

Knee Pain

This complimentary report will provide you information about this troubling and painful condition.

The report is concise, providing you quickly with what you need to know.

We stand ready to help.
Call us today for the help you need.

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You May Not Need A Total Knee Replacement Surgery After All!

Meniscal Rebalancing Technique (MRT) A New, Non-Drug, Non-Surgical Technique For Knee Pain



A person with a bad knee knows how often it gets in the way of doing the things they want and need to do in daily life. Because the knee is a weight bearing joint, knee pain affects almost everything we do that requires mobility, including those things most of us have usually taken for granted. For many it hurts to walk, stand, stoop, get out of chair, or to go up or down stairs - and a bad knee can also cause weight challenges because it hurts to move, work or exercise; inhibiting people from participating in metabolism raising activities. Additionally, routine activities of living, work, social and recreational activities are often inhibited, restricted or avoided because of the pain.

UNBALANCED WEIGHT BEARING – THE CAUSE OF MOST CHRONIC KNEE PAIN

Chronic knee pain is a huge problem for many people. The word chronic means of long-term origin. The leading cause of most chronic knee pain is a lifetime of unbalanced weight bearing upon the knee joint that when left unaddressed over many years leads to weakness of the ligaments, often resulting in long-term misalignment of the knee joint.

The reason most weight imbalances are never addressed early on is because most people are unaware they exist, as they usually don't produce pain until the later stages of distress. Degeneration in the knee happens slowly and silently at first, and can go on for years and years with much of the damage in the knee taking place long before pain or other symptoms ever appear. Just like "clogging" in the arteries leading to a heart attack builds for decades without any sign or symptoms before heart trouble, chronic degeneration of the knee can also continue on for many years before pain begins to appear.



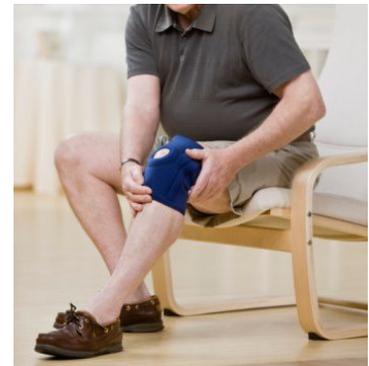
SMALL MISALIGNMENTS CAN MEAN MAJOR PAIN!



The knee is known as a hinge joint. Just like any hinge (such as one on a gate) that is even slightly misaligned, it can wear unevenly and go through a long process of break down before the hinge begins to dysfunction. **Knee joint misalignments are a far greater factor in knee pain than most doctors realize, leading to many unnecessary surgeries.** As little as a 1/8th inch misalignment of the knee joint can cause **serious** pain and dysfunction. This leads to wearing of the meniscus as well as other aspects of the knee, and a distortion (stretching) of the ligaments necessary to hold the joint in proper alignment.

THE POTENTIAL DRAWBACKS OF SURGERY

Living with knee pain is obviously not a pleasant thing to deal with, but shy of radical replacement surgery there have been **very few long-term options** for most people, which is one more reason why knee pain is so prevalent. The most common temporary intervention has always been **cortisone injections**. **We've all heard cortisone can be a dangerous drug, and it is.** It's a powerful anti-inflammatory but has **limited time value** in controlling pain. It can only be used sparingly because **it erodes and eats away bone tissue** – with the potential of bringing about brittle bones, making the joints weaker - and leading to an the increased chance of a break or fracture of an all important weight bearing joint.



For many people, knee replacement surgery has been their only option. When it works it's often considered a miracle, but like any surgical procedure **it doesn't always work**. We've seen some patients in our office who have undergone as many as three replacement surgeries on the same knee -- **and the knee still isn't right**. Additionally, surgeons often hesitate to recommend replacement surgery to someone with other health problems, or those very much overweight - due to an increased risk of post-surgical complications. On the other end of the spectrum are those too young for knee replacement surgery, as the replacement mechanism often fails and needs replaced again later in life.

The post-surgical rehab process after knee surgery can also be long and stressful; with a high chance the replacement joint won't work as well as did your natural knee. **About 40% of our patients state they still have pain and/or various forms of dysfunction after their knee replacement surgery.** For each person who says they had a successful experience with knee replacement surgery, there's another who says they "wouldn't go through it again for anything." I'm certainly in favor of surgery if it is truly needed, but because of all these factors and more, surgery should be viewed **only** as a last resort - - and **only if** everything else should fail.

Additionally, by the time it's over, knee replacement is generally a \$40,000 - \$50,000 proposal - and that's **if** it doesn't come with post-surgical complications or need to be repeated.

One of the more recent procedures being touted is silicone injections into the knee. They are quite expensive. Figures as high as \$1,600 per knee for the series of three recommended injections are common, and even if they do work they usually need repeated once or twice per year. However, if one will do just a little research you'll find about half of those who've had these injections say they simply didn't work – with many not experiencing even 6 minutes of relief – much less the 6 months they advertise. Clinically, most of our patients say something similar and we've yet to find many people who say they found much help with these injections - for very long. These drugs are considered a blessing for some, but even when they do provide temporary relief **THEY NEVER ADDRESS THE TRUE CAUSE of the underlying knee problem** – that of chronic, long-term misalignment of the joint, which speaks of the usual temporariness of this procedure.



