

What a Physical Therapist Wishes He Knew Before Knee Surgery

Video Link: <https://youtu.be/rnppS8fsLcU> (24:39)

Condensed Article Based on Eric's Interview:

<https://thegoknee.com/what-a-physical-therapist-wishes-he-knew-before-knee-surgery> (5–7 minutes read)

Shehla: All right, so we are recording and then I'm going to also check notes.

Shehla: I'm assuming the bells mean we're starting. All right. I am Shehla Rooney here with GoKnee and I'm talking with Eric Carter, a physical therapy assistant who has also interestingly had knee replacement surgery. And can I mention your age?

Eric: Absolutely.

Shehla: Your 47?

Eric: 47. Yep.

Shehla: 47 years old.

Shehla: Obviously as a physical therapist myself who specializes in knee replacement recovery, you are fascinating to me because you're like getting the inside scoop. Now I've had three knee surgeries, but not knee replacement, and I've focused on knee replacement because, in my head, I'll probably need one.

Shehla: And so I've been mentally preparing for a long time. Today my goal is to ask the questions that I think my patients would want to know from you. And I'd love for you to be as open and honest. And we'll just get through it. How I'd like to start is give me the quick summary of your knee.

Shehla: When did it start? What happened? The quick roundup that gets us to the last year.

Eric: Sure. So I was in the military. I went in at 18 years old. Lots of running, lots of jumping, lots of carrying heavy stuff. I did that for 12 years and at some point during that time I started having knee problems.

Eric: Can't identify a specific injury or timeframe, say maybe, five or six years into my 12 years. At some point it got bad enough that I spoke with an orthopedic surgeon and had a scope done. So I had it scoped, maybe like 2011 was the first one. That wasn't terribly successful.

Eric: So I went back for another scope, another a year later. I got a little bit better results, but still not great and just decided to suck it up for a while. At about 35 years old, I went in and got another. I got looked at again, had some MRIs done. And at that time they said I probably was a good candidate to have knee surgery already.

Eric: But my goal was to put it off. I wanted the technology to improve and I just wasn't ready to go down that road yet.

Shehla: And you also, I know this about you through our communications, you're big into JiuJitsu. And so no injury with that? No factor with that impacting that or anything like that?

Eric: No. That was one of the few things that I could do without a lot of pain.

Shehla: And then just for the audience to know you're a physical therapy assistant. How long have you been and what setting have you worked in?

Eric: Yeah I've been a physical therapy assistant since 2012, so 13 years now.

Eric: Most of that time was outpatient orthopedics, working with people that had joint replacement surgeries and other surgeries. I did a little bit of time in neuro rehab at a TBI clinic, but it was with military people and so there were lots of orthopedic issues to deal with as well.

Shehla: Okay. So again, I find it fascinating. No specific injury. You look like you're fit. You do jiuJitsu. You're in the health professional landscape. You've seen orthopedic injury. Again, to me, very fascinating. I think that what I would want to know is, you had surgery in December, so we're in February 2025 right.

Shehla: For people listening. Had surgery in December of 2024, but you and I got introduced back in February of last year. So you were clearly looking into at that point what you wanted to do, or I should say, what were you doing a year

ago prior to the surgery? Like all the things people want to know, on what to do before surgery.

Shehla: And so I guess my question is, I'm interested in things like, braces, medications, injections, prehab, all that stuff. Like, what as a PTA with orthopedic knowledge and knee pain, knowing you have to have surgery, what were you doing?

Eric: From the time that I became a PTA on, once I started understanding things, I started working and doing like prehab type stuff with my knee.

Eric: I knew that it was inevitable that I was going to have more surgeries. So I started right off the bat as I learned exercises in school, I started applying them immediately. So years and years of that. Let's see. I think I've tried all the different things. So I've done dozens of cortisone injections trying to put this off more than was probably healthy.

Eric: I just was trying to get through it. I did try PRP and I didn't get very good results with that. I didn't have any negative results, but I didn't get any real relief out of that. So I really just focused on staying as strong and as mobile as I could.

Eric: I was in, especially maybe the last three years, in a significant amount of pain. But I knew that it was important to keep moving. Because as I learned in school, outcomes are based on how strong you are and how mobile you are going into the surgery. So I just kept moving regardless of the discomfort.

Shehla: So knee braces, did you ever try knee braces?

Eric: I did the over the counter stuff that you can get. I went all the way up to an unloader brace. So I probably had that the last year and I only really got mild relief, I would say. I was at the point that probably a year ago that I needed the surgery and was just trying to put it off.

Shehla: You were trying to get the, "can I get to 50 years old before I have it?" You didn't make it. Hundred percent. I know, I totally get it. What about anti-inflammatories, over the counter medications? Again, people tell me all the time, the things that they try, so I'm just curious, did you dabble with those?

