



Meniscal Tear

One of the most commonly injured parts of the knee, the meniscus, is a wedge-like rubbery cushion located where the major bones of the 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.

Athletes in contact and noncontact sports may tear the meniscus by twisting the knee, pivoting, cutting, or decelerating. In athletes, meniscal tears often happen in combination with other injuries such as a torn anterior cruciate ligament. People can injure the meniscus without any trauma as the cartilage weakens and wears thin over time, setting the stage for a degenerative tear.

Illustration of the location and the normal appearance of the meniscus and four common types of meniscal tears.

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 with a meniscal tear. When symptoms of inflammation set in, the knee typically feels painful and tight. For several days you will likely experience:

- 1 Stiffness and swelling
- 2 Tenderness in the joint line
- 3 Collection of fluid ("water on the knee")
- 4 Catching or locking of your knee
- 5 Knee buckling

Without treatment, a fragment of the meniscus may loosen and drift into the joint, causing it to slip, pop, or lock. The knee gets stuck, often at a 45-degree angle, until it is manually moved or otherwise manipulated. If you think you have a meniscal tear, see your doctor right away for diagnosis and individualized treatment.

Treatment

Nonsurgical Treatment

Nonsurgical treatment follows the basic RICE formula: rest, ice, compression, and elevation, combined with nonsteroidal anti-inflammatory medications for pain. If your knee is stable and does not lock, this nonsurgical 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 often heal themselves with rest.

Surgical Treatment

If your meniscal tear does not heal on its own and your knee becomes painful, stiff, or locked, you may need surgical repair. Depending on the type of tear, whether you also have an injured anterior cruciate ligament, your age, and other factors, your doctor uses an arthroscope to trim off damaged pieces of meniscus, or might suture it.

Usually, patient is allowed to weight bear as tolerated immediately after the procedure. On occasions, crutches are recommended and/or brace is used to immobilize the knee after surgery. The complete recovery may take from 3 weeks up to 3 months, depending on the type of surgery and other existing lesions. You must complete a course of rehabilitation exercises before gradually resuming your activity.