

Cracking the code  
Defending yourself  
against osteoporosis

Joint replacement  
What you need  
to know

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**MEDIA  
PLANET**

October 2012

# MUSCULOSKELETAL HEALTH



FACTS

ABOUT BONE  
AND JOINT  
HEALTH

## UNDAUNTED COURAGE

How professional  
surfer **Jesse Billauer**  
discovered life after  
paralysis.



PHOTO: LIFE ROLLS ON

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## CHALLENGES

Your skeleton is more than just a hanger for clothes. **Bones hold up your body and, along with your muscles, keep it moving.**

FACT

1

40 MILLION PEOPLE  
ARE LIVING WITH  
OR AT RISK OF  
OSTEOPOROSIS

## Healthy bones: Build them for life

**O**steoporosis is a disease characterized by low bone mass and structural deterioration of bone tissue, leading to bone weakness and an increased risk of broken bones. The disease often progresses painlessly and remains undetected until a bone breaks. These broken bones, also known as fractures, typically occur in the hip, spine and wrist, but any bone may be affected.

One in two women and up to one in four men over age 50 will suffer a bone break due to osteoporosis in their lifetime. For women, that makes osteoporosis more prevalent than heart attack, stroke and breast cancer combined. And for men it's more common than prostate cancer.

The National Osteoporosis Foundation (NOF) wants people to know that regardless of your age, there are steps you can take to keep your

bones healthy. Building, maintaining and protecting your bones as you progress through life is the best way to ensure you stay active and independent as long as possible. Follow NOF's recommendations below to build healthy bones for life.

**Build**

Research has shown that building healthy bones during childhood plays a big role in preventing osteoporosis during adulthood. Calcium, vitamin D and exercise are important for everyone, but especially for children and teenagers. It's critical that young girls and boys do all they can during the peak bone building years, which are nearly complete by age 20.

**Maintain**

During childhood, the bone bank account is established and just like any savings account, you have to maintain it. Even if you weren't fortunate enough to inherit the best genes for strong bones, you can still



**Susan Ramdall,**  
Senior Director,  
Science and  
Nutrition, National  
Osteoporosis  
Foundation

make a difference with a healthy lifestyle program that includes weight-bearing and muscle-strengthening exercise, adequate intake of calcium and vitamin D, not smoking or drinking too much alcohol and talking to your healthcare provider about your chance of getting osteoporosis. A bone density test can tell if you have osteoporosis or low bone density. Age 50, or around menopause if you are a woman, is a good time to talk to your healthcare provider about your risk for osteoporosis and other conditions that tend to occur more often in later life.

**Protect**

As men and women get older and the production of sex hormones declines, we start making withdrawals from the bone bank. And

just like a savings account, if you don't have enough in the account, problems can occur. If you discover that your bones aren't as strong as the rest of you, talk to your healthcare provider about what you can do to prevent bone loss and broken bones. Safety is also a special concern for those with osteoporosis. Falls can increase the likelihood of breaking a bone, so it's important to be aware of any physical changes that affect balance and discuss these changes with your healthcare provider. There are steps to take at every stage of life to keep your bones healthy. Don't wait until you break a bone—ask your healthcare provider what you can do to stay strong for a lifetime.

**SUSAN RAMDALL**

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## WE RECOMMEND



**Jeff Gottfurcht**  
Ascends Everest  
with arthritis

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1/2

of women and up to  
1/4 of men over age 50  
will break a bone  
due to osteoporosis

Over  
1/3

of patients with  
a hip fracture  
had a prior fracture

50%

of osteoporosis-related  
repeat fractures can be  
**prevented**  
with appropriate treatments

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## INSPIRATION

MOVING BEYOND  
THE PAIN

**Question:** What inspired Jeff Gottfurcht to climb 29,000 feet to the peak of Everest?

**Answer:** Jeff used his diagnosis of rheumatoid arthritis as motivation to accomplish his lifelong dream.

**Never stop trying**

Conquering Mt. Everest would be a significant achievement for anyone, but for 39-year-old Jeff Gottfurcht, reaching the top was particularly gratifying. Gottfurcht, a father of three, was first diagnosed with rheumatoid arthritis in his late 20's, and was told he'd likely be in a wheelchair by age 40.

"My knees were swollen to the size of cantaloupes, my fingers



**Jeff Gottfurcht** became the first rheumatoid arthritis sufferer to conquer Everest.

were the size of bananas, and eating was horrific because my jaw hurt so much," explains Gottfurcht, who's struggled with joint issues since the 7th grade. "One day I just woke up on a trip with my wife-to-be and the flare never turned off."

A longtime athlete, Gottfurcht was crushed by the prognosis. "I was destroyed. Being a climber my whole life, the first four years of being diagnosed I was practically bedridden, unable to walk, and on tons of drugs. But, I knew deep

down somehow I would turn this obstacle into the stepping stones to my dreams. I saw a poster of Mt. Everest when I was young, and became obsessed with it. It represented the highest point on earth. I knew I was born with a purpose and one day would climb it."