DIFFERENT SYMPTOMS FOR DIFFERENT CHALLENGES



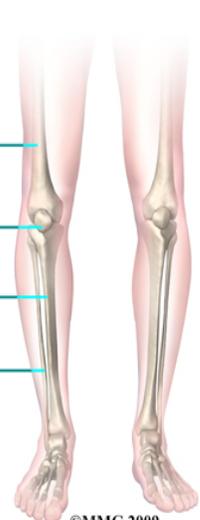
A bad knee comes with different kinds of symptoms. One can have pain on either side of the knee, under, over or inside the knee cap, behind the knee, up the leg or down into the shin - all usually leading to weakness, unstable walking and an increased chance of falls. It essentially depends upon what type of misalignment has occurred, and to what extent. While not everyone with knee pain experiences visible inflammation, many people have swelling on their knee. This used to be called “water on the knee” but is a term mostly no longer used. They would have this swelling drained (aspirated) and it would offer short-term relief, but the swelling would return again and again because the underlying misalignment – the reason the swelling occurred in the first place - was never being addressed.

When we were younger most of us heard the funny little song, ***“The ankle bone’s connected to the shin bone, the shin bones connected to the knee bone, the knee bone’s connected to the thigh bone, that’s connected to the pelvis bone - the back bone – and so on.”*** The NOT so funny part about this song is that it’s ALL true. The function of your knees depends upon the function of ALL the bones around your knees.... in relationship with your knees.

Just like in the song, what causes the knee to become distorted is usually an imbalance problem above or below the knee - in the pelvis, spine or feet - which causes the body to lean slightly forward more than it should – or more to one side than the other – and which therefore exerts more weight on one portion of the knee than the other side, wearing down the over weighted portion, hence the term – unbalanced weight bearing.

Lower Limb Bones

Femur
Patella
Tibia
Fibula



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Because of this, the tibia and fibula become misaligned with the femur above, crimping and pinching the meniscus and other internal structures of the knee. **It's much like an uneven load being pushed in a wheel barrow.** It causes you to wear out first on the heavy side. When this happens over many years, the side of the knee that is holding the most weight, whether it's the inside or the out, begins to wear out first – leading to pain.



Structural challenges need structural solutions.

With that in mind, one can now see why drugs and injections into the knees seldom offer a long-term solution for knee pain. **Structural challenges need a structural solution.** A chemical injected into your knee CAN'T bring about realignment to a misaligned structure, or bring rebalance to uneven weight distribution that is the **UNDERLYING CAUSE** of most knee pain. **That would be sort of like hoping an oil change will realign the front tires on your car.** I believe you can see by now, it just doesn't work that way. The drugs merely fool the mind into believing that all is well with the body, providing time for the underlying problem to grow worse.

Once the causes of this uneven weight bearing are located, by utilizing various in-office procedures to realign the bones of (and surrounding) the knee, and to bring rebalance to the distorted weight bearing challenges that are causing the pain, proper weight bearing between the three major bones of the knee can often be resumed - with knee pain very often being brought under control. **It's much like re-aligning a fence post so the gate can open and close better again.**

If these misalignments and imbalanced weight distribution problems are not brought under control and the chronic degeneration is allowed to continue, **the odds of you eventually having to have a knee replacement surgery on down the road are greatly enhanced.** **If you can avoid it** you just don't want a surgeon going in there and cutting out your knee joint and replacing it with what amounts to be high-priced washing machine parts – for even with a successful surgery, the mechanical joint is seldom as stable and secure as your natural knee.

MRT – A NATURAL, CONSERVATIVE APPROACH TO KNEE PAIN

With that in mind, I would like to introduce you to the most promising new treatment for knee pain that I've experienced in 3 decades of practice! It's called **MRT** and stands for **Meniscal Rebalancing Technique**. In association with a few of my chiropractic colleagues in other parts of the country, we developed this procedure in 2009 and most of the results we've seen clinically in all our offices have been extremely favorable.

The primary tool used in MRT is known as an Arthrostim. That's a word meaning "joint stimulator." The Arthrostim **sends gentle pulsations of energy into the misaligned joints of your knee, and in knowing how to direct these pulsations in various forms of misalignment**, aids in the rebalancing and realignment of your global knee structure. In other words, rather than radically shifting the joints, which could be painful, the Arthrostim gently pulses the joints back into their proper positions. Depending upon your specific type of knee misalignment, there are several other tools we can utilize to help you get the best results your body is capable of giving you.



