MAKING THE DECISION · NO. 4

Partial or total knee replacement?

When resurfacing one compartment is enough — and when it isn't.

THE ONE-MINUTE VERSION

If you only read one page, read this.

- The knee has three compartments; a partial resurfaces one, a total resurfaces the joint.
- Partials keep your ACL and often feel more natural, with a quicker recovery.
- Candidacy is anatomical: single-compartment disease with intact ligaments — the knee decides, not the brochure.
- Partials carry a somewhat higher chance of later conversion to a total.
- If you genuinely qualify, you'll hear both options with real trade-offs.

DR. SEEM'S PERSPECTIVE

When a knee truly qualifies for a partial, it's a wonderful operation — but the qualification is anatomical, not motivational. I'd rather tell you an honest no today than convert your partial to a total in three years.

The knee has three compartments

Inside (medial), outside (lateral), and behind the kneecap (patellofemoral). Arthritis can wear one compartment while the others stay healthy — or involve the whole joint. That anatomy is the entire decision: **partial replacement resurfaces only the worn compartment; total replacement resurfaces the whole joint.**

What makes partial appealing

- Your ACL and the rest of your knee stay exactly as they are — which is why partial knees often feel more natural.
- Less bone is removed and less soft tissue disturbed, so recovery is typically faster.
- Smaller operation, generally lower medical stress.

What makes total the right call more often

- Arthritis in more than one compartment — a partial can't fix what it doesn't cover.
- A deficient ACL or significant deformity, which partial designs depend on.
- Inflammatory arthritis, which affects the whole joint.
- Durability planning: a partial knee carries a somewhat higher chance of needing a later conversion to total — usually because arthritis progresses in the compartments it preserved.

The honest comparison

	PARTIAL	TOTAL
Treats	One worn compartment	The whole joint
Feel	Often more “like my knee”	Excellent, occasionally more “replaced”
Recovery	Typically quicker	Somewhat longer
Candidacy	Narrow — anatomy decides	Broad
Later surgery	Higher chance of eventual conversion	Lower revision rate overall

How Dr. Seem decides

Candidacy is anatomical, not aspirational. Your history, examination, and imaging establish which compartments are involved and whether your ligaments qualify you. If you're a genuine partial candidate, you'll hear both options with their real trade-offs. If you're not, you'll hear why — a partial knee in the wrong knee is a short-lived favor.

ONE MORE HONEST POINT

Partial knees punish imprecision — component position and balance drive their survival. This is a place where robotic assistance and an adult-reconstruction practice genuinely matter to the odds.

RELATED GUIDES IN THIS LIBRARY

- What "robotic surgery" actually means
- Do I actually need a replacement yet?

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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