



Transitions

T R I A L *Lawyer*

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In the Service of Justice

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COUNT THE SUMMERS



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OTLA Guardian

On a warm weekend day several summers ago, I finally reached my limit. My wife, Linda Thompson, and I were golfing with friends and, as is our usual custom, we were walking the golf course. Midway through the back nine, my knee pain reached an intolerable level. I was done for the day. I hobbled back to the clubhouse, leaving the others to finish the round without me. The arthritis in both knees was worsening. The left knee was bone on bone. I knew what I needed to do but was hoping I could delay the inevitable for another several years.

I was in my early 30s when a minor knee strain during a soccer game landed me in an orthopedic surgeon's clinic. To my surprise, I learned I had the begin-

ning stages of arthritis. The doctor prescribed an anti-inflammatory and in short order the pain went away. I continued to play run, hike, bike, golf and play soccer. The arthritis diagnosis did not slow me down.

By about 2005, my left knee hurt while standing still, rising from a seated position and driving a car. Significantly, though, I had no pain while moving, such as walking, biking or running. When it hurt, I ignored the pain. I still went about all of my activities of daily living. Over time, the pain and stiffness occurred more frequently and worsened. In early 2009, Steven Shaffer, a friend I've known since grade school, challenged me to train and run the Denver Rock and Roll Marathon. We were turning 50 years old. I had never run a marathon and I was up to the challenge. Sadly, my knees were not.

I started training and slowly increased my weekly mileage. About six weeks into the training, I tore my left meniscus. I saw another orthopedic surgeon to consider options. The knee x-rays showed advancing arthritis in both knees, which was a shock because I never had symptoms in my right knee. After a short course of physical therapy, I made the decision to have left meniscus repair surgery in May 2009. With the Denver Marathon in October, I did not have time to train for a full marathon, so we agreed to run the half marathon instead.

Although 90% of my left knee meniscus was removed, I was virtually pain free when running. I finished the half marathon well behind Schaffer, but I finished.

Two years later, we decided to run the Denver half marathon again. I started another training routine, again pounding the pavement and increasing my miles. Sadly, after a couple of months of training, I suffered another meniscal tear, this time in the right knee.

I called the surgeon who performed my meniscal repair in 2009 and was initially seen by his partner. I distinctly remember two things from that initial 2011 visit. First, my surgeon's partner asked whether I was told to stop running after my first meniscal surgery (I was not) and second, he informed me the next surgery on my left knee was going to be a total knee replacement. Keep in mind, I'm in the clinic because my right meniscus was torn, and he is telling me I was headed for a left knee replacement. The x-rays showed very little joint space remaining in the left knee. My right knee was repaired, and I permanently scrapped my Denver half marathon plan.¹

Total knee arthroplasty (TKA) is the medical term for a total knee replacement. From my preliminary research I learned, on average a TKA will last 15 to 20 years before needing to be replaced. Armed with that limited information, I decided to postpone consideration of any TKA until I was in my 60s, figuring I'd

need only one additional replacement given my life expectancy.

