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# Knees

I can't remember exactly when the pain in my knees became strong enough to be a constant reminder that something was permanently wrong. Maybe it was in Arkansas one summer when we had gone to a statistics conference at DeGray Lodge. We rented bicycles to explore some of the roads that wound around the Lodge and lake area. My right knee complained loudly until Paul raised the bicycle seat so that I could pedal without bending my knees very much. Soon afterward, when I tried to ride Martha's and Charlie's tandem bicycle around their neighborhood, Charlie couldn't raise the seat high enough for me to pedal comfortably. It was too hot, anyway, I thought.

Somewhere along then, walking any distance became a problem for me and within a year or so walking at all created pain in both knees. One day as I was returning to my office in Hibbs Building from teaching a class elsewhere, Sally Dowd waved at me from across the street. Later she asked what had made me so angry; I couldn't say until I realized that I was letting the discomfort of walking reflect itself in my face, so after that I concentrated on keeping my face from revealing the punishment I was experiencing and finally I requested that all my classes meet in Hibbs Building. Stairs and walking anywhere increasingly became a problem, and I complained to our family physician, Dr. Chaplin. For a while, I thought that I had injured both knees when I tripped over a rough brick sidewalk while shopping in downtown Richmond. The doctor advised waiting, a procedure which produced no improvement. He then suspected arthritis and sent me to see an orthopedist.

This began a sporadic series of consultations over several years with a number of different orthopedists. As it happened, I didn't feel comfortable with any of them. They all rather coldly pointed out that aging and arthritis were closely related and that I didn't have any more arthritis than most "old people." I didn't *feel* old, and I wasn't encouraged by their lack of interest that my painful knees were seriously interfering with living a useful life. Cooking a meal was painful, standing long enough to teach a fifty-minute class was uncomfortable enough to interfere with the thought processes necessary to getting through a class in an intelligent fashion, and parties which involved a lot of standing and talking were torture. Even so, months elapsed between visits to those orthopedists. It doesn't bother me that I cannot remember any of their names today. One of them did suggest that I might need surgery some day, but not yet, and all of them recommended that I take aspirin and limit my standing and walking.

Gradually, my activities diminished almost to the vanishing point: I sat *on* my desk to teach, I scooted about the kitchen on a wheeled stool Paul fixed for me, I mostly sat - fortunately, I could grade papers sitting down. I sometimes discussed my dissatisfaction with orthopedists with acquaintances and kept hearing one name repeated as a doctor to consult. Dr. Chaplin encouraged me to make an appointment with Dr. John Cardea, the name I'd been hearing. He was head of Orthopedic Surgery at VCU's Medical College of Virginia. He asked about my activities, examined my knees, observing the crepitation that was my constant moving music and ordered x-rays. He concluded that the time had

come for immediate surgery on both knees. He explained about the prostheses that he would use, and with no more hesitation, I was sure that I had found my surgeon. As soon as I discussed the situation with Paul and with my chairman at school, I scheduled the surgery for the first week in December.

I would have finished classes, and another instructor could give my examinations (a simple matter of the students' writing yet another class essay). I had enough evidence of their relative skill in writing that I could assign grades, subject to each student's actually taking the exam. Then I would have the Christmas vacation to recuperate and could return to school the first day of the new semester, about the middle of January.

It wasn't quite that simple, but almost. In a four-hour surgery, Dr. Cardea removed the worn bones in each knee, installed titanium and plastic prostheses which were striated so that my bone would knit into the plastic for a bond much more secure than the cemented bond which had been standard until then. I was not the first person on whom he installed these prostheses. He recommended having both knees replaced at the same time so that I would have to go through the fairly arduous physical therapy only once. I learned that he was a great kidder. He told me that frequently it was difficult to catch a patient for the second surgery after the first one! He also said that I would walk with "a new gait." (I plan to write a separate story about the pre-op stuff.)

When I awoke, groggy, I was aware that one leg was being flexed up and down gently by a machine. Every few hours a nurse would switch the machine to the other knee. The motion was so gentle that it did not add perceptibly to the post-operative pain. Because MCV is a teaching hospital, I became accustomed to seeing Dr. Cardea, accompanied by several of his orthopedic students when he came by for his morning visits. In his talking with and questioning the students, I was able to "sit in" on the medical explanations of the surgery, a mystique which I found enjoyable.

