Choosing Wisely in Orthopedics
Financial Disclosures
Clinician Lists

Complete lists of recommendations by society can be found by clicking the society name or via individual recommendation pages.

Your search returned 19 results

Society  Recommendation

Search Recommendations

KEYWORD
back pain
Consider these...

• X-rays
• MRIs
• Cortisone injections
• Knee arthroscopy
• Total knee replacement
• Viscosupplementation (Synvisc, etc) injections
X-Rays for back pain

• Acute (<6 weeks)

• Back pain, not leg pain

• Atraumatic
  – Sprains and strains not considered trauma
What you don’t want to miss

• Epidural abscess

• Expanding hematoma

• Neoplasm*
Clues

• Progressive changes in neuro exam

• Acute changes in bowel/bladder function
Nerve root impingement from disc
Lumbar disc herniations are often asymptomatic!

Classic Radicular Signs

- **L4 Neurologic Level**
  - Motor: Tibialis Ant.
  - Reflex
  - Sensation: L4

- **L5 Neurologic Level**
  - Reflex
  - Sensation: L5

- **S1 Neurologic Level**
  - Motor: Peroneus L + b.
  - Reflex
  - Sensation: S1
1) Lasting nerve deficits are very, very rare
2) Disc herniations can (and usually do) resolve with time alone
Knee Arthroscopy
MENISCUS TEARS
**Surgical Treatment of Meniscus Tears**

**Repair**
Whenever possible, your surgeon will try to repair your meniscus to maximize the shock absorption in your joint. This type of surgery may be an option if the tear is within an area supplied by blood, which allows for healing. Your meniscus is sutured together, possibly requiring an additional incision at the back or side of your knee.

**Removal**
If repair can’t be done, your doctor will remove as little of your meniscus as possible. Since the meniscus won’t completely grow back, the articular cartilage will now take over the role as shock absorber for your knee joint.
Arthroscopy for Meniscus Tears

- 30 minute Operation
- 80 – 90% Patient Satisfaction
- 80 – 90% Return to Sports
“Knee arthroscopy doesn’t work.”


Weight bearing x-ray
ARTHRITIS

Articular Cartilage
Weight bearing x-ray
Knee Replacement Surgery
Weight bearing x-ray
When to get knee x-rays?

- Trauma
  - Sprains and strains *do* count
When to get an MRI?

• Do we need one to evaluate instability?

• Do we need one to evaluate meniscus injuries?
Knee Joint Injection Technique

1cc Steroid, 4cc Lidocaine

- Pt supine on table
- Knee extended
- Muscles relaxed
- Lateral approach
- Sub-patellar

Cortisone Shots?

• Lateral epicondylitis
Cortisone Shots?

• Lumbar epidural steroid injections
In Office Epidural Steroid Injection
1cc (40mg) Steroid, 5cc NaCl

Corticosteroid
(Kenalog, Aristacort)
Syringe and Needle

22 gauge 1 1/2 inch needle

Syringe with Luer-Lock (screw-on) tip
In Office Epidural Steroid injection technique:

The sacral hiatus
“POP”
“DROP”
Technique:

• Inject in the midline, just superior to the top of the intergluteal fold (aka: butt crack)

• Try several sites up and down, pressing firmly with your needle, until you:
  “POP” through the membrane
  “DROP” through the intraspinal space
  “STOP” against the back wall
Caudal epidural steroid injections

- Safe
- Easy
- Effective


Caudal Epidural Steroid Injections

“35% of patients with radicular back pain had 50% or greater reduction of symptoms at 3 months”