Eric: I did. I had some other gastrointestinal issues. That actually required a surgery earlier in 2024 before I had the knee done. I probably overused NSAIDs, the anti-inflammatories quite a bit, which contributed to some of those issues and didn't give a whole lot of relief.

Eric: At one point, I think, they tried some narcotic stuff and I just didn't like that. So it was tramadol I think is what they were trying to have me use. I tried the voltarin gels but I didn't get anything out of that. So pharmacologically, I didn't have a lot of success.

Shehla: I find it conflicted, some people it lasted five years and it managed well and others are like you. It really didn't help. And my therapy brain always wants to figure out if there's a correlation or can I learn something from people, why did it work for some and not others.

Shehla: So I'm fascinated with that now. I think you alluded to the fact that the final straw for why you decided in 2024 to have the surgery was you said your pain was just getting worse. Is that the main reason why you're like, I'm just going to have to have surgery. I can't put it off any longer?

Eric: Yeah.

Eric: I would say the main reason was that I was decreasing function. Having worked in therapy, I understand that there's a psychological component to pain. It is real, but it is somewhat under your control, especially if you have the right education and understand what's happening in your body.

Eric: So that being said, I put it off more because I still felt like I could function day to day regardless of the pain. But once I started having difficulty getting out of bed in the morning, to the point where sometimes I would have to crawl at first. If we went on a road trip and I was in the car for more than two hours, it required a cane and everything.

Eric: Otherwise I just fell when I got out of my vehicle. So I probably went too far. But it was the decreased function that was the true key that said, it's time to do this, regardless of whether I made my goal of 50 years old or not.

Shehla: 47 is so young, right? Anyways, we won't digress there.

Shehla: So tell me this, your pain is so bad, so the next step is to pick a surgeon. How did you pick a surgeon? Some people say it's just based on network, sometimes it's based on who their primary care doctor picked. What was your process in picking a surgeon?

Eric: So unfortunately the places that I worked the most in orthopedic rehab are not here.

Eric: I had been doing PRN work here or as needed work. I didn't have the same connections that I had in other places, and I think that affected my decision making process. With my hobby of teaching and coaching, Brazilian juujitsu, I come into contact with lots of people and so I know a general surgeon in the area who knew some surgeons, and so I got recommendations from him.

Eric: I met with one of his associates. It was an okay experience, but I didn't feel great about it. That surgeon, as is sometimes the case, didn't seem interested in what was happening with me. I didn't feel comfortable saying, 'Hey, I wanna have this thing that I only want to have once in my life, hopefully done by you'.

Eric: So I did my own research online. I found someone that had a lot of experience, but was also still up to date on some of the newer techniques. So I did have the robotic assisted which was important for me just because I've seen improved outcomes for people who are doing physical things.

Eric: Afterwards, if I was going to go back and sit at a desk, I probably wouldn't have cared, but I'm trying to get back to coaching and working in therapy and things like that. So I wanted to have the best possible outcome and the fact that he had lots of experience and was willing to do newer procedures and listen to the things that I had to say made a difference for me. .

Shehla: I think that's fantastic. And again you're an insider, in the healthcare field, so we know what we can ask, what we can look for. I've treated patients that had fantastic outcomes and you just start to see. I've sometimes never even met a surgeon in person, but I just know the quality of their work because you see the types of patients that come through the door, what they say about them and their functional outcomes.

Shehla: And just for the listeners out there, make sure you find a surgeon that does a lot of knees. You want someone who does that day in and day out because they're good. And like you said, someone who's willing to listen to your story and is not just pushing surgery on you based on an x-ray.

Shehla: I've seen success with both the older surgeons that have done it the same way they've always done it, and they're really good at it. And then I've seen the younger surgeons who are a little less experienced, but they're willing to try new things, and I've seen good results with both.

Shehla: So I don't want anyone listening, being like, it has to be the robotic, it has to be Mako or Stryker or whatever. There's lots of good knee implant manufacturers. I think they're all really great in their own right. It's about

finding a surgeon who's good at that implant and that surgery and does a high volume and cares about the patient.

Shehla: I think that's the big thing.

Eric: I will just add on that really quick. One of the things that I looked for in the credentials was a fellowship trained surgeon that specialized in knees. He was knee and hip, but that was a credential that I looked for specifically, the fellowship training.

Shehla: I think that's great. I think it's really important to do your research on your surgeon and feel good about it. And no disrespect as this applies to all health professionals. It applies to teachers and nurses, everything. There's good and bad. There's some people that are just in it to pump out patients, and there's some people that are like, 'I do believe the surgery is going to impact your life really positively'.

Shehla: So let's do it. And then there's other people that are just doing the surgery every hour, and pumping people out and really don't want to stop and talk about it. "Hey Eric, you're 47. Let's talk about how long these implants last. Let's talk about it."

