

# Need New Knees?

Part 1

*Author's Note: It is important to remember that this story represents my personal experience with a Total Knee Replacement (TKR). Each person is different and will have different concerns and factors that effect the decision to have a TKR. Please do plenty of research. Talk to more than one surgeon, and even to nurses and physical therapists that have experience with TKRs.*

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I'm uncertain who actually said "no pain, no gain" but I grew up with Vince Lombardi, and the following quote comes close enough: "If you can accept losing you can't win. If you can walk you can run. No one is ever hurt. Hurt is in your mind." This mantra was drilled into my head as a kid growing up in Chicago and playing sports in high school and college. I had many sports-related injuries during this period and my knees seemed to suffer the most. But when you're young who thinks about how you are going to feel in your 40s and 50s?

I have always shared my life with dogs. When I became involved in running, my dogs were my jogging partners. For years I ran 4-6 miles daily with my dogs. Running takes a toll and I eventually shifted my activities from road racing and marathons to triathlons and then competitive cycling. At some point I realized my running career was over. Actually my second arthroscopic surgery on my knees hit me over the head with that knowledge and ended one of my favorite activities, running with my dogs.

Since I could not run and my dog was getting older, walking suited us fine. But then a wild energetic Standard Poodle came into my life. Woola needed a lot of exercise, which I tried to provide. We walked and I threw the ball, but I couldn't take her out for a good run. Then five years ago, I ran into somebody doing training with some jumps in a local park. He told me he competed with his dogs in this sport called agility. I asked him if I could see if Woola could go over one of his jumps; she did and I was hooked.

## Jumping in with Both Knees

Our agility adventure started. I threw myself into the sport. I set up training schedules and found a local dog club with members who competed in agility. I started attending seminars, reading books, and looking for opportunities to learn from other people.

My first concern was how to run and keep up with a fast Standard Poodle. I had already limited many activities I participated in because of my knees. I had had surgery on each knee and I experienced knee pain that I dealt with daily. How was I going to run and train a dog in agility?

Knee problems are common with agility competitors. How often do we see people at trials with obvious knee problems? There are the visible signs, the various knee braces that competitors wear, but we have no idea how many knee supports are not visible or how many people compete only with the help of anti-inflammatory drugs or pain medication. And we don't know how many people spend evenings with ice packs on their troubled knees.

## One Handler's Experience with a Total Knee Replacement

By Steve Soberski



In *Switching Sides* Kay Guetzloff observes that "many of the exhibitors were wearing knee braces.... Knee problems certainly appear to be a serious problem in this sport. In fact, I know of one obedience exhibitor who went to a Halloween party dressed in shorts and wearing a knee brace. She went dressed as an agility exhibitor!" *Switching Sides* was published in 1999, and most of us (and our knees) aren't getting any younger.

So, you cope; you learn how to manage pain; you learn how to run with a sore knee or a gimpy knee. You try to minimize the amount of running you have to do on a course. If front crosses hurt your knees, you learn other handling strategies; you make sure you're not wearing footwear that will catch in the grass. And you do a lot of sitting at trials, resting your knees for your next runs.

Many of these strategies worked for me for several years. I was able to train my dog, attend seminars, and enter trials. But I always felt limited by knees that wouldn't cooperate and prevented my running and participating fully with a fast athletic Standard Poodle. After watching *Agility Foundation Training* by Greg

Derrett I realized the limitations I faced in our training; I so much wanted to be able to run and do the flat work exercises he demonstrated in his video.

I eventually made the decision to find another agility puppy—I was going to avoid all the mistakes I made with my first agility dog. I already knew that in a few years I was facing some decisions about my knee—my right knee—the knee that had surgery over 12 years ago, that caused me daily pain, and that I iced every evening. So when I brought Yukon, my Standard Poodle puppy, home two years ago I knew that I'd be facing some tough decisions. I was hoping I'd have time to do the agility foundation training I wanted with Yukon and get him started on beginning and intermediate agility training before I faced surgery and the prospects of recovery and a long period of physical therapy.

