Frame Title	Voice Over text	Visual presentation	Additional
Introduction	Your Practice Online presents Cartilage Restoration	Graphical text drops in with image on the background	Comments
Overview	Articular carilage is the smooth, shiny, white tissue covering the ends of bones those form a joint. Articular cartilage reduces friction when bones glide over each other, making the movements smooth and painless. It also acts as a shock- absorber to help prevent traumatic injuries to the bones. When cartilage is damaged it can cause painful movements and limited joint mobility and eventually progress to osteoarthritis. Cartilage damage can occur from normal wear and tear of the body's joints as we age as well as from injury or other disease conditions. Because of its avascular nature (absence of blood supply), cartilage cannot repair itself and therefore surgical treatment is usually required to restore cartilage function and prevent progression of the damage into arthritis.	http://www.youtube.com/watch?v=wEPPhr CH3yE (this link shows the articular cartilage and its cells) Articular cartilage-smooth shiny white tissue at bone ends	http://ortholnio.aa os.org/topic.cfm?ti opic=a00422 http://www.kneecl inic.info/problems _articular_cartilag e.php

Causes	Causes Articular cartilage may be damaged by accidental falls, sports injuries or progressive degeneration (wear and tear). It is possible for cartilage cells to heal, but it depends on the extent of the damage and location of injury. However, the healing capacity is minimal owing to the lack of blood supply.	Performance       Performance         Performance       Performance	http://www.orthsp ec.com/pdfs/Carti lage-Injuries.pdf http://www.sports med.org/secure/r eveal/admin/uplo ads/documents/S T%20Articular%2 0Cartilage%2008 .pdf
		http://www.sportsarthroscopyindia.com/wha t-a.aspx (Recreate this image) Progressive degeneration	
Diagnosis	<b>Diagnosis</b> Your surgeon will perform a physical examination to look for altered range of motion, swelling, and bone alignment. Often, an evaluation with magnetic resonance imaging (MRI) or arthroscopy will be needed as cartilage is uncalcified and does not show up in X-rays.	Physical examination(File #: 16807926)	http://www.sports med.org/secure/r eveal/admin/uplo ads/documents/S T%20Articular%2 0Cartilage%2008 .pdf

		MRI scan knee (File #: 11620774)         http://www.youtube.com/watch?v=-         ilyvIVLYZM         http://www.youtube.com/watch?v=BI8-         Q1LDA7k         (These are video links for arthroscopy procedure)         Arthroscopy	
Surgery overview	Surgical Treatment Young adults with cartilage injury are ideal candidates for cartilage restoration surgery because these methods help prevent the progression of damage into osteoarthritis. The most common joint requiring cartilage restoration is the knee joint and other joints include the shoulder and ankle joints. Damaged cartilage can be treated by two different techniques – repair and regeneration. Repair technique involves replacing damaged cartilage with new cells and extracellular matrix that stimulates healing of the injured cartilage. Regeneration involves replacing the injured cartilage with a new articulating surface that functionally simulates the growth of original cartilage. Surgery is often not recommended in smaller cartilage defects. Defects smaller than 2 cm can be treated arthroscopically and have a good prognosis. Larger defects may require cartilage transplantation.	Formon areas treated by cartilage restoration- knee, shoulder, ankle joints (File #: 2554020)	http://orthoinfo.aa os.org/topic.cfm?t opic=a00422 http://www.kneecl inic.info/problems _articular_cartilag e.php



Proceedures       Construction       Description         Most cartilage restoration procedures can be performed arthroscopically, a minimally invasive surgery using arthroscope, a small flexible tube with a light and video career at the end that enables to view inside the joints and perform surgery.       During arthroscop, a few small puncture incisions are made around the joint. In certain cases, open surgery varies periage to access the affected area requiring longer incisions. Your surgery will affected area requiring longer incisions. Your surgery will approxedures for cartilage restoration include:       Implicit the certain cases, open surgery may be required to access the affected area requiring longer incisions. Your surgery will share to access the affected area requiring longer incisions. Your surgery will share to access the affected area requiring longer incisions. Your surgery will share to access the affected area requiring longer incisions. Your surgery will be called and M. This creates a blood supply to reach the damaged and simulates the formation of new cartilage with a share too called an awt. This creates a blood supply to reach the damaged and simulates the formation of new cartilage. Your patients with a single lesion and healthy bone are suitable candidates for microfracture procedure.       Implicit healthy bone are suitable candidates for microfracture in which minimal to microfracture in the formation of new cartilage. With a share too called an awt. This creates a blood supply to reach the damaged candidates for microfracture in which minimal to microfracture in the damaged candidates for microfracture in the microfracture in the procedure.       Implicit healthy bone are suitable candidates for microfracture in which minithe microfracture	Surgical	Surgical Treatment	http://www.voutube.com/watch?v=llkwoP	http://www.sports
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multiple holes are made in the		similar to microfracture in which	Medimagery.net     (shin bone)	
		multiple holes are made in the	nttp://airneadrockedpsiko.blogspot.com/?	



Arthrotomy involves preparation of the defect following which a layer of the bone-lining (periosteum) is stitched over the defect and sealed with fibrin glue. The cultured cells are then injected into the defect just below the cover. Autologous chondrocyte implantation is indicated in younger patients who have a single, larger lesion over 2 cm diameter. As the patient's own cells are used, there is no risk of tissue rejection.	(Link for cartilage biopsy) Femur Feriosteum Sutured (sewn) Over defect area Cartilage cells Cartilage cells Cartilage cells Cartilage cells Defect area Cartilage cells Defec	
Osteochondral Autograft Transplantation Osteochondral autograft transplantation is a procedure in which healthy cartilage tissue is taken from the non-weight bearing part of the bone and placed into the defect area creating a smoother surface on the cartilage of the joint. This procedure is done for smaller defects and can be performed with arthroscopic technique.	Femur thigh bone) Graft Debrided cartilage tinjured area is shaved and smoothed) Fibula Endermagerymet http://airheadrockedpsiko.blogspot.com/? zx=51affc53fdd9e119	http://orthoinfo. aaos.org/topic.cf m?topic=a00422

#### Osteochondral Allograft Transplantation Osteochondral allograft

transplantation is performed when the cartilage defect is large enough for an allograft to be used. An allograft, a block of cartilage or bone obtained from a cadaver donor, is used. The allograft is sterilized and prepared so as to fit exactly into the defect area. This procedure does require a larger, open incision.



http://knol.google.com/k/knee-surgery# Open procedure-Skin incision



Allograft block taken from donor bone



http://www.ismoc.net/knee/OCA.html

Osteochondral Allograft Transplantation http://orthoinfo. aaos.org/topic.cf m?topic=a00422

Post- operative Care	<ul> <li>After the completion of surgery, you will be advised to practice certain post-operative care measures to ensure better outcomes. They include:</li> <li>Suture care: A dressing will be placed over the sutures and you will be instructed on when it can be removed (usually after 3 days).You may apply ice over the dressing for 20 minutes every hour to decrease swelling and pain.</li> <li>Exercises: Physical therapy is usually started within 1-2 weeks of surgery to help restore motion to the affected joint.</li> <li>Activity restrictions: Your surgeon will give you activity restrictions to follow during the healing process depending on which joint is involved.</li> </ul>	Figuid food to start with (File #: 1333692)Tiquid food to start with (File #: 	http://www.orth spec.com/pdfs/C artilage- Injuries.pdf



<ul> <li>Deep vein thrombosis</li> <li>Infection</li> <li>Stiffness of the joint</li> <li>Numbness around the incisions</li> <li>Injury to vessels or nerves</li> </ul>		
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