

Radiation Therapy and Osteoarthritis Relief

PAID PROMOTIONAL FEATURE

Osteoarthritis (the degeneration of cartilage) affects 1 in 7 Americans. Now, low-dose therapeutic radiation (LD-RT) provides a non-invasive and cost-effective treatment option that offers significant pain relief with minimal side effects.

LD-RT has a long and impressive track record extending back more than 125 years. "In the clinical setting of Europe, it has been used uninterrupted for the past 60 years," says RBOI founder Dr. Norman Anderson. "In Europe, over 85% of treatment facilities have offered low-dose therapeutic radiation for non-cancer conditions," including plantar fasciitis, trochanteric (hip) bursitis, medial epicondylitis (golfer's elbow), lateral epicondylitis (tennis elbow), and various tendinopathies. A single course of treatment for osteoarthritis is 60% to 90% effective and can be repeated to improve results.

Why does this treatment seem "new" here in the US? The introduction of non-steroidal anti-

inflammatory agents (NAIDS) in the 1960s led to decreased radiation use for arthritis. Less than 5% of US radiation facilities have offered LD-RT for non-cancer conditions. Instead, the standard of care has included over-the-counter pain relievers, cortisone injections and prescription medications, physical therapy and weight management, and, for severe cases, joint replacement surgery. Medical schools may not have taught the use of LD-RT for non-cancer conditions because these other methods have taken precedence.

LD-RT is covered by many insurance plans, but is it right for you? It can be, if you have persistent osteoarthritis pain, especially if other treatments have failed. However, it may not be suitable if you are under 50 or have a history of radiation therapy for cancer. Give us a call to learn more.



Osteoarthritis: What Are Your Risks?

Osteoarthritis commonly affects the hands, knees, hips, and spine. Risk factors include:

- Osteoarthritis in one's family.
- Past injuries (e.g., torn cartilage, dislocated joints, ligament injuries).
- Age (being 50 or older).
- Gender (being a woman, especially postmenopausal).
- Excess weight.
- Occupations that stress joints (e.g., kneeling, climbing, heavy lifting).
- Other medical conditions (like arthritis) affecting joint health.

The World Health Organization calls osteoarthritis the most rapidly increasing health condition.

by the numbers

1898

First use of therapeutic radiation to treat osteoarthritis

4.2%

Lifetime risk for both men and women of developing knee osteoarthritis (for hip osteoarthritis it's 25%)

2

Osteoarthritis is the second most costly health condition and the second leading cause of disability in the US

55%

Increase in mortality linked to osteoarthritis

Making a Difference

Our series continues with how RBOI's team strives to make a positive difference in people's lives. Meet one of our radiation therapists.

Pam Morse, RT(R)/T: Cancer treatment is so very different for each and every patient. I believe in connecting with them personally, whether it is asking about their grandkids or talking about their hobbies, etc. I believe this gives them comfort and instills confidence with my part of their health journey.

Whether we are treating someone with Stage I cancer or offering palliative care, I believe our team of therapists, nurses, social workers, and doctors offers complete physical and emotional care. Treating patients 5 days a week offers a unique perspective into each patient's personal situation. Our team is empathetic and quick to observe the whole picture. It resonates with our patients in a way that is very gratifying.

RBOI is the "A" team. We really do have the best team. We all strive to do one thing -- treat the patient as if they were a family member. That has been instilled in all of us by our founder, Dr. Anderson. I believe we accomplish this and I know firsthand that our patients feel it, too.

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