**One step at a time**

"I had to make sure my mind was not distracted," says Gottfurcht of his 2011 climb in Nepal, where he made history as the first RA sufferer to reach Everest's peak. "I had to train the parts of my body that did work well to function at a much higher level."

Aside from painful arthritis, Gottfurcht endured blinding winds in the



**NOTHING CAN STOP HIM** Gottfurcht was diagnosed with rheumatoid arthritis in his late 20's and told he would be in a wheelchair by 40. He climbed Everest at 39. PHOTO: ROBERT BRADSHAW

FACT  
21.3 MILLION PEOPLE  
IN THE U.S.  
HAVE RHEUMATOID  
ARTHRITIS

death zone, the stretch of mountain just below the summit. "You can't last up there longer than 24 to 48 hours. It was something I'd never seen before—bodies of past mountaineers, frozen in time, as we would climb higher and higher."

Gottfurcht, a professional speaker and author, hopes to inspire other arthritis sufferers with his continued adventures. "From

the great walls in Yosemite to the great six faces of the Alps, there are many peaks that offer the chance to challenge me. Everybody has a Mt. Everest, whether it's being able to walk across the room to the kitchen or play ball with their kids. Never stop trying."

CINDY RILEY

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## INSPIRATION

# Life is still beautiful, even after paralysis



**AN INSPIRATION FOR ALL**  
Jesse Billauer has overcome all adversity that has come his way and continues to conquer life.  
PHOTO: LIFE ROLLS ON

**Sixteen-year-old Jesse Billauer was driving to school one day when his SUV was broadsided by another vehicle. When he arrived in the Santa Monica Hospital Emergency Room, he told the ER workers, "Please don't let me be paralyzed. I'd rather be dead."**

It's easy to see why he might have felt that way. He was star athlete in several sports and had been surfing competitively since he was eleven years old.

He got lucky that day; severe whiplash was the worst of his injuries. A year later, he had another accident, this time while surfing.

This time he didn't get lucky. He was left a quadriplegic with no feeling below mid-chest and limited use of his arms and hands.

It turned out, however, that he did prefer life. "When faced with paralysis, I realized that I did want to live. Life is still beautiful; I'm still the same person."

## Rolling on

Today, at 33, Billauer is living a full life. He founded Life Rolls On, a non-profit that in 2009 merged with the Christopher and Dana Reeve Foundation. He travels the country encouraging people of all ages and abilities to overcome whatever adversities they face.

He's not as independent as he

would like to be. He depends on a full-time caregiver. And Billauer will tell you about aspects of being paralyzed we don't often discuss. "It's a bummer not to be able to use the bathroom on my own. I'd rather be able to do that than be able to walk." Fortunately, new technologies help a lot. "I've been through a lot of catheters and the one I use now is fantastic. It minimizes infections and slips in easily. It has made life much better."

And in case you were wondering, life for Billauer not only rolls on, it rocks on. He still enjoys surfing.

**AVERY HURT**

editorial@mediaplanet.com



## QUESTION & ANSWER

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**KRYSTA ALEXINAS,  
WELLSPECT HEALTHCARE**  
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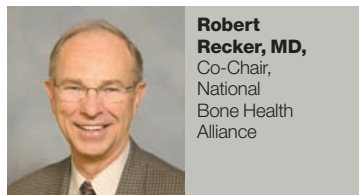
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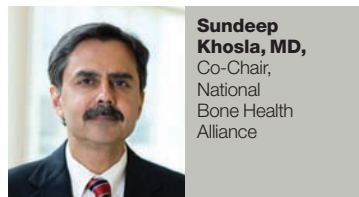
## NEWS

FACT

3

1,000 TO 1,200 MG  
OF CALCIUM IS  
RECOMMENDED  
DAILYCracking the code:  
Overcoming osteoporosis

**Robert Recker, MD,**  
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**Sundeep Khosla, MD,**  
Co-Chair,  
National  
Bone Health  
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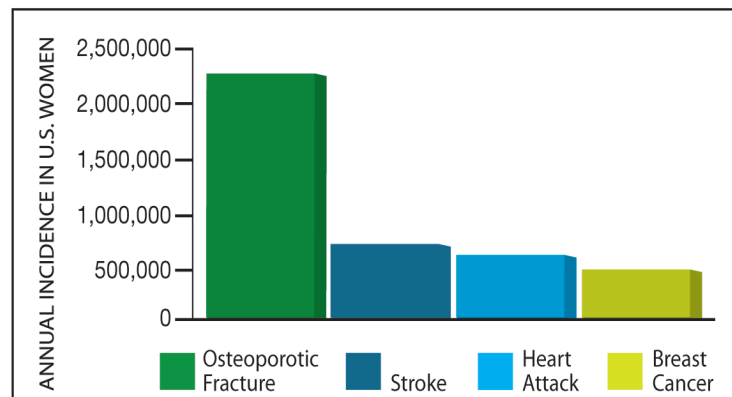
and breaking a bone, it is the most significant bone disease in America.

