

Clinical management of osteoarthritis

Non-pharmacologic treatment

Patient education, exercise and diet modification

- Physical therapy consultation for activity modification and exercise (stretching and strengthening)
- Assistive device for ambulation to decrease load bearing on affected joint(s)
- Arthritis self-help course (Southeast Missouri Regional Arthritis Center)
- Low-impact exercise (aquatics/walking)
- Exercise is Medicine™ consultation
- Nutritional consultation (weight reduction)

Analgesics

Non-opioid analgesics

- Acetaminophen – up to 4 grams/day if not contraindicated
- Localized relief (gate theory) – Over-the-counter creams with capsaicin four times a day

If symptoms persist, add:

- NSAIDS (i.e., ibuprofen 600-800 mg three times a day)
- A Cyclooxygenase inhibitor (celecoxib 200 mg p.o. once a day) for patients at risk for upper gastrointestinal bleeding or ulcer disease

Injections

If symptoms continue to persist:

- Administer intra-articular corticosteroid injections, three to four times maximum per 12 months
- Consider intra-articular injections of hyaluronic acid products

Surgical consult

If treatment response is minimal (the patient's activities of daily living or mobility remain impaired, or pain is not acceptable), refer the patient to an orthopaedist for a surgical consultation.

Patient testimonials

"We believe Mom had a very positive experience at Saint Francis. Between the two of us, we have ourselves been patients at Duke, Vanderbilt and Banner Thunderbird Medical Center in Glendale, Ariz. Saint Francis ranks in the same class of competence and care!"

"Everyone was very helpful, considerate, knowledgeable and willing to help, no matter how insignificant the chore or problem. The presurgical class was very helpful, too."

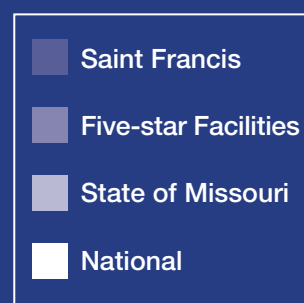
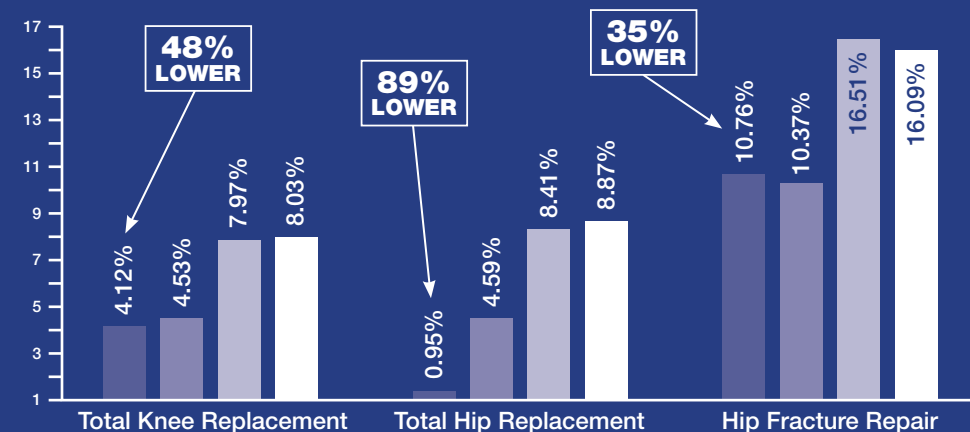
"Everyone did an exceptional job; very pleasant and willing to help at every turn. The therapy staff did an outstanding job."

"Everyone went out of the way to make my stay as comfortable as possible."

better
stronger
faster

Saint Francis Orthopaedic Service Line Vs. Missouri State

Risk-adjusted Complication Comparison



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Center for Joint Replacement
2010 Report



Exceptional outcomes

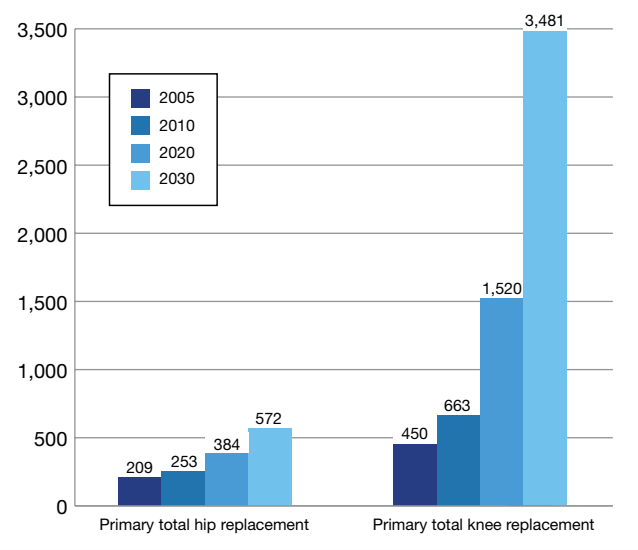
Patients at the Center for Joint Replacement have an average age of 71, with a range of 42 to 85.

