



Meniscal Tear

One of the most commonly injured parts of the knee, the meniscus is a wedge-like rubbery cushion where the major bones of your leg connect. Meniscal cartilage curves like the letter “C” at the inside and outside of each knee. A strong stabilizing tissue, the meniscus helps the knee joint carry weight, glide and turn in many directions. It also keeps your femur (thighbone) and tibia (shinbone) from grinding against each other.

Younger people often tear the meniscus by twisting the knee, pivoting, cutting or decelerating. During sports, athletes meniscal tears often happen in combination with other injuries such as a torn ACL (anterior cruciate ligament). People in their 30’s or later can injure the meniscus without any trauma as the cartilage stiffens and loses its elasticity over time, setting the stage for a degenerative tear.

Signs and symptoms

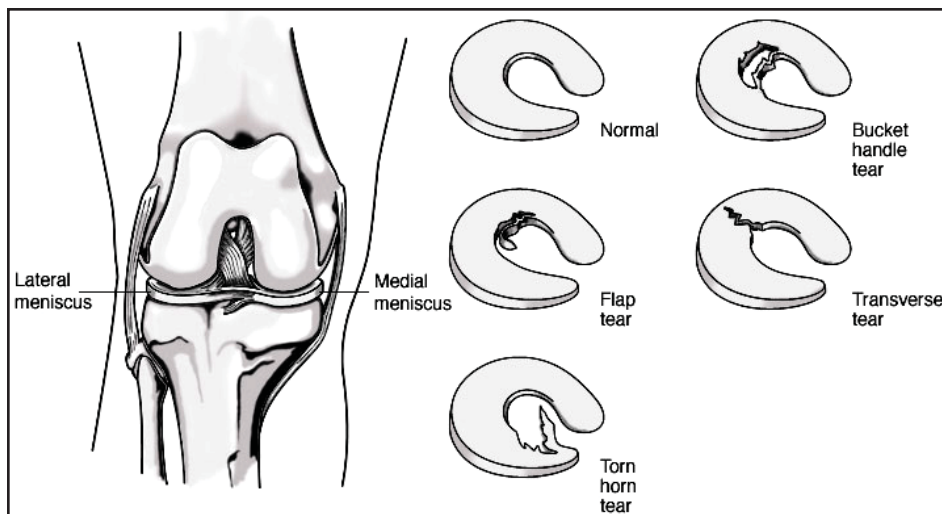
You might experience a “popping” sensation when you tear the meniscus. Most people can still walk on the injured knee and many athletes keep playing. When symptoms of inflammation set in, your knee feels painful and tight. Symptoms may include; stiffness, swelling, tenderness at the joint line, or giving away.

Diagnosis

These symptoms described merit orthopedic evaluation. A thorough history and exam will be performed. X-rays are usually obtained to rule out osteoarthritis or other possible causes of your knee pain. Your family doctor or Dr. Norberg may use a magnetic resonance imaging scan (MRI) to get a better look at the soft tissues of your knee joint. Your doctor may also use a miniature camera system (arthroscope) to see into your knee joint, especially if your knee locks.

Menisci tear in a number of different ways:

- Young athletes often get longitudinal or “bucket handle” tears if the femur and tibia trap the meniscus when the knee turns.
- Less commonly, young athletes get a combination of tears called radial or “parrot beak” in which the meniscus splits in two directions due to repetitive stress activities such as running.
- People in their 30’s, 40’s and beyond commonly have meniscal degeneration that starts at the inner edge causes a horizontal tear as it works its way back. These are commonly seen in conjunction with radial tears.



Conservative Treatment

Initial treatment of a meniscal tear follows the basic RICE formula: rest, ice, compression and elevation, combined with non-steroidal anti-inflammatory medications for pain. If your knee is stable and does not lock, this conservative treatment may be all you need. Blood vessels feed the outer edges of the meniscus, giving that part the potential to heal on its own. Small tears on the outer edges occasionally heal themselves with rest.

Surgical repair

If your meniscal tear does not heal on its own and your knee becomes painful, stiff, locked, or you develop significant recurrent swelling, you may need surgical repair. Depending upon the type of tear, whether you also have an injured ACL, your age and other factors, Dr. Norberg may recommend an arthroscopic procedure to trim off damaged pieces of cartilage. Tears in younger patients and certain tear types can be repaired arthroscopically.