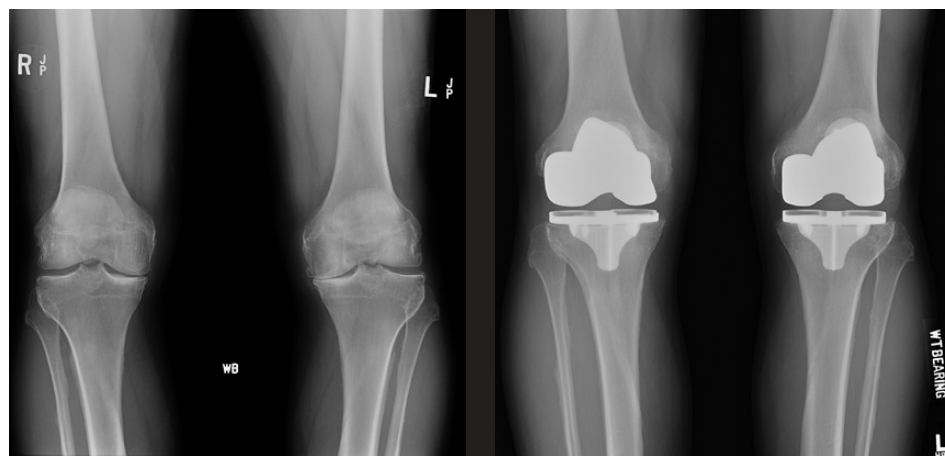
Synvisc, supartz and cortisone

I was 52 years old in 2012. I had low-grade pain that was constant in my left leg. Similar to the earlier meniscal surgery I lost about 90% of the meniscus in the right leg and it, too, was starting to bother me. The right knee was also losing critical joint space, just as the left knee had. Despite — or perhaps because of — the meniscus surgeries, I was still symptomatic with pain and stiffness.²

I looked at various treatment options and settled with Synvisc early on, then switched to Supartz. Both medications use hyaluronic acid derived from chicken and rooster combs (the fleshy growth on the top of their heads). This form of viscosupplementation therapy proved successful for me for the first several years, but the efficacy of these treatments diminished over time. The first injections provided nine to 12 months of relief in my left knee, and nearly 18 months in my right knee. By the end, I was lucky to get two or three months of limited improvement in knee pain and flexibility.

Starting in 2012, my daily activities, including exercise, biking and golfing were not as fun due to ever-present arthritis symptoms. Over the next five years, I was not able to sleep through the night. I could not rise from a seated position without using my arms to pull or push me upward. In the summer of 2017, I could not climb the stairs in our house more than two or three times a day as the knee pain was too great. Stubbornly, I held onto the notion I would delay TKAs until I was in my 60s which, at that time, was another three years away.

Because Supartz was no long providing relief, I convinced my orthopedic surgeon to inject my knees with cortisone before getting on separate flights to Australia and Europe. Cortisone provided short-term relief. I did enjoy those inter-



Greg Zeuthen's knees, before (l) and after his total replacement surgeries.

national trips, but the symptoms returned in a mere three to four weeks.

The Decision

After walking off the golf course several years ago I had time to reflect about the quality of my life. Linda pointed out we were not golfing as much, that I did not enjoy doing things on the weekend, as I was too tired most of the time, and we were not having as much fun anymore. Simply getting out of bed in the morning was a painful task. She was kind in not pointing out that I was gaining weight as I had stopped going to the gym.

Around this time, former OTLA President Hala Gores and I had lunch. I was the incoming OTLA President that year, and I wanted her advice on what to expect during my presidency. I cannot remember the details of our conversation except for one thing. She asked: “How many summers do you have left?” That question got me thinking about how I wanted to spend the rest of my life and, importantly, got me thinking about the diminishing quality of my life.

I was forfeiting my quality of life by slavishly holding onto the idea of waiting until 2020 before having my TKAs. As the saying goes, life is not a dress rehearsal. I was missing out on my life. I decided to address the arthritis directly. I sought out names of surgeons who performed TKAs. After researching many, I winnowed the list to two orthopedic doctors, whom I interviewed be-

fore making my choice. I researched what I could expect postoperatively, including the recovery time, how long I would be out of the office and the amount and duration of physical therapy I would need.

In the middle of my OTLA presidency, I had my left TKA in March 2018. I thought I was prepared for the surgery, and I sincerely believed I would be the “above average patient” by making a quick recovery. Was I wrong. There’s a lot of sawing, chiseling, grinding and hammering during a TKA. The iatrogenic-induced trauma was brutal and somewhat painful. My leg was swollen, bruised and bloody. My only reference were the two earlier meniscal surgeries where I was off crutches within days. Following each TKA, I was up and walking the day of the surgery. I was not discharged until I could prove I could climb stairs, which I accomplished after each surgery on post-op day one.

When I got home, I needed a walker for a week, followed by crutches for several weeks. Although I attended physical therapy and religiously complied with my home exercise program, it took months after each surgery before my knees started “behaving,” and I could walk without limping.