Arthritis is a leading cause of disability

As the U.S. population continues to age, an array of factors puts an increasing number of people at risk for osteoarthritis and the potential need for total joint arthroplasty. Obesity, injuries to joint areas and rigorous physical activity are increasing the prevalence of osteoarthritis in Americans.

The American edition of The Journal of Bone and Joint Surgery (JBJS) reports the number of total knee replacements increased almost 50 percent from 2006 to 2010, and it estimates that figure will more than double in each of the next two decades. Projections for total hip replacements also show significant increases.

Projected number of primary hip and knee arthroplasties from 2005 to 2030 based on nationwide inpatient sample



Top-rated care is available here

With more than 400 total joint replacements performed annually, the surgeons and support team at the Center for Joint Replacement at Saint Francis Medical Center have the experience to get your patients back to an active lifestyle as quickly as possible.

Marshall | Steele

- Ranked #1 joint replacement center nationally and internationally

Great Patient Experience

Our patient satisfaction scores are outstanding compared with other facilities in our state. 96 percent rated the Medical Center stay as very good, 96 percent were likely to recommend the Medical Center, and 98 percent were impressed by the overall cheerfulness of the Medical Center.

HealthGrades®

- Ranked among the top 10 percent in the nation for overall orthopedics (2010-2011)
- Ranked among the top 5 percent in the nation for joint replacement (2011)
- Ranked among the top three hospitals in Missouri for joint replacement (2011)

Anthem Blue Cross and Blue Shield of Missouri

- Designated as a Blue Distinction Center for Knee and Hip ReplacementSM

Knee injury and Osteoarthritis Score (KOOS)

Six-month postoperation benchmarks:

- 75 percent improvement in pain
- 307 percent improvement in quality of life
- 110 percent improvement in ascending stairs (moderate difficulty improved to no difficulty)
- 141 percent improvement in shopping (moderate difficulty improved to no difficulty)

Healing environment

Patients and their families experience a warm, comfortable atmosphere in which to begin the healing process at the Center for Joint Replacement. Our private rooms feature individual climate control and accommodations for the patient's coach to stay in the room. The Center for Joint Replacement also features:

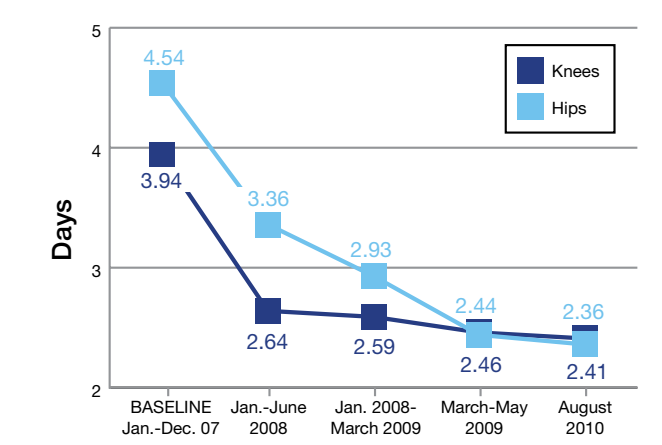
- In-room satellite TV
- Wi-Fi hotspot
- Group exercise room

Our proven process to produce positive outcomes begins prior to surgery:

- Preoperative teaching classes generate reasonable patient/coach expectations and an understanding of the healing journey to come.
- A customized patient guidebook contains everything the patient and coach need to know from start to finish.
- A climate-controlled environment provides the perfect location for unlimited walking.