## This Isn't Going To Work!

For the next two years I was able to work with both Poodles. I was able to get Yukon through agility foundation training and all the way to a class for getting dogs ready to compete. Things changed in January 2005: I started having some severe problems with my right leg, enough that I couldn't train or compete at times. I made an appointment to see my doctor.

After an MRI of my lower back I was diagnosed as having sciatica problems, which led to a series of treatments. Some helped but nothing permanent; and it was getting increasingly difficult to train and compete. At the end of July I reached a low point, ending up in the hospital with complications from the degenerative condition in my right knee. Now I knew I had to face the decision to have a total knee replacement (TKR).





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Has your knee pain affected daily activities, like walking or other basic household chores?  
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Are you having trouble sleeping at night?  
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Do you have to take pain medication to make it through the day?  
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.....  
Has your knee pain interfered with things you enjoy, like training your dog or competing in agility?  
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.....  
Has your knee caused other physical problems, like back pain for example?  
.....

.....  
Have you looked at other options? Other procedures are available that can help with knee pain and discomfort.  
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### Training Decisions

I had run out of options. My right knee was making it almost impossible to train and compete in the sport I loved. I continued to work with both of my Poodles, but training was a day-to-day decision based on how



I felt. By this time I was unable to run with my dogs so we worked on exercises from "Unleashing the Velcro Dog," a column by Jane Simmons-Moake in *CR*.

I started doing things differently in the months leading up to surgery. I decided to go back and do more foundation training with both my dogs. I started doing simple targeting exercises. Yukon learned targeting as a puppy, but Woola was never exposed to targeting and as a result we have had contact problems. So here was an opportunity to reinforce Yukon's already good targeting skills and retrain Woola's contacts using targeting.

I also worked on exercises that I thought I would be able to do on crutches after the TKR. I had crutches from earlier in the summer and used them while practicing drills—turns and switches, around and side, through-my-leg exercises, and some work with my table and contact ramp that sit in my driveway. We also worked on some *Go Out* exercises I set up in my backyard and I continued play/tug training sessions with both dogs.

I also looked for opportunities to contact others who had experienced a TKR. Around this time a new online discussion group was formed, Agility Knees (<http://groups.yahoo.com/group/AgilityKnees/>), that became an incredibly valuable resource. I was able to talk with many people who have gone through a TKR or who were in my position, facing the decision to have the surgery. I was able to ask if people were able to continue agility training and competing after surgery and what restrictions it placed on them.

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Do you have an orthopedic surgeon who can answer questions about the surgical procedure and is willing to spend time answering all your concerns?

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Does the hospital where you are having surgery have a staff that specializes in treating joint replacement patients?

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What you  
need to  
know or  
consider  
before  
deciding to  
have a  
TKR

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Physical therapy after your TKR is critical; has this been explained and do you have physical therapy options that are convenient?

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Will you have somebody to help with your care the first two weeks? If you live alone you will need to consider having some in-home care.

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Does your doctor understand what your goals and objectives are after you have a TKR; for example, does your doctor understand what agility is and what competing in agility involves?

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## Making a Tough Decision

My doctor stressed that a TKR is an elective procedure. He told me what he saw and what his recommendations were, but ultimately I had to be the one to make the decision to go ahead with the surgery. I did research and asked a lot of questions. I had several office visits with Dr. Bozarth and had exams and MRI and x-ray sessions. I made my first surgery appointment for mid-September, but I actually called it off. I decided that I needed more information, so I scheduled another appointment with my doctor. My wife came to the appointment with me and we had a list of questions which he very patiently answered.

If you're considering a TKR, make sure that you:

- **Find a surgeon you trust:** I was fortunate that the surgeon I chose had already operated on my right knee 12 years ago. I had a good relationship with him and found him easy to talk to; he was approachable and willing to answer questions. I did some checking and couldn't find anything negative about him.
- **Check out the hospital where the surgery will be done:** My surgery was scheduled to take place at St. Elizabeth Regional Medical Center, which had a highly regarded Joint Replacement Center. A few weeks before my surgery I attended an extremely helpful Joint Replacement Class. The class explained exactly what would happen from check-in for surgery until discharge. I received a 90-page workbook that discussed everything from being admitted to the hospital to the physical and occupational therapy I would receive while in the hospital. The staff of the Joint Replacement Center stressed that we were not sick people but patients with bad knees; so we wouldn't be dressed in a hospital gown but would be in comfortable loose fitting clothes; like sweat pants. I liked that immediately.

