The Natural Path to Knee Pain Relief:

A Comprehensive Approach to Healing

CONTENTS

- 1. We Get It. Knee Pain Can Get In the Way of Life.
- 2. "Bone-on-Bone," Knee Osteoarthritis, Degeneration-Did They Say What "Phase?"
- 3. You Cannot Fix a Mechanical Problem With a Chemical Solution!
- 4. Why Medications Fall Short and What Are the Risks?
- 5. The Serious Downsides of Surgical Interventions
- 6. Our Stacked Approach to Knee Pain Relief
- 7. The Remarkable Benefits of Our Approach
- 8. Real-Life Success and Evidence
- 9. **Conclusion:** Taking the Next Step
- 10. References

We Get It. Knee Pain Can Get In the Way of Life.





Knee pain, often caused by osteoarthritis (OA), affects millions worldwide, limiting mobility and severely impacting quality of life. Knee pain can interfere with the basic aspects of life.

Walking, dancing, gardening, cleaning, climbing up and down stairs, or getting in and out of vehicles. From traveling to playing with your children and grandchildren, losing the health of your knees can be life altering. It doesn't have to be that way.

Many individuals have been told there is "nothing that can be done", but we simply disagree. Our patients' testimonies offer great insight into the success of our rehabilitation program. (Testimony 1) Osteoarthritis is a degenerative condition marked by cartilage loss, bone changes, and inflammation—leading to pain, stiffness, and reduced function. While many turn to medications or surgery for relief, these approaches often fail to address the root cause and carry significant risks.

Causes of those degenerative changes generally include a combination of factors, such as:

- Abnormal alignment and motion of the knee joint.
- Unhealed injuries.
- Obesity or chronic inflammation.

All of which add stress to the knee joint itself.

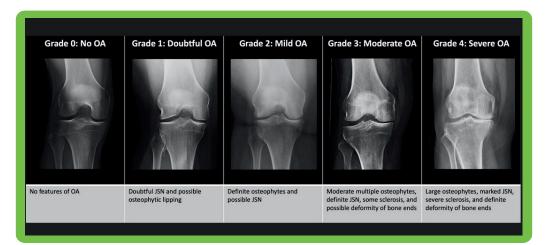
Before you jump to more invasive approaches like steroid injections, surgery, or harm your health through chronic use of pain medications, we highly recommend you review this document. Give yourself the opportunity to hear both sides of the story, and learn about a revolutionary, non-invasive solution.

Understanding Knee Osteoarthritis and the Kellgren– Lawrence Grading Scale





If you have been told it's "bone-on-bone", you have not been told the whole story! There are degrees of bone-on-bone, and if treated early enough significant improvement can be expected. The key: Don't wait until it's too late.



Knee osteoarthritis is a mechanical and degenerative condition characterized by the progressive loss of articular cartilage, often accompanied by bone marrow edema, osteophytes (bone spurs), subchondral cysts, and meniscal tears. These structural changes cause pain, swelling, and stiffness, particularly during movement or weight-bearing activities. Aging, obesity, injury, systemic inflammation, or repetitive stress can trigger or worsen the condition.

The Kellgren-Lawrence (KL) grading scale is a widely used radiographic tool to assess osteoarthritis severity, adopted by the World Health Organization for epidemiological studies. It defines five grades (O-4) based on X-ray findings:

- Grade O: No osteoarthritis (normal joint).
- **Grade 1**: Doubtful narrowing of joint space, possible osteophytes (mild, early signs).

- Grade 2: Definite osteophytes, possible joint space narrowing (mild to moderate).
- **Grade 3**: Moderate osteophytes, definite joint space narrowing, some sclerosis, and possible deformity.
- **Grade 4**: Large osteophytes, marked joint space narrowing, severe sclerosis, and deformity.

Our stacked approach targets grades 1 and 2, where non-invasive interventions can effectively halt progression, reduce symptoms, and promote healing. The KL scale has limitations, as it primarily focuses on osteophytes and joint space narrowing, missing cartilage loss or soft tissue changes visible on MRI. Despite this, it remains reliable standard for identifying degree of degenerative changes.

Like a car with misaligned wheels, knee osteoarthritis is a mechanical problem requiring mechanical solutions. Medications or surgery may mask symptoms or alter structure invasively, but our approach restores function and addresses the reasons why that knee is breaking down.

Why Medications Fall Short and What Are the Risks





Medications like NSAIDs, corticosteroids, and painkillers are commonly prescribed for knee osteoarthritis but only provide temporary relief by masking symptoms, not addressing cartilage loss or joint mechanics. These chemical interventions fail to repair structural damage and pose significant health risks, especially with long-term use.

