As a former varsity football player at Fairfield High School and a lifelong athlete, Dr. Adam Metzler has been around sports competition since childhood. It’s no surprise that the talented physician chose sports medicine and orthopaedics as his specialty.

Dr. Metzler received his M.D. from the University of Cincinnati College of Medicine, where he was valedictorian of his class. He subsequently completed his residency at UC, where he earned several awards and honors.

Before joining Commonwealth Orthopaedics two years ago, Dr. Metzler completed a sports medicine fellowship and was a team physician for the University of Kentucky, working primarily with the UK men’s football team. “It was an incredible experience that certainly helped me develop my practice and taught me how to manage the many facets involved in sports medicine, including the urgency that comes along with athletic injuries at the major collegiate level,” he notes.

At Commonwealth, Dr. Metzler sees a wide range of patients, from high school athletes to older adults, and specializes in anterior cruciate and complex knee ligament reconstruction, meniscus repair, cartilage restoration surgery, patellofemoral instability, arthroscopic rotator cuff repair, shoulder instability, total knee replacement and fracture care.

At home, Dr. Metzler and his wife are parents to a son and two daughters. During his free time, the Ft. Wright resident enjoys wakeboarding, waterskiing, snow skiing, golfing and landscaping.
MILLIONS OF AMERICANS SUFFER FROM CHRONIC knee pain. Often the culprits are bone marrow lesions (BMLs)—areas of microscopic fractures resulting from weakened bone in the knee joint.

In the past, there hasn’t been an ideal way to treat BMLs, says Dr. Forest Heis. However, a new procedure called subchondroplasty offers an effective and minimally invasive solution.

When patients complain of chronic, non-acute knee pain that’s been lasting for a few weeks, the first course of treatment will be common sense things such as ice, elevation, anti-inflammatory medications and avoiding activities that exacerbate the pain, Dr. Heis says.

Long-standing pain that isn’t responding to more conservative treatments typically leads the physician to order an MRI. An MRI may reveal issues with the knee such as a torn meniscus, but sometimes it may reveal that the patient has areas of BMLs.

In addition to pain, BMLs are associated with a much greater risk for developing osteoarthritis. Further, patients with BMLs tend to require knee replacement surgery at much higher rates and at a younger age than those who don’t have BMLs.

Enter Subchondroplasty
Subchondroplasty—a new, minimally invasive technique that replaces the areas of BMLs with healthy, strong bone—is offering renewed hope to sufferers of chronic knee pain. The technique may often prevent, or at least delay, the need for total knee replacement.

Dr. Heis describes how it works: “It is a minimally invasive surgery. I do it in conjunction with arthroscopy. I’ll scope the knee first, which allows me to look at all the different parts of the knee, clean up the knee and address any problems with the knee one at a time. Then, using an X-ray machine as well as MRI images, I can locate the BMLs and inject into them a bone substitute that fills the area of weak bone.”

Once the bone substitute is injected, it hardens almost immediately, providing a strong, pain-free surface within the knee joint. What’s more, over the course of 18 months, the body makes new bone that gradually replaces the bone substitute. That new bone is strong, healthy and lasts the rest of the patient’s life.

“It’s all done through this small hole; there are no external stitches, and most patients can bear weight on their knee almost immediately,” Dr. Heis says. Most patients use crutches or a walker, as well as pain medication, for about a week. Rehab and physical therapy starts two to three days post-op. “The majority of my patients come back to see me a week to 10 days later and feel much better, with elimination of their chronic knee pain issues,” Dr. Heis says.

Pain-free Success
“I’ve been doing subchondroplasty with much success in relieving patients’ pain,” Dr. Heis adds. “And the bottom line is that if you are not in pain, then there is no need for further surgery, such as a knee replacement.”

Someone 65 years old could expect a knee replacement to last 25 to 30 years, or essentially the rest of that person’s life, Dr. Heis says. “So, for every year you can delay a knee replacement, it pays dividends and translates into more than a year on the other side of the procedure before the replaced knee wears out. As a result, I do a lot of things to try to prevent or delay knee replacements in patients in their 40s and 50s, and subchondroplasty is a terrific option for that.”