- **Look at making some changes around the house:** Because of the Joint Replacement Class my wife and I were able to make some changes in the house that would help me after surgery. But I was stubborn and didn't take many of the recommendations made during the Joint Replacement Class. For example, I was determined to get by with just crutches instead of a walker. I didn't think we needed to make modifications to our bathroom such as rail hand supports. For the most part this worked.
- **Make plans for physical therapy:** While in the hospital I would have PT twice a day, but I needed to arrange for physical therapy after I left the hospital. I wanted to work with a physical therapist I knew so arranged PT sessions that started the day after I left the hospital.

All that was left was getting through the weeks leading up to the surgery date. As my doctor had told me more than once, having a TKR is a serious decision and once the surgery is done you can't go back. I told him that I was really apprehensive about the surgery, and he told me I had every reason to feel that way. Dr. Bozarth was honest and didn't sugarcoat anything. He told me, and I had heard this from several people, that there was some serious pain associated with the surgery; TKR surgery hurts. Hey, I've suffered through a lot of injuries so how bad could it really be?

Well, I found out and it wasn't pretty—more on that next month! But I'm so happy that I had the surgery. I feel great and I'm back walking, hiking, riding my bike, swimming, and best of all, training my Poodles. I'm able to run better than I have in years. 🐾

*Author's Note: The Agility Knees group was an invaluable resource that helped me prepare for surgery. The group was started and organized by LeAnna Sanders. LeAnna's first attempt at TKR led to complications and she was unable to have the surgery. She is determined to have surgery in 2006 and all of the list members will be anxiously waiting her successful TKR surgery.*



# Need New Knees?

## Part 2



*Pain is temporary. It may last a minute, or an hour, or a day, or a year, but eventually it will subside and something else will take its place. If I quit, however, it lasts forever.*

*Lance Armstrong*



## One Handler's Experience with a Total Knee Replacement

By Steve Soberski

Surgery was scheduled for October 17. On October 16, I drove to Omaha for Yukon's last class with our Go Dogs friends for a while. I have tried to keep up a normal agility training schedule right up to the day of surgery.

After a restless night my wife and I were up early. I had to be at the hospital at 5:30 a.m. Surgery was scheduled for 7:30 a.m.

## Day 1

The surgery went well. I woke up in the early afternoon feeling hungry. I couldn't move my right leg and didn't feel any pain. So far, so good. Later that evening the femoral nerve block I received before surgery wore off; I was in real pain and using the morphine-drip button.

## Day 2

Up early, no lounging around. I was up and having my first physical therapy (PT) session in my hospital room. In the afternoon, using my crutches, I walked by myself to the PT room where we had a group session. This was my first experience with the "chair of pain." Each session ended with the physical therapist working one-on-one to measure the range of motion (ROM) you have with your new knee. ROM was everything. You sit in a chair and with the help of your physical therapist you flex your knee way beyond what you think would be possible or humane. These sessions continue after you leave the hospital.

## Day 4

I was discharged from the hospital. I arrived home and after my wife helped me get safely situated in a chair, she let the dogs in and I was greeted by Woola and Yukon. It was a wild greeting and I was glad to be sitting down, protecting my knee. Yukon did his best to curl up next to me on the couch and I was touched by his concern—good to be home.

## Day 6

It was interesting how I started measuring progress in very small steps. This morning for the first time since my surgery I could lift my right leg without any help. I'm talking just being able to lift it a few inches. Running on an agility course seemed light years away.

## Day 8

One week after surgery and at my first PT appointment outside of the hospital, we set up a series of exercises. My therapist said the real work in the rehab process must be done at home; the office visits were opportunities to evaluate my progress and to add new exercises and



increase the intensity level of different exercises.

I also had my first training session with the Poodles. I had worked on some exercises before surgery with them and now it was time to give it a try. I pulled a stool out to my driveway and while sitting down, worked on a few simple exercises. Just some *Watch* and targeting exercises, but a start. We were actually training; the dogs were excited; I was excited!

