MAKING THE DECISION · NO. 2

Do I actually need a joint replacement yet?

An honest guide to a decision that is yours to make — including the reasons to wait.

THE ONE-MINUTE VERSION

If you only read one page, read this.

- Joint replacement is almost never an emergency — waiting rarely "ruins" anything, so you have time to decide well.
- The X-ray confirms arthritis; your life determines timing.
- A real trial of non-surgical care comes first — and often works for a long while.
- The signal it may be time: your world is shrinking despite that trial.
- "Not yet" is a recommendation Dr. Seem makes regularly.

DR. SEEM'S PERSPECTIVE

Some of the most satisfied people I meet are the ones I told "not yet." An operation I don't do can't hurt you; an operation done at the right moment, for your reasons, changes a life. My job is to help you find that moment — not to fill an operating schedule.

The most important thing in this guide

Joint replacement is almost never an emergency. Arthritis is not a countdown clock, and with very few exceptions, waiting does not "ruin" your result. That means you have time to decide well — and a decision made for your reasons, at your moment, tends to produce the happiest patients.

> *"I am not treating your X-ray. I am treating what your joint is keeping you from doing."*

Signals that it may be time

- Pain that interferes with things that matter — sleep, work, the stairs, the walk you used to take — despite a genuine trial of non-surgical care.
- You've stopped doing things quietly. Not because you were told to — because the joint decided for you.
- Pain medication has become a routine rather than an exception.
- Your world is shrinking: shorter outings, fewer plans, more calculating in advance.

Signals that it may be worth waiting

- Pain is present but manageable, and you're still doing most of what you care about.
- You haven't yet given non-surgical care a real chance — activity modification, targeted strengthening, weight optimization, anti-inflammatories when appropriate, or injections.
- The X-ray looks "bad" but your life doesn't. Imaging alone is not a reason to operate — plenty of people with severe-looking X-rays function well, and the reverse is also true.
- You're being urged by someone else — family, a scan, a deadline — more than by your own symptoms.

What a real trial of non-surgical care looks like

OPTION	WHAT IT CAN DO	WHAT IT CAN'T
Activity modification	Reduce flares; keep you moving	Reverse arthritis
Physical therapy / strengthening	Meaningful pain and function gains	Regrow cartilage
Weight optimization	Multiplied load relief per pound at the knee and hip	Guarantee comfort
Anti-inflammatories	Take the edge off flares	Be a long-term plan for everyone
Injections	Months of relief for many patients	Last forever, or work for everyone

If you've genuinely worked through this list and your life is still shrinking, that's exactly the situation replacement was designed for.

The trade you're making

Surgery trades a known problem for a recovery and a small set of risks — infection, blood clots, stiffness, and the rare need for another operation among them. The large majority of patients finish that trade far ahead: less pain, more function, and a return to the life the joint had taken. But it's an honest trade, not a free one, and a good surgeon will talk about both sides of it.

Questions to bring to your consultation

01 Is my arthritis the actual source of my pain — could anything else explain it?

02 What would you expect me to regain, specifically, given my goals?

03 What happens if I wait a year? What would change your advice?

04 Am I a candidate for anything short of full replacement?

> **DR. SEEM'S APPROACH**
>
> A recommendation is never based on an X-ray alone. History, examination, imaging, what you've tried, and what you want your life to look like all carry weight — and “not yet” is a recommendation he makes regularly.

RELATED GUIDES IN THIS LIBRARY

- What your X-ray says — and what it can't
- Questions to ask any surgeon
- Partial or total knee replacement?

What happens next

If you decide to be seen, the consultation starts with listening — your story, your goals, and what the joint is taking from you. Then an examination, and a review of your imaging together on the screen, so you can see what we see. You'll leave with an honest recommendation and every reasonable option explained — including the option of waiting. Nothing is decided without you.

To schedule: call (540) 667-8975 — Winchester Orthopaedic Associates, 128 Medical Circle, Winchester, VA 22601.

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