Forest T. Heis, M.D., is a board certified and fellowship-trained orthopaedic surgeon and was once again named as a “Top Doctor” by Cincinnati Magazine in 2015. Dr. Heis specializes in knee and shoulder surgery, sports medicine and workers’ compensation.
O aw and Tear on the Knee Can Erode
the protective cartilage that cushions the surfaces of the knee joint. When the cartilage erodes, the result is often a painful condition known as osteoarthritis.

“Classic symptoms of osteoarthritis in the knee include stiffness after prolonged sitting. In the early stages, after you stand up and move around, you loosen up and feel better,” says Dr. Matthew T. DesJardins. “Eventually, as the osteoarthritis progresses, the patient experiences pain with activity that doesn’t resolve, as well as decreased mobility.”

Osteoarthritis is one of the most common ailments of the knee and is quite often associated with aging. However, even young athletes can experience the condition. “Take a high school soccer player who experiences a major knee injury that requires surgical repair,” Dr. DesJardins says. “If there is an injury to the cartilage, this can progress over the years into degenerative arthritis.”

Further, genetics and lifestyle—such as a job that puts a lot of wear and tear on the knee—can predispose someone to osteoarthritis.

Treatment Options
Luckily, there are many ways to improve the most frustrating symptoms.

• Maintaining a healthy body weight is crucial.
  “The knees are especially impacted by body weight. When you are walking down stairs, for example, the force placed on the knee can be as much as three times your body weight,” Dr. DesJardins explains. “Even modest weight loss can have a huge impact on how your knees treat you. A healthy body weight is the best way to prevent and/or treat the symptoms of knee osteoarthritis.”

• Try low-impact cardiovascular exercise.
  Examples include swimming, elliptical machines and cycling. These can be very therapeutic for the knee and prolong the life of the joint.

• Strength training is key.
  “We lose muscle mass as we age, and the muscles are the supportive structure, so the stronger we can make our thigh and hip muscles, the less knee pain we will have,” Dr. DesJardins says.

While weight management and exercise are often highly effective, sometimes osteoarthritis progresses to a point where knee replacement surgery is indicated. “The decision is really based on how severe your symptoms are for your lifestyle. You could have 10 people with the exact same-looking X-ray, but the decision about surgery will be different for all 10 of those patients, based on their lifestyles.”

Matthew T. DesJardins, M.D., is board-certified and fellowship-trained in sports medicine and specializes in the nonsurgical treatment of athletic injuries and problems in patients of all ages.
OUR LOCATIONS

• 560 South Loop Road Edgewood, KY 41017
• 8726 US 42 Florence, KY 41042
• 525 Alexandria Pike Southgate, KY 41071
• 2845 Chancellor Drive Crestview Hills, KY 41017
• 238 Barnes Road Williamstown, KY 41097

OUR OTHER SERVICES

• MRI
  560 South Loop Road Edgewood, KY 41017
  859-301-0775

• Physical Therapy
  560 South Loop Road Edgewood, KY 41017
  859-301-0790
  525 Alexandria Pike Southgate, KY 41071
  859-441-0534

OUR PHYSICIANS

James D. Baker, M.D.
Hand, Wrist and Elbow Surgery

James T. Bilbo, M.D.
Sports Medicine, Knee and Shoulder Surgery

Matthew J. Connolly, D.P.M.
Non-Surgical Foot Care

Matthew T. DesJardins, M.D.
Non-Surgical Sports Medicine, Spine Injections

R. Michael Greiwe, M.D.
Shoulder, Elbow, and Sports Medicine

Matthew S. Grunkemeyer, M.D.
General Orthopaedics

Forest T. Heis, M.D.
Sports Medicine, Knee and Shoulder Injuries

Richard M. Hoblitzell, M.D.
General Orthopaedics, Total Joint Replacement

John B. Jacquemin, M.D.
Cervical, Thoracic, Lumbar Spinal Surgery

Matthew J. Larkin, M.D.
Sports Medicine, Knee, Shoulder, General Orthopaedics

Adam V. Metzler, M.D.
General Orthopaedics, Knee Arthroscopy, Joint Replacement

John J. Larkin, M.D.
Shoulder and Knee Injuries, Cartilage Repair and Transplantation

Michael D. O’Brien, M.D.
General Orthopaedics, Knee Arthroscopy, Joint Replacement

Zeeshan K. Tayeb, M.D.
Interventional Spine & Pain Management

Matthew T. Hummel, M.D.
Total Joint Reconstruction and Replacement, General Orthopaedics

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