

“Thanks to my partial knee replacement, I’m as active as ever!”

At 71, David Morris is no stranger to high-risk situations. From Arizona to Uganda, the forensic psychologist travels the world to help governments strengthen their internal security by screening personnel to evaluate skills and behavioral characteristics.

When his knee arthritis became too intense and threatened to hinder his on-the-go career, the Alexandria, VA, resident approached it as he would any of his jobs: Search for a practical solution and address it.

by JOANA MANGUNE



“Knee pain put me in jeopardy”

Finally, in 2014, when David found himself in a dangerous situation, facing hostile forces in South Sudan because he “couldn’t move quickly enough without pain,” it was the last straw. He started researching treatments, and was intrigued by partial knee replacement, a type of surgery in which only the damaged part of the knee is replaced. It meant quicker recovery and shorter rehab.

“I found the right doctor for me”

After meeting with three specialists across the country, all of whom recommended full knee replacement, he persisted

As a contractor for the Department of Defense, David traveled to Iraq from 2004 to 2007 to help assess candidates for the Iraqi civilian police force. That’s when he first realized he needed help with his arthritic knees. “In 2006, the situation in Iraq became more dangerous,” David recalls. “There were more instances of roadside bombs, so if you wanted to survive, you had to get out of the vehicle quickly.” David started getting steroid injections to his knees—

“They would last four to six months at the beginning, but over time, their effectiveness decreased, until it got to the point where they only helped for about two months at the most.”

But he never let the discomfort deter him. In 2013, David spoke at the INTERPOL General Assembly in Cartagena, Colombia. “When I was invited to the podium, I had to stand up slowly and smile through the pain,” recalls David. “I had to hold on to the podium for support. It was debilitating.”

until he found an expert in the partial procedure, Geoffrey H. Westrich, MD, research director of adult reconstruction and joint replacement at Hospital for Special Surgery in New York City. “Without reluctance he told me I was a candidate for the partial,” says David. “I was debating on getting surgery on both knees and Dr. Westrich actually encouraged me to do one knee first and see how I felt after that.” The reason? After pain is alleviated from one

knee, patients tend to be able to put less stress on the other knee, making both knees feel better, explains Dr. Westrich.

“Support made all the difference”

On June 30, 2016, David went in for a partial replacement procedure on his right knee. “I came in Thursday and walked out Friday!” David says. The rehab afterward was critical and included knee bends and low-impact exercises that helped build muscles around the area. David started off with two daily treatments, then tapered to one a day. He credits his children and physical therapist for helping him with his rehab. “Had my children not been there, I wouldn’t have done it. I’m too busy,” he says. “When I started my rehab, I was limping and my therapist asked me, ‘Do you want to limp for the rest of your life?’ My son heard that and he said, ‘You just said the right thing to my father!’ ”

“I’m skiing again!”

Today, David has regained full range of motion in his right knee. Another great benefit of his surgery: Shoring up his right knee helped alleviate pain in his left one. “I don’t have to brace myself anymore just to stand up. It’s absolutely amazing,” David says. Another perk of his surgery? Being able to ski again! “I tried it and it was wonderful! Six months ago, I could not have done it,” he says.

With both knees back in business, David looks ahead and plans to keep working. “I’ve been working for 40 years, and after my surgery, I can work for another 40,” David says. Read on for his recommendations for others considering joint surgery.

- **Don’t delay.** “Everyone’s situation is different, but I wish I had done it four years earlier,” says David. “I would’ve been much happier if I had gotten it done sooner.”

- **Get a doctor you’re comfortable with.** “Since surgery is technic-sensitive, on the top of my wish list was someone who had performed it many times. Dr. Westrich has a background in engineering, and is without a doubt the most

experienced in using robotics and performing knee surgeries,” says David. “What’s more, he really listened to my concerns and understood my situation.”

- **Stay dedicated to your physical therapy.** “Getting your range of motion back is going to be painful, but push through the therapy,” says David. For David, low-impact exercises such as swimming and stretching helped out a lot. 

Should you go the partial knee replacement route?

David’s orthopedic surgeon, Geoffrey Westrich, MD, of New York’s Hospital for Special Surgery, explains the pros and cons of this procedure.



Q: Who is a good candidate for this surgery?

A: Partial knee replacement is an excellent option for patients who have arthritis that is localized in one compartment of the knee (medial, lateral, or patellofemoral). It’s usually performed in younger, more active patients. It is most accurate when performed with the assistance of the Mako robot, which helps the surgeon with the exact placement of the component and proper ligament balancing.

Q: What are the benefits and drawbacks of partial knee replacement surgery?

A: Because only the damaged part of the knee is replaced, it typically has a faster recovery than a total knee replacement. Also, all the ligaments in the knee remain intact, and many patients say the knee “feels normal” after surgery. The downside of partial knee replacement is that the remaining compartments of the knee can develop arthritis over time, and a future total knee replacement surgery (called a revision surgery) may be needed.

Q: How can patients prep for surgery? What about post treatment?

A: I recommend regular exercise to strengthen the muscles around the knee, especially the quadriceps muscle. After surgery, we recommend that patients try to maintain a healthy weight and engage in an exercise program tailored to their needs.