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PATIENT'S PERSPECTIVE

Total Knee Replacement

Continuing an active life



Cecille Gerber near Fairbanks, Alaska, with sled dogs Dingy and Nugget

In 1968, when Cecille Gerber was in her first year of teaching high school English at Glenbard East High School in Lombard, Ill., her little Chevy was hit by another driver and slammed into a tree. Her right knee, which hit the gear shift on the floor, was seriously injured. In emergency surgery at Elmhurst Hospital, Dr. Alvin Kanter reattached the severed ligaments and for the next 37 years, she lived, worked and played without any serious knee problems. There was a 7-inch diagonal scar, but other than this minor cosmetic flaw, the knee was good for pretty much all knee-work necessary over the years. Throughout those 37 years, Cecille gardened, golfed, roamed her Glenbard classroom in heels, and enjoyed other activities. If, occasionally, the knee twinged, or

ached, basic common sense behaviors were enough to retain ease of mobility and strength.

As Cecille approached her 60s, the little aches and twinges became more problematic and less comfortably eased. To top that off, she helped a friend clean and paint a country house, which meant she spent the day running up and down stairs, among other tasks. As she was getting out of the car after the busy day, her foot caught, her knee locked, and she knew she was going to have to review the health of the knee and her own activities. Even so, it took a good two years and an occasional cortisone shot for her to act upon the realization that her knee really did need surgery.

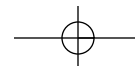
Her first inquiries into surgical solutions brought comments like, "Well, you'll

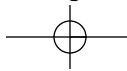
never kneel again," along with the prospect of a seriously curtailed activity roster. This was not something Cecille was willing to accept. In search of a second opinion, she arrived at the office of Dr. David K. Chang, of OAD Orthopaedics. At Dr. Chang's office she found a physician whose professional demeanor included a kind gentleness that blended with his expertise. However, it was his willingness to listen to questions and relay clearly what he saw as necessary that clinched the decision for Cecille. She felt immediately that she had found her surgeon. Cecille said, "He was so personable, and there was never any condescension in his voice. In fact," she continued, "on my second visit or so I said, 'Dr. Chang, I have a few questions for you.' And you know what he said? 'Good! Let's hear them!'"

The surgery was set for mid-February 2007. The scar tissue from her emergency surgery in 1968 meant the surgery in 2007 was a little more complex than most total knee replacement surgeries, but the complexity was not an issue for Dr. Chang. The surgery was successful.

Following her release from the hospital, Cecille had two weeks of in-home physical therapy followed by six weeks of outpatient physical therapy at Marianjoy Rehabilitation Hospital in Wheaton, Ill. Cecille also utilized a Continuous Passive Motion (CPM) machine several hours a day, at home. CPM is a prescribed, after-surgery total knee therapy. The machine moves the joint automatically, through a range of motion for a specified period of time. The movement and the length of time is set (prescribed) by the surgeon.

Cecille was driving herself around as early as three weeks after the surgery. A year later, almost to the day, Cecille was on her way to Alaska to see the Aurora






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Borealis and experience Alaskan sports such as snowshoeing and mushing a dog sled. She admits to requesting only three dogs to mush rather than the usual four-dog team, in order to go slightly slower. During this first year post-surgery, Cecille had been conscious of a new vulnerability in herself regarding the knee, but this Alaskan debut of sports activities clearly proved that she not only could kneel, at will, she had the strength and flexibility to continue a very active life.

Since her first total knee replacement surgery Cecille has had occasion to refer friends to Dr. Chang. Interestingly enough he does not always recommend surgery as the treatment of choice. With one referral he recommended specific exercises, for another he recommended arthroscopic surgery. A third referral was told that the problem was her back, not her knees. Surgery is not always the treatment needed. When it is, Dr. Chang is clear about the risks and the timing. During Cecille's first surgical consultation, Dr. Chang informed Cecille



**David K. Chang, M.D.,
an OAD Hip and Knee Specialist**

that her left knee would ultimately need surgery, but that there was no immediate hurry. This gave Cecille not only time to heal from and experience the positives of

her first surgery, but also to cultivate an awareness of the left knee so she would know when it was the right time to address the surgical need. In March 2010 Cecille returned to the hospital for a total knee replacement surgery—but on the left knee. The procedure itself held no fears for Cecille, after the positive experience of three years ago, and she knows that although surgery brings initial discomfort, the bottom line is that the surgery works. Cecille can kneel (or snowshoe, or mush dogs in Alaska) whenever she likes!

Cecille's story was suggested for OAD Orthopaedics Review by Jeanne (Gigi) DiPirro, RN, Dr. Chang's nurse. Jeanne felt that sharing Cecille's positive experience would be an excellent way to ease fears and educate readers regarding the total knee replacement procedure. That Cecille's story is also an inspiring one, is certainly a bonus!

OAD Orthopaedics (OAD) is a full-service orthopaedic and musculoskeletal practice with 23 specialists in Warrenton, Naperville, Wheaton, Carol Stream, Bartlett and Winfield. OAD's team of board certified physicians provide conservative and surgical expertise for sports and work injuries, and all problems/conditions related to the spine-back and neck; hand/upper extremity; shoulder; hip; knee; foot and ankle. With on-site diagnostic imaging services, including MRI Centers, and physical, occupational/hand, industrial health and massage therapy departments, patients can access premier orthopaedic care close to home.

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As featured in...

OAD OrthopaedicsReview

Volume 5, Issue 9

