

In Conversation

A Physician Discusses COVID-19 & Osteoarthritis Care

A discussion with **JAKE ZARAH, MD**



Q How did osteoarthritis care change when the COVID-19 pandemic began?

Dr. Z: The moratorium on elective procedures meant my patients couldn't undergo the surgeries they had scheduled. Procedures like ACL knee reconstruction, shoulder rotator cuff repair or hip replacements.

These surgeries are elective, but that doesn't mean they are unnecessary. These people can suffer from chronic pain and struggle with daily living. Some patients got by fine. Other patients would call me weekly and tell me how uncomfortable they were.

Q How did you approach treatment when patients couldn't get surgery?

Dr. Z: We had to re-examine the tools we have in our tool bag. I focus on non-opioid treatments, so for my patients the pharmacologic choices were anti-inflammatory regimens, topical treatments and joint injections.

We came up with a tailored response for each patient. For example, I had a 65-year-old gentleman with debilitating hip pain whose surgery was postponed. He was in a severe amount of pain, had difficulty with moving around and daily living. So for him I focused on pain-relieving strategies that wouldn't cause him more pain, primarily strong anti-inflammatories and topicals.

Q Have you seen patients delay care out of fear of COVID-19?

Dr. Z: Yes, I've seen people with acute traumas avoid going to the ER. Even people with severely broken bones who would typically present in the ER are instead showing up in my office. One patient had a true emergency and came close to losing his leg. This is one of the biggest problems, really severe trauma situations that could have long-term effects if not tended to.

On the other hand, some patients use telemedicine to stay on track. Virtual or telephone check-ins have been good for physical therapy renewals, for example, or refill requests for anti-inflammatory medications.

Q Is there a policy lesson from all of this?

Dr. Z: You really have to tailor a different pain management strategy for each patient. Some things work for some patients, but are not as successful with others. We need all the tools available so that, when some options become limited, you can access other strategies.

Access to all forms of pain care allows physicians to be nimble and responsive, to give each patient what he or she needs. And when these conditions are well managed, it minimizes cost and strain on the health care system.



**Alliance for
Patient Access**

Jake Zarah, MD, is an orthopedic surgeon and a member of the Alliance for Patient Access.

JUNE 2020