

# Keep On Dancin'!

**Oxford partial knee replacement patients typically go home the day following surgery and, once completely healed, they can usually return to their normal lifestyles without pain.**

**K**aren Alexander loves to dance. "My dear companion Bill Baird and I have been dance partners for many years," says Karen. "Then about three years ago I began experiencing pain in my right knee. As time went on, the pain not only seemed to worsen, but sometimes my knee would just give out on me.

"Another friend of mine, a former patient of Dr. Davis, recommended I consult him."

Mark J. Davis, MD, FAAOS, is a board-certified orthopedic surgeon with extensive, well-recognized, and prestigious additional fellowship training in knee and hip replacement from Anderson Clinic in Arlington, Virginia. He frequently travels to major cities to participate as a surgeon trainer for the Oxford partial knee replacement. Dr. Davis was also recognized by *Gulf Shore Life Magazine* in 2005, 2006, and 2007 as one of the top orthopedic surgeons in southwest Florida.

Karen scheduled an appointment with Dr. Davis in the fall of 2005.

Dr. Davis took a thorough medical history and performed a clinical examination of Karen's knee, focusing on determining her level and location of pain and stiffness, which, according to the doctor, is essential before making any recommendations.

"Age, activities of daily living, injury or illness, and osteoarthritis can all take their toll on the cartilage which serves as a shock absorber in the weight-bearing joints of our hips and knees," offers Dr. Davis.

"The normally smooth cartilage becomes pitted and rough, impeding the gliding motion of a normally functioning joint and causing pain that can radiate to other parts of the body," he continues.

"Sometimes, pieces of cartilage break off and add to the pain in the joint. In extreme cases, the cartilage wears away completely, and the bones that meet inside the joint grate on each other, escalating the pain."

The doctor explains that x-rays are used to determine if arthritis is apparent only in the inside part of the knee, an important prerequisite in determining the best intervention. In a normal knee, the condyles — two rounded, knob-like protuberances at the bottom of the femur or thighbone — fit and move in the hollows of the tibia or shinbone, forming the actual knee joint.

When one condyle is damaged due to wear, injury or arthritis, the resulting pain and impaired motion of the knee can become incapacitating.

"After giving me an examination, Dr. Davis thoroughly explained everything to me," reflects Karen. "He said my bone was deteriorating and that I was a candidate for surgery, but I told him I would wait and think about it.

"My knee continued to decline, which was hindering not only my dancing but also many other things I like to do, like gardening, so in January of 2007 I scheduled another appointment with Dr. Davis."

The doctor was able to properly assess Karen's knee and confirmed it had degenerated further.

"Dr. Davis answered all of my questions and showed me my x-rays," remembers Karen. "Fortunately, he was able to tell me that I would not need a total knee replacement."

Dr. Davis determined that a partial or unicompartmental knee arthroplasty (UKA), also known as the Oxford unicompartmental knee replacement, would provide Karen with the relief she needed.

"In April 2004, the FDA approved the Oxford meniscal unicompartmental knee system by Biomet Orthopedics, Inc., of Warsaw, Indiana, for use in the United States," educates Dr. Davis, "although it has been used throughout Europe for more than three decades with outstanding outcomes."

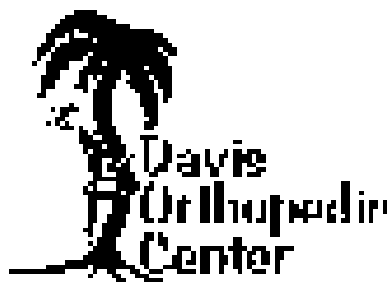
Biomet invited Dr. Davis to go to Oxford, England as one of the first thirteen physicians in the United States to train to do the Oxford procedure. He went and learned the technique, which is a very technically challenging procedure, and he has been offering it to qualified patients now for approximately three years.

"The benefit of the Oxford is that it is a *mobile-bearing* knee system," he teaches. "The plastic bearing slides, allowing the artificial knee joint to move. The implant's outcomes and longevity are far superior to anything else out there on the market.

"A UKA relieves the patient's pain and restores both the correct alignment and motion of the knee joint."

The Oxford unicompartmental knee replacement is the prosthetic that Mary Lou Retton, the first American woman to win a gold medal in gymnastics and the only American woman ever to win the Olympic All-Around title, talks about on television.

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FHCN PHOTOS BY BRIAN GLENN



## Meet the expert

**A**s the field of orthopedics leans progressively more toward specialization, today knee and hip joint replacements are helping people of all ages live pain-free, active lives. To learn more about this trend, *Florida Health Care News* turns to Dr. Davis.

### FAQs

**Dr. Davis, we read that orthopedics covers a broad spectrum of specialties. Will you explain?**

Orthopedics offers a variety of specialties and subspecialties among its disciplines. Some of these include knee and hip replacement, arthroscopic surgery, complex fracture repairs, hand treatment and surgery, treatment of spinal disorders, treatment of ankle and foot disorders, microsurgery, sports medicine, and physical and occupational therapies.