My room was so tiny that Paul and the other visitors had to enter sideways. Several of the nurses speculated that the rooms on that floor had probably been designed for pediatric use. He was a constant companion although he did have his own classes and exams and was one of the soloists in a concert of the Richmond Baroque Ensemble. He became

accustomed to scrunching up in a corner when other visitors or the doctor came in. The excitement really began in the third day when my physical therapist arrived. Karen was a delightful young woman who had to make me do exercises which were very painful but necessary. The machine which had been flexing my knees gently and continuously was discontinued, and Karen told me that one goal was to flex my knees as soon as possible in order to achieve a ninety-degree angle. She had a protractor which was similar to the protractor I had used in high school geometry but, of course, much larger, to measure my progress in achieving the ideal bend. Those exercises were no fun, but with Paul's encouragement and hers I worked at the problem. Actually, I had no choice.

Then, on the fourth day she came into the room with a pair of crutches which she carefully adjusted to my size. Just standing upright with my weight evenly distributed between my two legs was a tremendous undertaking, made more exciting by the fact that four days on my back caused me at first to be extremely unsteady in an upright position. She fastened a broad belt around my waist and helped me maneuver myself with the crutches into the corridor. What fun! She walked on one side clutching the belt at my back and Paul walked on the other side. My weight was supposed to be equally distributed between the two knees, so I had to learn to advance the right crutch, then the left leg, advance the left crutch, then the right leg. Sound simple? I didn't find it so. My brain simply refused to relay to my arms and legs the instructions that Karen, echoed by Paul, kept repeating. I began to sympathize with my dyslectic students whose eyes saw the word but whose brain forwarded a wrong order of letters to his hand. Gradually my strength began returning and my legs and crutches began to cooperate.

But that wasn't all! In order to be allowed to leave the hospital and go home, I had to learn how to negotiate stairs, up and down, with the aid of the crutches. Fortunately, I was becoming better coordinated and the stairs weren't the formidable challenge the walking had been, but I still had to continue the exercises, trying to work up to bending my knees to the targeted ninety degrees after I returned home. Nevertheless, the day arrived when a resident came to my room to remove the dozens of staples which Dr. Cardea had used to close the long incisions above and below each knee. That anticipated ordeal turned out to be entirely painless.

Paul and I left the hospital in a light snow, arriving home to a beautiful Christmas tree he and Roland had decorated on Roland's visit to Richmond. The recliner in the family room was my reward for the exhausting trip up the outside steps and across the room. From the recliner I was able to receive visits and to help Paul, who had never aspired to be a cook, prepare meals for the two of us. Twice a day I negotiated the stairs with the crutches, up to bed and returned downstairs the next morning. Every other day I repeated that trip with a home physical therapist who continued to push me to achieve that elusive ninety-degree bend in each leg, measured inexorably by that protractor upon which I learned to concentrate all my pent-up frustration and anger. Actually, that right-angle was not an impossible goal although it sometimes seemed so. After the therapist stopped coming to the house, I continued with my flexing exercises but hit a plateau that I could not go beyond. When I told Dr. Cardea about my frustration, he laughed and confessed that the prostheses would not go any farther.

When school began again, I was elated that I was so mobile and was able to miss no classes. Paul was able to drive me down streets otherwise blocked to traffic to the door of Hibbs Building, where to my pleasant surprise there were always students willing to open heavy doors for me. Again, all my classes were in Hibbs. I couldn't carry books and manipulate crutches, but again I always had a student or two who was eager to carry my books. (When we had a fire drill, I started down the stairs expecting students to interfere with my laborious progress. They were amazingly patient and eager to help.) I returned happily to sitting on the desk and teaching my classes. Moreover, I discovered that the very students who had once raced me to get on the elevator first now held the door for me and saw me safely on and off the elevator. When I graduated from crutches to cane and later to unassisted walking, I discovered that most students reverted to their former competitive quest to board the elevator first. I couldn't regret their natural behavior for I was so exhilarated to be restored to a pain free existence that everything around me seemed ideally golden.