

MENISCUS TEAR

DESCRIPTION

The meniscus is a “C” shaped cartilage structure in the knee that sits on top of the leg bone (tibia). Each knee has 2 meniscii, an inner and outer meniscus. The meniscus functions like an adapter between the rounded thigh bone (femur) and flat tibia. It also serves to help distribute the forces between the 2 bones over a greater area (rather than point to point), helps supply nutrition to the cartilage that lines the bones (articular cartilage) and helps stabilize the knee. The meniscus is rubbery like tissue that loses its rubbery-ness with age. Nonetheless, each individual meniscus can be torn. Meniscus tears are very common, occurring in up to 1/3 of all sports injuries. The inner meniscus is injured most often.

FREQUENT SIGNS AND SYMPTOMS

- Pain especially with standing on the affected leg and squatting, and tenderness along the joint of the knee.
- Swelling of the affected the knee, usually starting 1 - 2 days after the injury (it may occur right after the injury)
- Locking or catching of the knee joint where you cannot straighten the knee completely
- Giving way or buckling of the knee

CAUSES

Direct blow to the knee, twisting, pivoting or cutting (rapidly changing direction while running) injury, as well as kneeling or squatting. Tears can occur without injury due to aging.

RISK INCREASES WITH

- Contact sports (football), sports where cleats are used with pivoting (soccer), or sports where good shoe grip and sudden change in direction is required (racquetball, basketball, squash)
- Previous knee injury
- Associated knee injury, particularly ligament injuries

EXPECTED OUTCOME

Some meniscal injuries can heal on their own, and some do not heal but may not cause any symptoms. However, the only definitive treatment for meniscal tears requires surgery. Surgery may provide complete healing in 6 weeks.

POSSIBLE COMPLICATIONS

- Frequent recurrence of symptoms resulting in a chronic repetitive problem. Appropriately addressing the problem decreases the frequency of recurrence.
- Repeated knee injury particularly if return to sports too soon after injury or surgery
- Progression of the tear (tear getting larger) if untreated.
- Arthritis of the knee in later years (with removal of tear or without surgery)
- Complications of surgery including infection, bleeding, injury to nerves (numbness, weakness, paralysis) continued pain, giving way, locking, non-healing of meniscus (if repaired), need for further surgery, knee stiffness (loss of motion)

GENERAL TREATMENT CONSIDERATIONS

Initial treatment consists of medications and ice to relieve pain and reduce the swelling of the affected joint. Sometimes walking with crutches until you walk without a limp is recommended (you may put full weight on the injured leg). Range of motion, stretching and strengthening exercises may be carried out at home, though referral to a physical therapist or athletic trainer may be recommended. Occasionally, your physician may recommend a brace or immobilizer and/or crutches to protect the joint. Surgery is often recommended as definitive treatment and is performed with arthroscopy. Usually the tear is removed partly or completely, though in some instances it is possible to repair the cartilage (less than 20% of the time). After surgery and/or immobilization, stretching and strengthening of the injured, stiff and weakened joint and surrounding muscles is necessary. This may be done with or without the assistance of a physical therapist or athletic trainer

MEDICATION

- Non-steroidal anti-inflammatory medications, such as aspirin and ibuprofen (do not take if surgery planned in 7 days or less), or other minor pain relievers, such as acetaminophen, are often recommended. Take these as directed by your physician. Contact him/her immediately if any bleeding, stomach upset or an allergic reaction occurs.
- Pain relievers may be prescribed as necessary by your physician. Use only as directed and only as much as you need.

HEAT AND COLD:

- Cold is used to relieve pain and reduce inflammation. Cold should be applied for 10-15 minutes every 2-3 hours for inflammation and pain, and immediately after any activity which aggravates your symptoms. Use ice packs or an ice massage.
- Heat may be used prior to performing stretching and strengthening activities prescribed by your physician, physical therapist or athletic trainer. Use heat pack or a warm soak.

NOTIFY OUR OFFICE IF

- Symptoms get worse or do not improve in 2 weeks despite treatment
- New, unexplained symptoms develop. Drugs used in treatment may produce side-effects.