

What doctors want patients to know about joint injuries and treatment

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Joint injuries are a common part of life—whether from sports, a fall or an awkward movement during daily activities. While some aches and pains may resolve with rest and ice, others can signal something more serious.

From twisted knees on the soccer field to swollen elbows after a fall, joint injuries—which commonly affect shoulders, knees, ankles, wrists and elbows—range widely in severity. Recognizing the signs that require professional evaluation is crucial because delaying care can turn a manageable issue into a long-term problem.

Some types of joint injuries include:

- **Sprains:** When ligaments are stretched or torn.
- **Strains:** The stretching or tearing of muscles or tendons.
- **Dislocations:** When bones in a joint are forced out of their normal position.
- **Fractures:** Breaks in a bone.
- **Overuse injuries:** Caused by repetitive movements, such as tendinitis.
- **Degenerative conditions:** When cartilage wears down over time, such as osteoarthritis.
- **Inflammatory conditions:** Such as rheumatoid arthritis, which causes joint inflammation.

The AMA's What Doctors Want Patients to Know™ series gives physicians a platform to share what they want patients to understand about today's health care headlines.

In this installment, [Mark T. Barron, MD](#), an orthopaedic surgeon at Hattiesburg Clinic, took the time to discuss what patients need to know about joint injuries.

[Hattiesburg Clinic](#) is part of the [AMA Health System Member Program](#), which provides enterprise solutions to equip leadership, physicians and care teams with resources to help drive the future of medicine.

Some type of trauma is involved

When it comes to joint injuries, “most often its things that involve some type of trauma, whether that’s with playing sports, mallet fingers or metacarpal fractures,” said Dr. Barron. “We do see quite a bit of trauma to the fingers themselves that go beyond just sports-related injuries such as open injuries—which is a type of injury where the skin or tissue is broken.

“But I’d say it is mostly metacarpal fractures and then things like mallet fingers, which is where the dorsal aspect of the distal phalanx—or fingertip—becomes fractured or a tendon injury where you’re not able to fully extend the fingertip,” he added, noting “you usually have to use a splint to keep the finger in extension for a period of time to get it to heal.”

Falls are a big cause of injury

“The most common things we see are falls,” said Dr. Barron. Falls can occur from “not paying attention, stepping off a curb, twisting your ankle or situations that could cause an ankle fracture.”



Mark T. Barron, MD

Joint injuries can also be caused by “falling forward and trying to catch yourself with a hand because we’re all trying to protect our heads,” he said, noting “the first thing we do is reach out to protect our face when we fall, so falls are definitely a big cause of joint injuries.”

Common activities can lead to pain too

“There are also causes that we can’t exactly help, such as motor-vehicle accidents—things of that nature that are of high energy,” Dr. Barron said. “As far as my patient population, I usually see individuals who are 45 or older and injury comes from doing things they commonly do.”

For example, “working out in the yard, moving a flowerpot, trying to make a trip with groceries all in one trip instead of taking several attempts, lifting packs of water, things that our body is not necessarily doing on an everyday basis, and we try to do it and then we end up regretting it,” he said. “Even sneezing ... can cause a disc herniation or throw out your back. It can be something as simple as that.”

Injury can lead to pain in other areas

Whether you are experiencing pain in your back, shoulder, neck or another body part, it can contribute to pain in other areas “because you compensate,” Dr. Barron said. “I hear it all the time with either a hip, knee, lower back, shoulder or neck injury because you’re doing things differently.

“Your everyday activities are different, so you compensate and that can lead to further pain,” he added. For example, “if you have a hip injury, you may walk abnormally because your hip hurts, then it might throw off your back so when you put more stress on your lower back or the knee or another joint, then that starts bothering you. It’s kind of like a cascade.”

“The other big issue is a lot of times people think that it’s their hip or their shoulder or their elbow or even their hand, when in reality it’s something more upstream such as a nerve issue in the neck,” Dr. Barron said. “Oftentimes, I’ll see people with shoulder issues, for

instance, and we find out it's the neck. Or someone will come see me because we think it's a neck issue radiating to the elbow or around the wrist, when in reality it could be [carpal tunnel syndrome](#) or a wrist sprain or an elbow injury."

Diagnosis begins with taking a history

"Sometimes diagnosis can be difficult, but you start off with taking history, performing a physical and seeing where the patient hurts, what sets it off, what they have tried to relieve the pain and then ordering X-rays," Dr. Barron said. "In orthopaedics, we usually get X-rays because that could paint a good picture, especially with the lower back and hip."

With "the hip, is there arthritis there, is there some other pathology there that could lead you down the hip pathway? The same with the shoulder and neck," he said. "So, we get X-rays and then if we're still not sure what the problem is, there are other ways to tease things out from therapy to even trying injections."