Shehla: I feel like they're just like, yes, get with my scheduler. Sign up and let's do this. And I think that you need to feel good about it. And I think health professionals know how to ask questions. I think the patients themselves are being told they have to have surgery.

Shehla: There's nothing else that's going to help me. And they're at the mercy of the information they're being given. And sometimes it's not the right information. So part of my wanting to educate, is you're the customer. You're the one paying for the procedure, you're the one giving them the business.

Shehla: You're in full control. And I just think the older adults don't feel like that. And then the younger ones are definitely doing the research. I'm so curious, what about physical therapy being the PTA? I felt like two things. Either I'd be like, I'm going to do it on my own, or I'm going to find a PT to help me.

Shehla: So what was your decision making process in the therapy afterwards?

Eric: Again, I didn't have a whole lot of connections in the therapy community here. I knew personally that I wanted to go to therapy and not do it on my own

because the initial healing part I'm willing to go through a fair amount of discomfort for my own health.

Eric: But I don't know if I could have pushed enough in the beginning. Or being consistent enough. Because it's easy to just say, nah, that hurts too much. And you need a good cheerleader to help you appropriately move forward. I ended up looking around and I talked to a few people. I ended up going with the physical therapy clinic that was associated with the orthopedic practice.

Eric: I just like that they use the same documentation system. The surgeon could see what the therapists are writing, the therapist can see what the physicians are writing, or the surgeons. Yeah I don't feel real strongly about that. I think that there are great PT clinics that are independent. And if you have the time and do enough research that's equally good. For me it was convenience and these two groups of people are going to talk to each other so I don't have to explain everything to each of them.

Shehla: I will throw out some food for thought for people listening. Yes, that's one way to go, where the surgeons' therapists are, because they know that surgeon, they see a high volume of their patients. But I'll also say that there's something to be said about the independent PT practice that has to work really hard for all the referrals that they get.

Shehla: They're not affiliated with the surgeon's office that's funneling, referrals. And I think sometimes patients don't realize that, sometimes that independent practice is really doing a ton of work and knowledge and being intentional in their therapy treatments.

Shehla: Some high volume clinics, treat multiple patients at one time. It's just more exercise based instead of one-on-one, hands-on based. Since I've been doing only knees for the last six years of my career, I have just realized that I tell my patients to call therapy clinics.

Shehla: Ask if they do one-on-one, ask are you going to see the same therapist? And again, I can argue both. Sometimes it's good to see multiple therapists because they have multiple techniques and multiple experiences. Sometimes it's good to have one. It depends, if you're nervous or anxious, maybe very fearful and you want just one to build rapport with.

Shehla: But I think it's really important to ask, do you see a lot of knee replacement patients? I have a sister that is a therapist, but she only treats younger people. And in my career I only treated older people. I was good

enough with the younger person and she was good enough with the older, but I was an expert in the older.

Shehla: And so I think that patients don't know that they can ask those questions, like, how long's my session going to be? As therapists we try to keep the money and the patient care separate. We forget that they're paying copays. If I asked you, how much does your patient pay for a copay that just came in yesterday?

Shehla: You're like, I'm not sure, the front office handles that. Some of them are paying a hundred dollars a visit. If I'm paying a hundred dollars for an hour of someone's time, I expect a really high caliber of service. And I think patients across the US are not necessarily getting what they deserve.

Shehla: One last thing on my soapbox is that, I think that therapists sometimes recipe treat knee replacements. And I think every knee is different. Some are self-motivated and they can be told what exercises to do and they're going to do them at home.

Shehla: And so in front of me, I'm going to do hands-on skilled techniques. Some are so scared for me to touch their hands that I have to do a ton of education first. Some, I just think that the edema is so bad and the swelling is so bad that until you get that under control, maybe I need to do massage and taping and edema management. I think each knee is so unique, but I feel like the majority of patients are getting a cookie cutter approach to exercises.

Shehla: But that's my soapbox on that.

Eric: One of the things that I strongly considered was if I did not like the treatment that I was getting, and having some knowledge and understanding the difference between effective and ineffective treatment, I was ready to change therapists as well.

Eric: And that's okay. It's your right as a patient. If you're not being treated with care and respect, it's time to go somewhere else.

Eric: If you're just in a cookie cutter factory you can still get better. But I would not have tolerated that.

Shehla: Yeah, and I think that we lack compassion with knee replacement patients. It's a very painful recovery and it's different from a knee sprain or a knee contusion or an acute injury.

Shehla: You've been thinking about this surgery for over a decade. Your knee has been dealing with this for multiple decades and it's very unique and requires a very unique treatment approach. And again, I'll probably do a video at some point about my opinion on that because I just think it requires a very different skillset. Some therapists traditionally in outpatient orthopedics are just not used to thinking about it.