**If my mother or father have or had osteoporosis, will I get it too?**

While a family history of osteoporosis may increase your risk, you can help ward off the disease by making smart lifestyle choices about nutrition and exercise. Getting the calcium and vitamin D you need every day, regularly doing weight bearing and muscle strengthening exercise and eliminating risky behavior, like smoking and drinking too much alcohol, can help prevent osteoporosis and low bone density.

**Is milk is the best source of calcium?**

Milk is a good source of calcium, but you'd have to drink about four glasses a day to reach the



**OSTEOPOROTIC FRACTURES IN WOMEN**

Fractures from osteoporosis are more common in U.S. women than heart attack, stroke, and breast cancer combined.

SOURCE: AMERICAN HEART ASSOCIATION AND AMERICAN CANCER SOCIETY

daily recommended total of 1,000 to 1,200 mg and studies show that milk consumption drops off in adults over 30. Yogurt, cheese and leafy green vegetables, like broccoli and kale, are other great sources of calcium and can help you get the recommended amount of calcium you need.

**If I drink milk that is fortified with vitamin D, do I need to take a supplement?**

A cup of fortified milk has 100 IUs of vitamin D. That means if you're under 50, you'd need to drink 4-8 glasses of milk a day to get enough vitamin D for your bone health and if you're 50 or older, you'd need 8-10 glasses.

Most people need a supplement.

**Is there any reason to have a bone density test before I'm 65?**

If you are age 50 or older, talk to your healthcare professional about your personal and family history to determine when you should have a bone density test. If you're over age 50 and break a bone, request a test.

**If a bone density test shows I have osteoporosis, what can I do?**

Most people with osteoporosis need to take a prescribed osteoporosis medicine to reduce the risk of breaking bones. It's also important to consume a healthy diet, exercise regularly and take calcium and vitamin D for your medication to work effectively.

**SUNDEEP KHOSLA, MD,**  
**ROBERT RECKER, MD**

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In April, a Canadian Medical Device Recall Listing was issued noting revised Rejuvenate usage instructions, warning that these components may also lead to improperly releasing potentially dangerous amounts of metal debris or metal ions into the patients' bodies and may result in Adverse Local Tissue Reaction including metallosis and necrosis.

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## Who may be a candidate for hip or knee replacement?

The patient who is a candidate for hip or knee replacement has failed all other non-operative means of fixing their problem; they've failed physical therapy, activity modifica-

tion, weight loss, injections, and the usual trainings we do to treat chronic hip or knee pain.

Most of the patients I see are individuals who have had hip or knee pain for an extended period of time—months to years. The



**Joshua Jacobs, MD,**  
First Vice  
President,  
American  
Academy of  
Orthopaedic  
Surgeons

typical diagnosis is osteoarthritis, although there are a variety of other diseases that can bring patients to an orthopedic surgeon.

## What types of questions should a candidate ask their physician?

One thing you want to ask is 'what options are available?' You certainly want to understand the physician's experience—'are hip and knee replacements procedures they commonly perform?' You would also want to be knowledgeable about what type of implants they're using.

## What is the typical rehabilitation like?

It will vary depending on the patient and the severity of the case. In some knee replacements, for example partial knee replacements, recovery is much faster. Often, people will be up and about in a day—with support from a walker, cane, or crutches. Depending on how you define recovery—which is a relative thing—it could be weeks, or months, but patients start to recover fairly rapidly after the surgery.

## What are some of the risks associated with these procedures?

Like other major surgical procedures, there are risks that are associated with hip and knee replacements. Infection of the wound or implant can occur, and that's something we are very vigilant about. Blood clots can occur as well.

## What's the best advice you can give a candidate?

I think you should have a good conversation with your surgeon about what your expectations are, and make sure they're realistic. Understand what limitations there may be. Take care of yourself: appropriate exercise and weight management are critical.

**STEPHEN REIMERT**

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## QUESTION & ANSWER



**Scott P. Schlesinger, Esq.**

## What are some of the warning signs to look for if a hip replacement has gone wrong?

Patients may experience pain in the groin, hip or leg areas, swelling at or near the hip joint, or a limp or change in their ability to walk. Patients who have a metal-on-metal hip implant should also pay close attention to any changes in their general health, including symptoms related to their heart nerves, thyroid, or kidney.

## What are the steps one should take if these warning signs are apparent?

It is vital that hip implant recipients discuss all of their concerns regarding any symptoms with their orthopedic surgeons. The surgeon can order radiological studies to further evaluate the implant. If metal toxicity is suspected based upon a patient's symptomatology, the surgeon will conduct blood tests to determine the levels of metal ions in the blood. It is important that they advise the medical provider that they have a metal-on-metal hip implant.

editorial@mediaplanet.com



**BE PROACTIVE**  
One thing you want to ask is "what options are available?"  
PHOTO: ISTOCK.COM

## HURT BY THE HIP YOU HOPED WOULD HELP?

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