Preparing my practice

In 2016, my office moved from the papyrus age into the digital age. I created

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a home office with a desktop computer and printer. I was using VOIP technology, so my phone calls looked as if they originated from my downtown Portland office. I used my laptop, which docked to my workstation when I was in my downtown office, for meetings, depositions and business travel. Everything was synced on the server with remote backups in place. So, when it came time for my TKAs the transition was simple. I briefed a couple of colleagues about my upcoming absences and they agreed to step in to assist if I had any surprises while I was out. I spoke to clients whose cases would be slowed or otherwise affected by my surgeries. Every client was understanding, and I made a point to reach out to them afterward to let them know I was recovering and would be working on their cases. Fortunately, nothing blew up after either surgery. My assistant, Rachael Kacalek, and I talked by telephone each day and she came to my house one or two times a week so we could meet. Looking back, it all worked out well.

The only thing I would do differently relates to a court appearance on a motion for summary judgment that was heard 2-1/2 weeks after my first TKA. The motion was heard in Judge Kathleen Dailey's courtroom and I was one of six lawyers in the courtroom. I was still on crutches and my left knee could not flex, so I sat with my leg extended under counsel table. In retrospect, I should have advised Judge Dailey's judicial assistant that it would be difficult for me to stand when she entered the courtroom. I did not and when she took the bench, Judge Dailey thanked the five lawyers who stood while looking at me as I struggled to get up.

My right TKA was performed on November 14, 2018. Although the arthritis was not as advanced, my recovery from the surgery was significantly longer. My surgeon and physical therapist said each knee replacement is different. Even-

tually by March 2019 my legs were functioning reasonably well. The scars healed nicely. I was able to rise from a seated position without using my arms. I was pain free. My legs could fully extend and no longer bowed outward. As a result, I stood taller.

Post-TKA life

Sadly, following my right TKA surgery in November 2018 I gained weight. The combination of inactivity and the holidays was brutal to my waistline. In late spring, the stress and logistics of other family members' health issues kept me occupied and away from the gym. I was not taking care of myself.

By late August 2019 I decided to do something about it. I started exercising and significantly reduced my caloric intake. I had two "new" knees and started using them to walk. I carved out time every day to walk three to six miles. Eventually I was walking over 130 miles a month.

About the time I started losing weight, Shaffer again challenged me to participate in the Los Angeles Marathon on March 8, 2020. I know I will never play soccer or run again, but I can still walk a marathon course. I trained for months, lost 40 pounds and got into shape. My goal was to finish the marathon at a pace of 15 minutes a mile.

Mere days before the COVID-19 pandemic introduced the world to social distancing, I finished the LA Marathon with an average pace of 14:54 a mile.

Forward

I am finishing this article at home in the midst of the COVID-19 pandemic and Governor Kate Brown's shelter-in-place order. I learned these past two years that while life is finite, there are infinite ways to approach how you live your life.



Greg Zeuthen (r) and his friend, Steven Shaffer, at the finish line of the Los Angeles Marathon on March 8, 2020.

I learned the need to constantly reevaluate goals and question the validity of underlying assumptions. I learned to make mid-course corrections and not delay treatment that can better the quality of life.

One could argue I waited too long to get my knees replaced. I probably did. But I cannot change the past. Instead, I look forward to the new adventures that await and keep tight the lessons I have learned these past several years.

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¹ Fun fact: my friend, Steven Shaffer, picked up my 2011 race packet and strapped my chip to his shoe. The official records of that race show I finished the race in 3:12:17. As he tells it, I outsprinted him at the end of the race and crossed one second ahead of him: <https://www.athlinks.com/event/23274/results/event/153546/course/252867/bib/9059>.

² Medical literature suggests a relationship between meniscal surgery and the acceleration of osteoarthritis and loss of joint space. See, eg. <https://press.rsna.org/timssnet/rsna/media/pr2014/roemer/abstract/RoemerAbstract.pdf>. I did not learn about these studies until after my meniscal surgeries.