NSAIDs (Ibuprofen, Naproxen)

NSAIDs reduce inflammation and pain but do not restore cartilage or joint alignment. Chronic use in older adults increases risks of:

- Gastrointestinal issues: Ulcers, bleeding, and perforation.[8]
- Cardiovascular events: Heart attack and stroke, especially in those with heart conditions.[13]
- **Kidney damage**: Acute renal failure, particularly in those with pre-existing kidney issues.[18]
- Bone health: Increased osteoporosis risk, raising fracture chances.[23]

Corticosteroids (Prednisone, Injections)

Corticosteroids, used orally or via intra-articular injections, reduce inflammation but research indicates they ACCELERATE cartilage degeneration. They do not correct the underlying causes as they are temporary in nature.

Risks include:

• Cartilage damage: Suppression of chondrocytes, collagen breakdown, and tissue necrosis,[28]

- Increased osteoarthritis progression: Higher rate of joint deterioration, potentially requiring surgery. Yes, it makes your knee degenerate FASTER! [34]
- Systemic effects: Osteoporosis, diabetes, weight gain, fluid retention, Gastrointestinal Bleeding/ulcers, Atherosclerosis, Mood Changes, Join Infection, Nerve Damage, Elevated Blood Pressure, Insomnia, Weight Gain, Eye Problems, and immune suppression. [38][77]
- Temporary in Nature: Not surprisingly, Corticosteroid shots often have to be repeated, which compounds the above stated risks.

Opioids

Opioids (e.g., oxycodone) block pain but are highly addictive and do not address joint mechanics. Risks include:

- Addiction and dependence: Altered brain chemistry and reward systems.[43]
- Cognitive decline: Impaired memory, attention, and decision-making.[48]
- Respiratory depression: Risk of overdose and brain damage. [53]

By masking pain, medications allow degeneration to continue, often leading to worse outcomes. Our approach avoids these risks, focusing on mechanical and regenerative solutions for lasting relief.

The Serious Downsides of Surgical Interventions





Surgical options like arthroscopy, partial knee replacement, or total knee replacement are often recommended; typically, before attempts to non-surgically restore function are fully explored. Patients are told to "wait and see" until they need surgery. Remember, if WE don't change, nothing will. Unfortunately, these procedures carry significant risks and long-term consequences:

- Immediate risks: Infection, blood clots, anesthesia complications, and nerve damage.[60]
- **Post-surgical complications**: Persistent pain, stiffness, or reduced mobility: some patients develop "failed knee surgery syndrome."[61]
- Long-term issues: Implant wear, loosening, or adjacent joint degeneration, often requiring revision surgery.[62]
- Recovery challenges: Months of limited activity, physical therapy, and potential complications like deep vein thrombosis. [63]
- Dissatisfaction With Results: Although around 90% of patients initially report pain relief, many more report being dissatisfied with postoperative range of motion or progress.[70]

Surgery is invasive, irreversible, and costly, making it a last resort. For KL grades 1 and 2, our non-surgical stacked approach can prevent the need for such interventions by addressing early-stage osteoarthritis effectively. Furthermore, after your initial visit, we can tell with a high degree of certainty how you will respond to treatment.

Our Stacked Approach to Knee Pain Relief





Our stacked approach is a comprehensive, non-invasive protocol tailored for your case to restore joint function, reduce pain, and promote healing. Each component targets specific aspects of knee health, working synergistically for optimal outcomes.

Focused Stemwave or Peizowave Therapy:

We utilize acoustic shockwaves to stimulate tissue repair and reduce inflammation:

- Breaks down scar tissue and calcifications.[10]
- Enhances blood flow and collagen production.[11]
- Accelerates healing of cartilage and soft tissues.[12]
- Superior to Corticosteroids and placebo, without the side effects! [78]
- This non-invasive therapy targets affected areas precisely, setting the stage for healing.



Class 4 Laser Therapy

Class 4 Laser Therapy delivers deep-penetrating light energy to:

- Reduce inflammation and pain.[20]
- Induce vasodilation thereby increasing blood flow to the area of injury.[21]
- Stimulate cellular repair and regeneration.[22]
- Improve joint mobility and tissue health.[23] It's safe, quick, and enhances other therapies' effects.