## Days 9-14

I told my physical therapist my goal was to train my dogs and to compete in agility again. I picked my therapist because she understood my goals and was willing to work with me to reach them. At the time I didn't have resources that are now available through the Agility Knees Yahoo discussion group, including a video clip of an agility run put together so that a doctor or physical therapist can see what we do when we run agility.



I was getting into a routine with my rehab: up early, exercise session, then another exercise session at noon or a PT session. I continued to work with my dogs

on *Watch*, targeting, and *Go Out* exercises sitting on a stool in my yard. I also tried *Behind*, *Side*, and *Through* exercises on crutches. I had practiced the exercises using crutches before the surgery so my dogs did not have any issues with them. Amazingly I didn't trip or get knocked down.

## Day 15

I returned to my orthopedic surgeon for a two-week check up. The staples are removed from my incision; my doctor is pleased with how well I'm doing. I walked around the block for the first time with crutches.

## Day 18

Today I tugged a little with Yukon for the first time—a big step from just sitting and doing some exercises with the dogs in my driveway. I could interact with the dogs.



## Day 21

Improvements at three weeks:

- Could walk two blocks with crutches
- Could walk easily with one crutch
- Could walk short distances without any help
- No pain while standing up; could walk without pain
- Exercise load increasing and reached 110° of flexion
- Started swimming and used a pull buoy because I still can't kick.
- Most important, could work with my dogs

I could now do things with my dogs without using crutches; I could tug with them in my yard. I could use my contact trainer and work on nose touches.



## What Are PT Sessions About?

Before you have your TKR you are repeatedly bombarded with the fact that the success of the TKR depends on physical therapy (PT) and how well you adhere to the program you set up with your physical therapist.

PT starts the day after surgery in the hospital. I started office visits one week after surgery and followed basically the same routine I was put through in the hospital including:

- **Quad sets:** With your legs out straight, you contract your quadriceps muscles and hold for a count of 5 (2 sets of 10 repetitions). All exercises eventually worked up to 3 sets of 10 repetitions.
- **Leg raises:** While lying supine, you raise your leg off the ground. Hold and release (2 sets of 10 repetitions). Also do this while lying on your side. Also move your leg from side to side in a horizontal plane.
- **Hamstring stretches using a towel:** From a sitting position with a towel around your instep, extend your leg. The object is to get your leg in a straightened position.

As I progressed, my therapist added more exercises. I started using a NU Step Machine ([www.nustep.com](http://www.nustep.com)). I sat upright in a chair with platforms for my feet and pushed with my feet; it was similar to a stair-step machine.

Next I added work on a treadmill, then an elliptical trainer, with the goal of riding an Exercycle. I also started light weight training at this time, concentrating on upper body exercises.

Each PT session ended with the chair of pain. I dreaded this exercise: I sat in a chair, started moving my leg to loosen and warm it up, and then started bending and flexing it. My physical therapist took range of motion (ROM) measurements: the goal was to get to 120° of flexion in my leg. After my leg was warmed up, she planted my foot in position. Then it was up to me to slide forward in the chair while she measured the degree of flexion. How much pain I wanted to subject myself to was in my hands but the encouragement was always, "You can do better; you're at 104°; you can do more." So I started to embrace the pain and the numbers the therapist was reading from her Goniometer (a plastic measuring device). If you reached 104° at your last session you wanted to leave with 106° at the next session. The pain was worth each small incremental improvement.

Next we incorporated wall slides for increasing ROM. Lying on your back near a wall, you put your feet on the wall and slide your foot down the wall so that you can control how much flexion you can tolerate.



PHOTOS COURTESY OF STEVE SOBENSKY



PHOTO BY DOUG SMITH

### Days 27-40

Progression was slow but steady. I walked the dogs in the morning; slowly, but I walked with them. I could drive to two different locations to train where I was able to work on contact equipment and short sequences where I didn't have to move much. We also worked on connection exercises; we played; we tugged. In these sessions I wanted the dogs to play with me and I wanted to assess how well I could move. It was obvious I couldn't get out and run an agility course, but at least I could visualize that happening soon. Couldn't do that a few weeks ago.

