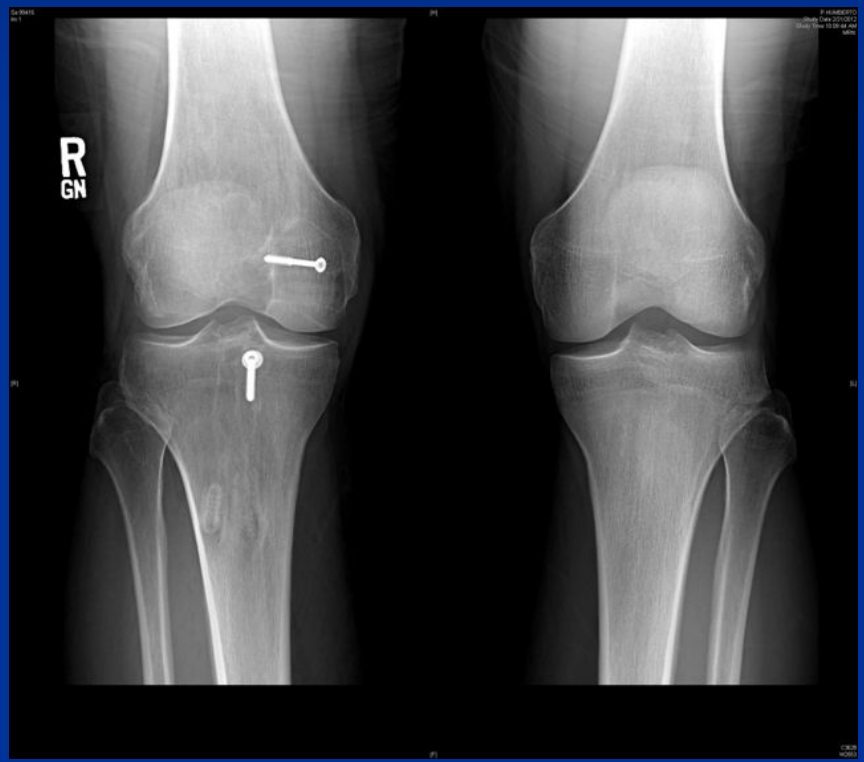
Exam

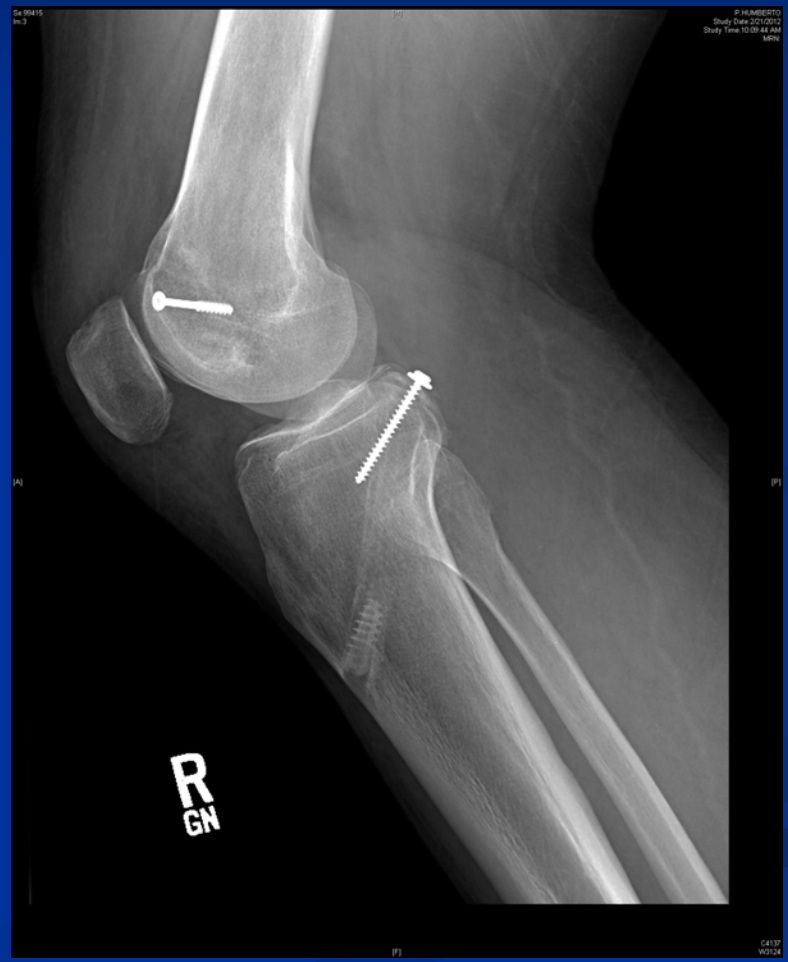
- Pain-constant; stairs one at a time; popping and giving way
- Altered gait; Mild effusion
- 2 cm thigh atrophy
- ROM 0-115/0-132
- Post drawer is 5 mm; slight sag
- Depressed