NO DRUGS, NO SURGERY & COMES WITH A HIGH PERCENTAGE OF SUCCESS



MRT is DRUGLESS, NON-SURGICAL, REQUIRES NO INJECTIONS and equally important, compared to all the other procedures out there, is **ECONOMICAL**. **The treatments each take about 20 - 30 minutes and are extremely safe**. A vast majority of our knee patients experience a 20-40% reduction of pain after just their first 2-3 sessions, with some patients receiving an even greater percentage than that. For others it takes a while longer to get the momentum moving in their favor before the pain begins to dissipate. **In fact**, the vast majority of patients after just their first treatment are able to walk out of the office with at least some less pain than they walked in with. **For those who follow our recommendations and commit to the treatment program, 75-100% reduction of pain is quite common - with most of it long lasting.**

A few people do have knee problems that have degenerated beyond the ability for our technique to help, but these are fairly rare and far between. **On the other side of that is the majority of patients who are able to resume the activities they enjoy most with much less; even no pain.** Even those who have been told their knee is filled with arthritis frequently receive very good results, as do many people who've been told they are "bone on bone." For many the relief is permanent, while some others do need a periodic treatment here and there after their initial program in order to continue to experience optimal function. This is usually something quite minimal and is always addressed on an individual basis.



ALWAYS WORKING WITH THE STRUCTURE YOU HAVE LEFT



As with any procedure in health care, results can never be guaranteed. **Your results are always dependent upon your body's ability to accept positive change. We're always working with the structure you have left.** We have many testimonials of people in their 70's and 80's who could barely bend their knees before coming in, who walked with severe pain, couldn't easily navigate steps or even get out of chair - that are now doing well and have resumed activities they once had to give up. How well you respond with MRT depends upon many things, including the type, cause and extent of your knee challenges, the degree of involved weight bearing imbalance, the specific type of misalignment, your willingness to follow instructions, the health of your knee and your overall health in general, to name just a few. Age alone seldom has much to do with it.

Of special notation: This technique is not for those who have already undergone knee replacement surgery. Your natural knee joint has already been destroyed through surgical alteration and there is little we can do in this situation. Additionally, there are a few other conditions for which this technique is not designed, such as newly torn or ruptured cruciate or collateral ligaments. These conditions are typically found in recent injuries and not found in most cases of chronic knee pain. Those who have undergone previous arthroscopic surgery but still have pain often do well with MRT.

If I believe you are NOT a candidate for MRT, I'll tell you this. If I feel you ARE a good candidate for MRT, know we are going to do everything in our power to help you make a positive change in your condition.

LIKE A LINE-UP OF FALLING DOMINOES

A bad knee often goes **MUCH FARTHER** than just knee pain. As with many health challenges, one thing very often does lead to another.

Like a line-up of falling dominoes, knee pain frequently contributes to leading many people into nursing homes, wheel chairs, walkers, and other forms of assisted mobility, as well as into many unnecessary surgeries with uncertain outcomes.

Knee pain is also **ONE OF THE MAJOR REASONS LEADING TO FALLS** and broken bones in people of all ages. **Indeed, a weak knee and the unstable walking it often causes are so serious I want you to be aware of this one very important fact:**



If you are over the age of 65, should fall for any reason and break a hip, statistics tell us your chances of living for more than 18 months are just 50%. So yes! A bad knee is potentially far more serious than just the pain it causes in daily life, and should be properly addressed earlier - rather than later. This statistic is only provided to set in motion a sense of understanding for what knee pain can develop into. It's always easier to stay well than to get well.

IT'S ABOUT MORE THAN JUST KNEE PAIN

With MRT, it's very important to understand we are not **JUST** addressing knee pain. **WHAT WE'RE REALLY DOING** is giving you the best chance we possibly can of **PREVENTING KNEE REPLACEMENT SURGERY** in the future, which is what knee misalignment frequently evolves into if left undetected and unaddressed. It's an approach all of our patients respect.

In the end, if MRT doesn't work for you, you can always have more radical procedures performed later.



However, with knee replacement surgery, once done there is no turning back to a more conservative approach. Knee replacement surgery is indeed necessary for some people, but as we have seen with many of our patients, and suspect with so many others.....

A TOTAL KNEE REPLACEMENT is a **VERY EXTREME MEASURE TO TAKE** for a condition as common as knee misalignment, and which goes undetected in so many people.

How Do I Get Started?

Many people find their lives disrupted for years and never get anywhere toward defeating knee pain because few physicians know how to address misalignment issues of the knee. If you're discouraged because the answer remains elusive in spite of all you've done, don't give up! You haven't tried everything until you've tried MRT!

We've helped hundreds of people with knee pain – **even many that we've been able to take off the surgery schedule.** The proper techniques may also help you in getting rid of this misery. **A complimentary conference with the doctor** will allow us to discuss your concerns and decide upon the best approach for you. **The percentage of success is very high.** Hopefully you can be the next person to benefit from our many years of experience and concern for others.

Call us today at 339-5556. We're ready to help.....



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Our Website: **DrJackAdrian.com**

Due to Federal Law, offers of free services may not apply to Medicare.