Shehla: Almost every individual that I speak to that is either considering having knee replacement or has already had it, always have some level of fear, anxiety, uncertainty about the surgery.

Shehla: Did you experience that knowing what you know about the body, the human body, the physiology, and seeing patients throughout the career that you've had? Did you still have those same emotions?

Eric: I don't think that I had it to the same effect. Of course, I know that with any surgery, there's a risk of negative outcomes, but I think just with my experience and digging into some of the medical literature myself, I knew that the chances of success were high.

Eric: And so I just try not to focus on the other parts of it. Now I would think about it differently having gone through it. Maybe I should have been a little more apprehensive than I was.

Shehla: Please elaborate.

Eric: Yeah I've seen the gamut, right? Where I've seen people that have surgery, they come in to the clinic one or two days after surgery and they're like, wow, this is so great.

Eric: And they're walking and they're moving well. All the way down to people that have multiple manipulations. They're just really struggling, they're constantly in pain. And I figured, oh, I'll probably be somewhere in the middle. And I felt like I had done a lot of preparation, very intentional preparation for the surgery.

Eric: So I thought, I'm going to be on the better side of things. And I was unprepared for how uncomfortable I was. How limited I was. Especially the first three weeks. It was tolerable. In my head I was like, oh I can handle this. And the reality of it was, what have I done and what did I do to my patients for years?

Shehla: Yes. Again, thank you for being so candid because, I'm sure some people listening are like, he has an unfair advantage. He understands the human body. He's seen knee replacement recovery and understands the importance of what exercises to do when, and the healing process.

Shehla: But like you said. Until you go through it and then your body is having that pain and that swelling. And like you said, you understand the neurological component of the chronic pain. You understand all those things, the benefits of exercise and movement and all those things. But when that pain is there and that joint is swollen, and someone's telling you we're going to bend your knee, everything goes out the window that you have learned.

Shehla: That's very interesting. You can't even anticipate how it's going to feel until you do it.

Eric: Yeah. Correct.

Shehla: I know people listening are like he's a PTA, how did his recovery go?

Shehla: We'll touch base on that in just a second, but moving forward, are you back at work yet? Because you're eight weeks out. Are you back at work yet?

Eric: No, I'm not working in therapy right now. I'm not back at work.

Shehla: My question would be that the next knee replacement patient, fresh out of surgery that comes to you to for their first treatment session, how are you approaching that patient differently now after going through surgery?

Eric: We're going to do more talking and I'm going to do a lot more manual therapy, just the feel good stuff because the exercise and everything is important, but confidence in your therapist is more important than any of it. They're going to do things that are uncomfortable that the therapist does every day, hundreds of times a week or a month, right? And it's old hat to them. But when it's your leg and you are laying on the table and it's two times the size of a normal leg and it hurts when your clothes brush your leg.

Eric: It's like, don't touch me. We're not going to move anything. And so now having that point of view, there's no need to jump into exercise right away. Instead, let's get everything calmed down mentally and physiologically so that we can, when it's time to really push, you have the faith in me that I'm not going to damage you.

Shehla: Yeah.

Eric: It is going to hurt. Let's not fool each other. It's going to hurt. It doesn't have to be extreme, and you don't have to have fear associated with it, with a healthy approach that addresses the whole person.

Shehla: No, I agree. I've been doing this for 26 years now, and I think probably the first 15 years I was so focused on increasing your motion, your range of motion number, so I could write it on a report to the surgeon as a badge of honor. Yes. So it's true by the time I discharged a patient, did they have great function and range of motion and all that stuff?

Shehla: Yes. But the process to get there, in hindsight, I now realize the fear that I elicited. The resistance. The anxiety. As they say when you know better, you do better. But, oh my goodness I apologize to all patients. Yes, we got the outcomes that we wanted. I always had great outcomes, but now how I get those outcomes is so different.

Shehla: And now PT doesn't stand for physical torture. Like you said, you learn more. And I'm going to add to that, I think that PTs that treat knee replacement patients need that compassion and trust, that I will not put my hands on your joint until you're ready, and you will know exactly what I'm going to do, how long I'm going to do it for, when we're going to stop, and how you can stop it.

Shehla: All of that builds trust. And as I've been on this journey of mine with knee replacements, I've realized that, I've had patients have phenomenal results with no hands-on treatment. Sometimes just education. And that's been mind blowing for me. So again, when I hear from patients that they're put into a group of 3-4 people exercising at the same time, no hands-on, no education, no verbal encouragement, I'm a little discouraged because that's not the best environment to thrive after knee replacement surgery.

Shehla: All right. I want to get into the good stuff now, to the actual recovery part. I feel like that's what people want to hear about. So let's get into the details.