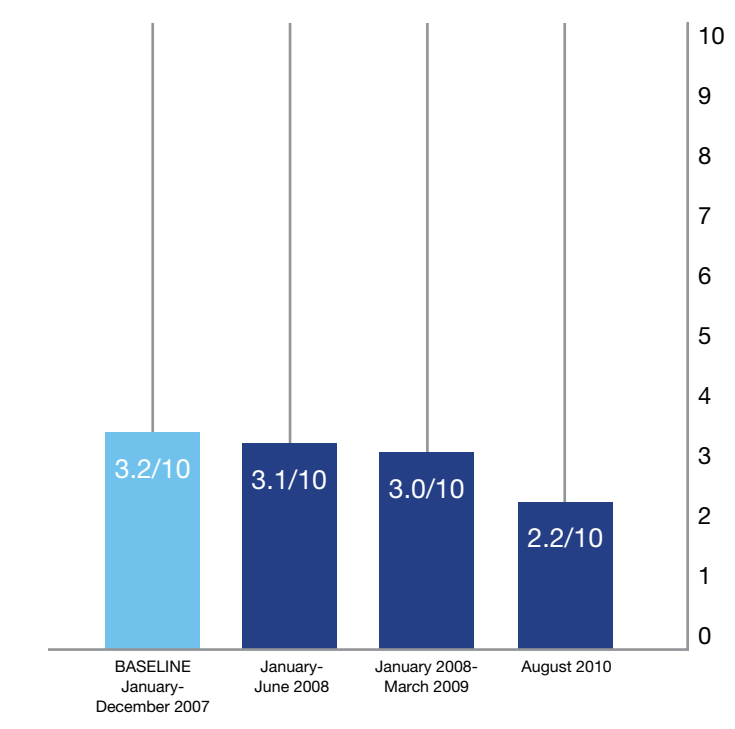
Length of stay

2.41 days for knees and 2.36 days for hips (vs. an average LOS baseline of 3.94 baseline in 2009)

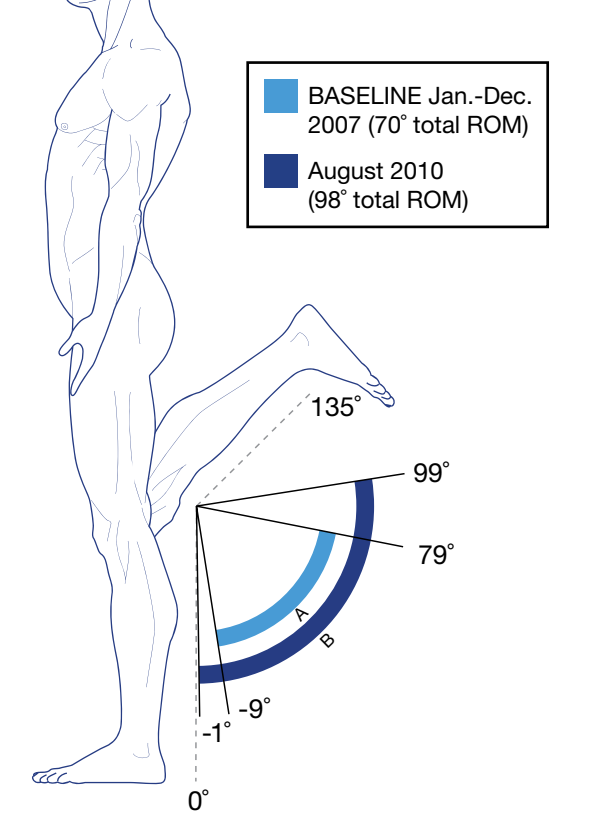


Discharge pain rating

2.26/10 (August 2010) vs. baseline 3.2/10 (December 2007)

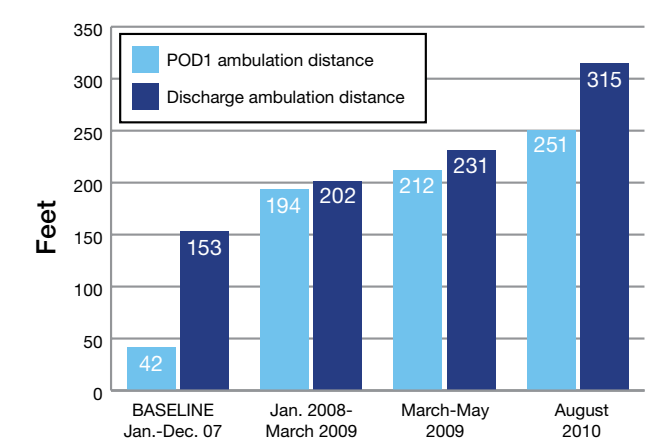


Discharge range of motion for knees



Longest ambulation distance walked

Average of 251 feet POD 1 and 315 feet by discharge. Total distance walked averaged 986 feet vs. baseline of 50 feet (2007)



Treatment options

Proper identification and intervention can alleviate symptoms generated by the loss of knee and hip motion and associated pain. If left unaddressed, the resulting inactive lifestyles can result in:

- Weight gain
- Decreased heart health
- Challenging blood sugar management

A JBJS study concluded that patients who had primary total knee replacements in hospitals with an annual volume exceeding 200 procedures had a lower risk of:

- Death
- Pneumonia
- Pulmonary embolus
- Acute myocardial infarction
- Deep infection

The JBJS study also showed patients who had their total knee replacements done by surgeons who performed more than 50 in Medicare recipients annually had a lower risk of pneumonia and any adverse outcome compared with patients of surgeons with an annual volume of 12 or fewer.