Knee Decompression (ErgoFlex)

ErgoFlex decompression therapy uses a specialized table to apply controlled traction to the knee, creating negative pressure within the joint. This "vacuum effect":

- Relieves pressure on cartilage and nerves. [76]
- Enhances nutrient and oxygen flow to the joint.[3]
- Promotes cartilage rehydration and repair.[6]
- Sessions are painless, allowing immediate return to daily activities.



Rehabilitation and Knee Adjustments

Customized rehabilitation exercises and manual knee adjustments: (image of adjusting knee)

- Strengthen supporting muscles (quadriceps, hamstrings).[30]
- Improve joint stability and alignment.[31]
- Restore range of motion and function.[32] Adjustments correct misalignments, reducing stress on cartilage.

Nutraceuticals

Now that we've set the stage to deliver healing nutrients into the area, we use targeted nutraceuticals to optimize healing, depending on the patient.

Exercise, Weight Loss, and Inflammation Control

When necessary, we incorporate a "We Test, We Don't Guess" approach to optimize not only your weight, but your health as well. Everything from Thyroid function to Insulin Resistance to Chronic Inflammation, these all effect your knees as well as your overall health!

- Weight loss: Reduces joint load, especially critical for overweight patients, as each pound adds 4-6 pounds of pressure on the knee.
- Systemic inflammation management: Dietary changes and supplements to lower inflammation, improve mobility, energy, and enhancing overall healing.
- Exercise: Recommendations on low-impact activities (e.g., swimming, cycling) to strengthen joints without stress.

This multi-faceted approach addresses mechanical, inflammatory, and regenerative aspects of knee osteoarthritis, tailored to each patient's needs.

14

Our Stacked Approach to Knee Pain Relief





Our stacked approach offers transformative benefits for KL grades 1 and 2 osteoarthritis:

- Pain relief: Reduces inflammation and nerve pressure, alleviating pain without drugs.
- Improved mobility: Restores joint function, enabling better movement and daily activities.
- Cartilage and tissue repair: Promotes healing through decompression, shockwave, and laser therapies, plus regenerative peptides.
- **Prevention of progression**: Helps to slow osteoarthritis from advancing to severe stages, and often significantly delay or altogether avoid surgery!
- Non-invasive safety: Avoids risks of medications and surgery, with no downtime.
- Addresses other factors: When necessary, addresses weight, inflammation, and lifestyle for long-term joint health.

Patients often report significant pain reduction (30-95%) and improved function, while others report reaching a pain-free state. People often get to experience

Real-Life Success and Evidence





Research supports our approach's components:

- **Decompression therapy:** Studies show improved joint space and reduced pain in early osteoarthritis. [76]
- PiezoWave therapy: Clinical trials demonstrate enhanced cartilage repair and pain relief.[10]
- Class 4 laser therapy: Evidence confirms reduced inflammation and faster tissue healing.[20]
- Nutraceuticals to optimize healing: Preclinical studies highlight their role in tissue healing and inflammation reduction. [40]

If needed, we may discuss:

- Weight loss: Reduces joint stress, improving outcomes in osteoarthritis.
- Addressing Systemic Inflammation: To decrease stiffness, pain, and improve mobility, energy, and clarity.
- Functional Blood testing: Specific answers to optimize health and healing.

Real-life success stories include patients resuming activities like walking or hiking without pain, avoiding surgery, and regaining quality of life. Clinics using similar protocols report high success rates in early-stage osteoarthritis.

(insert testimonies and link to audio commercials)

Conclusion:

Taking the Next Step





Knee pain from early osteoarthritis (KL grades 1-2) doesn't have to limit your life. Medications mask symptoms while risking health; and surgery brings invasive, irreversible challenges. It should be the LAST option. Our stacked approach-combining multiple therapies to optimize healing-targets the root cause, delivering lasting relief and

preventing progression.

How does it work? We start with a consultation where your doctor will get to know you, and you will be able to ask some guestions as well. Then, an evaluation to identify the area of injury, any complicating factors, and whether treatment is indicated and safe. We'll see how you are currently able to move about so that we

have a baseline

We follow up with a trial treatment that allows us to identify injured tissue, and to get an idea of how you will respond to care. Then we will reassess how you are able to move about to monitor for a 5-

10% change from pre-treatment.

If we believe you will respond, we will put together a program of care for you, and have you (and your loved one) return so we can go through your findings and your treatment plan together to

discuss.

• What is wrong

What needs to be done.

How much time it will entail.

Costs of treatment

Take the first step, take control of your health. Call us today!

Call or text: 701-214-6818

Email: Frontdesk@18Ohealthnow.com

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