"For instance, a common thing is if I have someone with hip pain and they have some moderate arthritis at their hip ... then we will put an injection into the hip joint and that will give us some hard facts," Dr. Barron explained. "If they say that the pain is relieved 75% and they're good to go, then you can blame a lot of that on a hip problem as opposed to a lower back problem."

"Conversely, you could do a lumbar injection and that could give you some more information—does that help with the hip pain or the radiating leg pain?" he added. "Then, of course, there is more advanced imaging that you can get into. All these things are giving you more information."

Nerve conduction tests can be used

"Sometimes—even with all the information in the world—it's really hard to figure out the cause of pain in the upper extremity," said Dr. Barron. "What we often do is a nerve-conduction test. That can really lead us in a pathway of if there's a nerve issue, where is it coming from? Is it carpal tunnel, is it neuropathy?"

“That can be a good additional piece of information to find out what the etiology of these problems is,” he said. “And sometimes there is more than one thing going on. For example, my partner sometimes will see shoulder pathology such as a rotator cuff tear or [tendinitis](#), but if it doesn’t make sense, they get an MRI of the cervical spine to see if there is something going on and maybe it’s more of a neck issue.”

“It’s not always easy, but usually you can find enough clues to take you down a pathway to a diagnosis and treatment plan,” Dr. Barron said.

Follow the RICE method

If you sprain or strain a joint and are not experiencing severe pain or signs of serious injury, following the RICE—rest, ice, compress and elevate—method of treatment is key. Start with rest by giving the injured joint a break from movement and use. Next, apply ice to the affected area for 20 minutes every four hours. But make sure to put a towel between yourself and the ice to protect your skin.

Additionally, compress the area by wrapping it with a bandage to help reduce swelling, but make sure it is not too tight because that can cut off circulation and blood flow. Lastly, elevate the injured area above the level of your heart.

Give it time to heal

“If something happened yesterday, you’ve got to give it a little bit of time. It’s not going to get better overnight,” said Dr. Barron. “Time and RICE—rest, ice, compression, elevation—helps for an acute injury such as rolling your ankle.”

Additionally, for the pain, take “over-the-counter anti-inflammatories such as ibuprofen,” he said. “Then the next step is to go see your primary care physician or urgent care center.”

Physical therapy yields good results

“Physical therapy, or PT,” said Dr. Barron, “usually gets really good results if the patient’s invested.”

“Too often, patients fail to do the work needed for physical therapy to succeed because they believe it will not be effective,” he said. “In reality, it can help a lot.”

More testing may be needed

I will see people back after the therapy and medicines to see how they’re doing,” Dr. Barron said. “If their pain is not better, then we will start thinking about some advanced imaging such as an MRI or CT scan to determine what pathology we are dealing with and how bad it is.”

“Then also the other testing such as nerve-conduction testing or selective injections,” he said. “And if it is something where, if they fail the conservative measures, that’s when we talk about if there is something we can do surgically to help with the pain.”

Listen to your body

Preventing joint injuries can be tricky because “I hardly ever tell individuals they can’t do things. I have some patients who want to get back to ride their horse after an injury or want to get back to working out in the yard or just doing things that they enjoy,” Dr. Barron said. “So, it is really hard to tell someone they can’t do that anymore.”

“Listen to your body’s warning signs such as sharp pain, sharp twinges, things like that are more than just getting sore from working out in the yard,” Dr. Barron said. “Getting sore is normal, but if you have numbness, sharp pain or weakness, then that’s something that is not normal.”

Practice warmups and stretching

“We always give patients a home-exercise program. Therapy is great, but it doesn’t last forever. It’s usually about a six-week course and then it’s up to you to continue the

progress that you made with therapy,” Dr. Barron said. “So, we give individuals stretching programs, exercises, range-of-motion programs, to continue the improvement they’ve seen and the progress that they’ve had.”

“With any sports injuries or activity, you want to do the sports-specific kind of stretches. For example, if you’re going to go out and play basketball, you need to get your legs loose with stretches,” he said. “For the lower back, what’s really important is hamstring stretches because that’s all connected—the hamstring to the pelvis to your lower back musculature.

“So, keeping your hamstrings nice and loose, keeping your core strength up, keeping your weight to a reasonable level are all things to try to prevent lower back pain,” Dr. Barron said. “Just doing things the right way such as lifting with your legs, not your back. Don’t put any stress across your back if you can help it.”

Don’t ignore your pain

“If you are having an issue, it’s important not to just continue to ignore it. We all have experienced this in our lives because when you’re younger, usually things get better,” Dr. Barron said. “As we age, sometimes you have to pay attention to things more and not ignore them—because if you ignore them, it could lead to a bigger problem.”

“Getting checked out with your primary care or sports medicine doctor about these things and getting the additional treatments could save you from some long-term issues or problems,” Dr. Barron said.