**As an orthopedic surgeon, do you have a subspecialty?** My practice has always focused on diseases of the knee and hip and on replacements



Mark J. Davis, MD, is board certified by the American Board of Orthopaedic Surgery and fellowship trained in joint replacement through Anderson Orthopaedic Research Institute, Arlington, VA. He completed his undergraduate studies at Iowa Wesleyan College, Mt. Pleasant, and received his medical degree from University of Iowa College of Medicine, Iowa City. Dr. Davis completed his orthopaedic residency at West Virginia University/Ruby Memorial Hospital, Morgantown. He is a fellow of the American Academy of Orthopaedic Surgeons and a member of the American Medical Association, Florida Medical Association, and Charlotte County Medical Society. Dr. Davis has lectured extensively in his areas of expertise. He enjoys photography, motorcycle riding, and traveling.

of those joints. There are significant differences in orthopedists. Whereas I treat joints, another orthopedist might be concerned with spines; although our practices are worlds apart, we are both considered orthopedic surgeons.

**Is there a benefit to the patient in choosing a physician with a subspecialty?** Absolutely. Patients should understand that sixty percent of all joint replacements performed in the United States are done by doctors who do fewer than twenty-five a year. Yet research demonstrates that the more experience a person has at performing a specific task, the more proficient they will be, resulting in better outcomes. My practice is focused one hundred percent on the knee and hip.

**Do you use computer imaging to help align knee implants?** I have actually tried computer-assisted surgery. However, a critical analysis showed that my outcomes were no different, and this has been borne out in multiple published studies that concluded that computers do not help surgeons who do a large volume of surgery.



**Karen and Bill love to dance, and with Karen's Oxford partial knee replacement, she can enjoy every moment of it.**



## UKA benefits

"We consider the UKA procedure to be minimally invasive for several reasons," explains Dr. Davis. "First, the incision is typically only about three inches long. Second, only the damaged portion of the knee joint is replaced. Basically, we preserve the natural knee joint and replace only the portions that are bad, much like a dentist would repair a single bad tooth rather than pulling all the healthy teeth and replacing them with dentures.

"Third, unlike with a total knee replacement, where a patient may remain in the hospital or rehab facility for up to two weeks after surgery, a partial knee replacement patient typically goes home the day after surgery."

Dr. Davis, who has taught the partial knee replacement procedure to approximately 4,000 orthopedic surgeons around the country, notes that in most cases the recovery from a partial knee replacement is faster than that from a total knee replacement. "Typically, patients are not

able to drive until approximately six weeks after a total knee replacement, but most of my partial knee replacement patients are able to drive two weeks following surgery; they become independent again much faster."

"Dr. Davis was wonderful to work with," observes Karen. "He showed me a model of the Oxford partial knee replacement and he covered everything including the required recovery time and rehabilitation.

"I liked the idea of less invasive surgery and a faster recovery time, so we went with it."

## Successful surgery

"They had me up out of bed within three or four hours of surgery," recalls Karen. "It was amazing.

"I went home the following day and then started four weeks of therapy which was set up for me through Dr. Davis' office.

"Now, I'm back to dancing three or four times a week, and my knee doesn't bother me at all. I even fell on it last fall and thought I may have damaged it, but other than a scrape on my knee, I could still walk just fine.

"Although I admit I wasn't eager to have the surgery, it certainly was worth it." **FHCN—Kris Kline**

## Here for you

*Dr. Davis looks forward to meeting the readers of Florida Health Care News and welcomes your questions about joint replacement. To schedule a consultation, please call (941) 613-3800. His office address is 1951-B Tamiami Trail in Port Charlotte.*

### Elements for a successful doctor-patient relationship

**A doctor-patient consultation should result in the patient learning:**

- what the problem is
- what the possible solutions are
- what risks and benefits those solutions hold
- what the doctor's recommendations are

**You were one of the first thirteen physicians in the United States to train to do the Oxford partial knee replacement procedure. Is that considered a joint resurfacing procedure?** It is important for patients to understand that *all joint replacements are a form of joint resurfacing.*

**Is everyone a candidate for the Oxford implant?** No, not everyone is a candidate. Some patients do not require surgery, and others need a *total* knee replacement. Each patient must be screened and meet the criteria.

In my practice, everyone is treated as an individual.

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## Joint Academy

"**A**side from the improvements in surgical techniques and materials, we now have philosophies about rehabilitation that can speed a patient's recovery following joint replacement," says Dr. Davis. "Joint Academy, our rehabilitation program, begins within one day of surgery. About a half-dozen patients usually attend, and they each have a reclining chair. A unit coordinator first explains everything in detail, and then the therapist leads our patients in exercises. The staff is consistent week to week, which leads to better patient care. This type of program allows the joint replacement patient to regain strength and range of motion as quickly as possible by helping to strengthen the joint, to keep muscles strong, and to improve the new joint's flexibility. Today's joint replacement patient is likely to recover more quickly and fully than ever before.

"The staff at Joint Academy is very encouraging," continues Dr. Davis, "and after therapy patients have lunch right there, sitting in their reclining chairs. They are able to meet all the other knee and hip surgery patients and to share experiences."

And the relationship between Dr. Davis and his patients does not stop there. "Many people in our area have no family living nearby, so I also reassure my patients that we have the resources and community connections to make sure that their rehabilitation and well-being are supervised long after they leave the hospital," assures Dr. Davis.