Another independent opinion

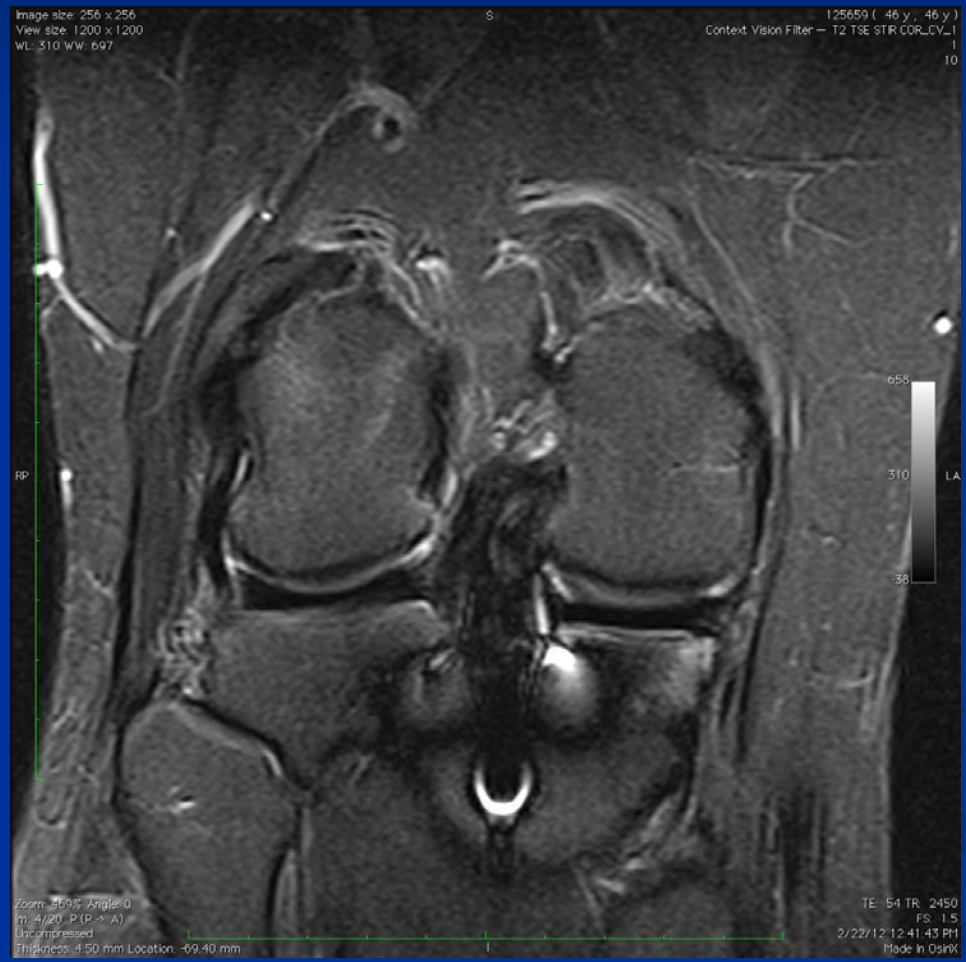
- Look for correctable issues that are consistent with his complaints and PE
- Objectify patient's complaints
- Repeat MRI
- Don't forget a WB xray!
- Do we treat their subjective complaints or objective findings?

So what about our patient?





PCL intact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Now, is this enough?

- Realistic goals
  - Multiple procedures, pain and history of DVT
  - Return to full duty or play?
  - Presence of atrophy and constant pain are red flags
  - His problem is not PCL instability, but quad insufficiency and PF pain

What is Enough?

- Responsibilites to the patient?
- Responsibilities to the employer?
- Is our goal to make them pain free?
- Return to sports?
- Return to work?
- Slippery slope

“Typical patient”

- Work injury -40 yo male
  - Undergoes pMM and chondroplasty- grade 3 MFC
  - Continued pain repeat MRI
    - Degeneration MM and medial compartment, mild MC narrowing on WB xrays
  - Unloader braces, meds, injections, pain medications
  - Is this enough? P and S?
  - HTO with or without MM allo + ACI
  - Nonunion of HTO
  - What if he/she is obese/smoker?
  - ……

Second opinion

- Look for secondary gain <10% pts;
- 90% of our headaches
- Does their impairment as stated fit with their job? Can you really see them RTFD?
- Making them P and S does not mean they do not get further care;
- Consider CBT

In determining when enough is enough, I think that decision is based on whether we, as surgeons, main goal is RTW and gainful employment

OR

Making pt's knee as biologically sound as possible, even though muliple surgeries may have less successful RTW>

I had 15 minutes for this presentation

- Lesley's Red flags for when enough is enough…
- One red flag, is if you spend more than 10 minutes listening or engaging about work issues at more than one visit…
- "3 but rule"
  - "But" I can't take meds"; "Yes, but…
- then it IS enough!!