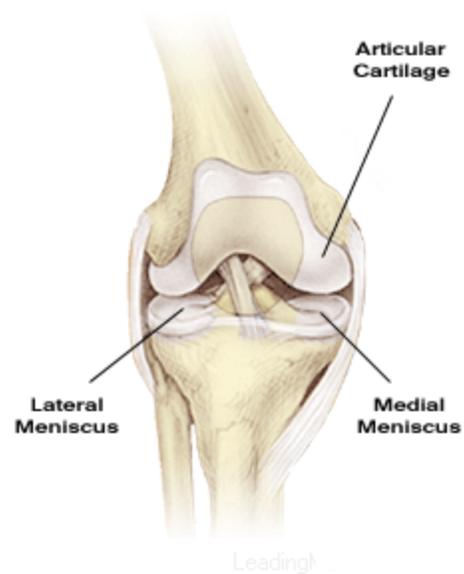


MENISCUS TEAR

◆ What is it?

The meniscus is a C-shaped cartilage structure in the knee that sits on top of the leg bone (tibia). Each knee has two menisci, an inner (medial) and outer (lateral) meniscus. The meniscus serves to help distribute the forces between the two 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 tissue that loses its elasticity with age. Meniscus tears are very common, occurring in up to one third of all sports injuries. The inner (medial) meniscus is injured most often.



◆ Signs and Symptoms of this Condition

- Feeling or sound of pop at the time of injury.
- Pain, especially with standing on the affected leg and squatting, and tenderness along the joint line of the knee (right between the femur and tibia).
- Swelling of the affected knee, usually starting 1 to 2 days after the injury (may occur right after the injury).
- Locking or catching of the knee joint, causing an inability to straighten the knee completely.
- Giving way or buckling of the knee.

◆ Causes

- Direct blow to the knee, twisting, pivoting, or cutting, kneeling or squatting, duck walking, etc.
- Without injury, degenerative tears can occur due to aging.

◆ What Can I do to Prevent a Meniscus Tear?

- Warm-up before vigorous sporting activities.
- Use proper shoes for the surface (appropriate length of cleat for a given surface).
- Perform sport-specific neuromuscular training (balancing on one leg with eyes closed or while tossing ball at wall, single leg hopping in different directions [like hop-scotch]).
- Attempt to minimize risk of “Causes” listed above.

◆ Prognosis

Some meniscal injuries (small peripheral tears) can heal on their own over an 8 week period of rest and reduced weightbearing on the injured limb. Tears that extend into the inner portion

of the meniscus (beyond the outer 1/3 of the meniscus, where there is a good blood supply) do not heal and requires surgery (to either resect/cut out the torn piece or repair the tear if possible). Healing and recovery time depend upon the type of surgery. Partial meniscectomy (resecting/cutting out just the torn piece) allows much quicker recovery. Meniscal repair surgery requires extended protection and precautions, resulting in longer recovery.

◆ Treatment

- Initial Treatment
 - **RICE** – Rest (crutches and staying off the extremity), Ice, Compression (with elastic bandage, and Elevation
- See your health care provider for an examination.
- Anti-inflammatory medication (aspirin, ibuprofen, etc) may be helpful in reducing both pain and inflammation.
- Rehabilitation involves eliminating the swelling, regaining full knee range of motion, regaining muscle strength, regaining neuromuscular control of the knee through proprioceptive training exercises (exercises involving balancing on the injured extremity while providing different challenges to balance).
- If surgery is required, your physical therapist will progress you through a specific post-operative protocol developed and approved by both your physical therapist and surgeon.