I reached a milestone on day 39; at my PT appointment I reached 120° of flexion. That's what I've been working on for the last five-plus weeks.

On day 40 I was able to do 2 minutes on the upright cycle; not much but I knew I could build on this.

### Day 48

I drove to Omaha to attend Yukon's last Handler 1 class. We attended the first class of this session the day before my surgery and I wanted to attend and participate in the last class of this session. I could participate in some exercises. I took it easy but I was out on the floor running. Well, okay, I was moving, but playing agility with my dog.

### Progress through the Holidays

By now I could get into somewhat of a normal routine with my work, PT, and training the dogs. I started exercising the dogs more on walks both around my home and in a park that offered a mix of different surfaces and terrain. There's nothing like walking up and down hills for exercise, for both the Poodles and me.

I started taking obedience lessons with the dogs and continued working on foundation agility exercises. Woola, my older Poodle, who was never exposed to targeting and other foundation drills, benefited from going back to basics. She has become good at targeting, which should help us with contacts, something I never trained properly with her.



With my younger Poodle, Yukon, I trained flat work away from agility equipment. We worked on *Go Out* or *Go Ahead* exercises. We started to do different running and switching exercises with changes in direction, around or through my legs, and then a switch and a throw of the tug toy to get him to really move ahead of me. I could now send him over a series of jumps to a tunnel without babysitting him. He must become good at distance work because even with the new knee I won't impress anybody with my sprinting speed on course.

### January 2006: The New Year

It's been about three months since surgery. I drove to Omaha for the first 2006 agility class at Go Dogs for my younger Poodle. I was also helping to teach a Beginning agility class afterward.

The first class went well and I could fully participate. Once I started working I didn't even think about my knee. I was unsure how I was doing for speed or mobility on the course but I felt good. I couldn't do this last summer and couldn't participate in classes or think about entering an agility trial.

My concern about changing direction and doing a front cross on course was not a

problem. I made sure I wore shoes that wouldn't catch on the rubber surface of the training building. And for training on grass or dirt, I didn't want to wear shoes with an aggressive tread pattern and nothing with cleats. I didn't want my foot to catch on something to cause me to twist or to fall.

I had finally reached the point where I was happy that I had the TKR and felt that my primary goal, being able to train and compete in agility with my dogs, had been achieved. I'm never going to be able to run like I did when I was 25 but we all are faced with that. I can now train without pain and have high hopes that I'll be able to compete and enjoy my dogs for many years to come.

### My First Agility Trial Since Surgery

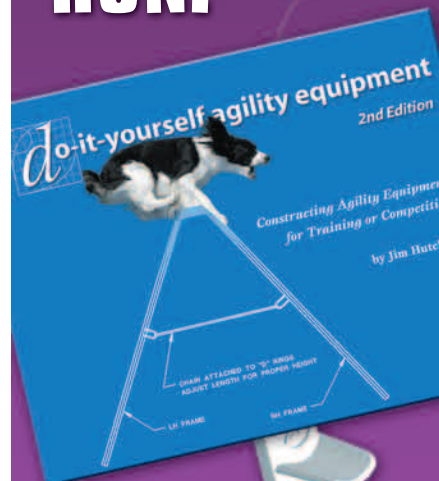
So, it's time to see how well everything came together. I've had the surgery; I went through weeks of PT; worked hard to get ROM and to build up strength in my leg; started agility training; started attending agility classes; and now I've entered an agility trial.

### Final Notes

The decision to have a TKR was very difficult. With any surgery there are risks, and even more so with major surgery that replaces your knee with an artificial implant. I put off making this decision until it was made for me. I had reached a point where I couldn't participate in the sport I love and where I couldn't train my dogs or take them for walks. I was prevented from doing the things in life that I found worthwhile.

Almost all those I have talked to who have had a TKR comment on how it has allowed them to return to doing the things in life that they find important. Many people wondered why they waited so long and were considering having their other knee replaced. I think I waited until the perfect time to have my surgery. I needed to reach the point where I couldn't do anything—couldn't train, couldn't compete, couldn't do some of the most basic things in life. I needed that push to make the decision. And I can honestly say it was the right decision for me. 🐾

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