

Meniscus Tears

Drew Ratner MD

Texas Bone & Joint - Denton
3537 S. Interstate 35 East Ste 112
Denton, TX 76210
(940) 800-1920

Texas Bone & Joint - Lewisville
500 Main St Ste 260
Lewisville, TX 75057
(469) 496-5200

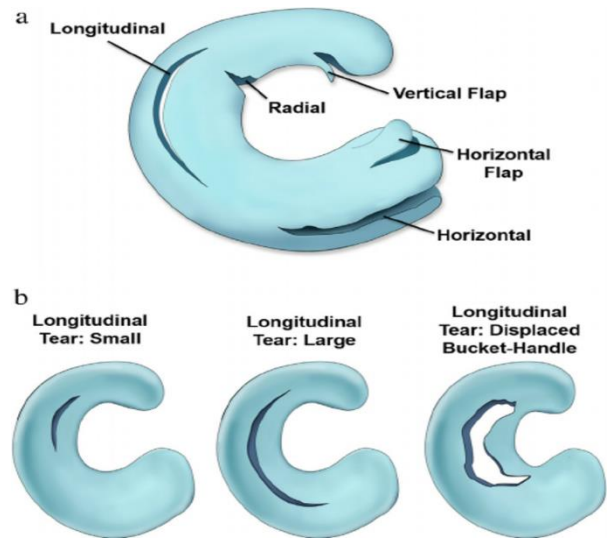
Drewratnermd@gmail.com



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Background:

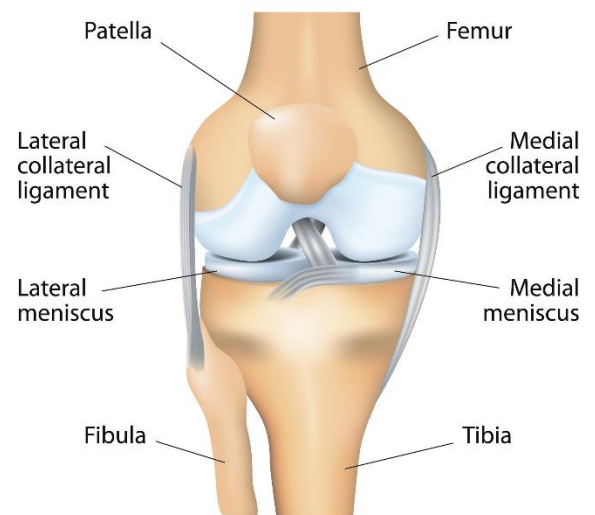
Meniscal tears are common knee injuries. The menisci are C-shaped structures made of fibrous cartilage that are located in the knee between the thigh bone (femur) and shin bone (tibia). Each knee contains 2 menisci, an inside (medial) and outside (lateral) meniscus. These act as shock absorbers and optimize force transmission across the knee joint created by our body weight. The menisci can be injured acutely when a person turns or twists on their knee when the foot is planted. They can also be injured over time from chronic degenerative changes or “wear and tear”. Meniscal injuries can occur in isolation or be associated with other injuries to the knee, i.e. ACL tears, arthritis, and fractures.



Symptoms of a Meniscus Tear:

- Pain in the knee, usually inside or outside
- Swelling/Stiffness of knee
- Catching, clicking, or locking of knee
- Inability to fully straighten or bend
- Limping

THE HUMAN KNEE



Diagnosis:

Diagnosis is ultimately made with MRI. Physical exam can help with the diagnosis. All patients will also need an X Ray which will show if there is any osteoarthritis or angular deformities in the knee.

Treatment:

Several factors are considered when discussing the treatment of meniscus tears. One is the nature of the tear, which can be classified as either degenerative/chronic or acute. Others include patient age, overall health and medical history, how bothersome the symptoms are, and what the patient's preferences are.

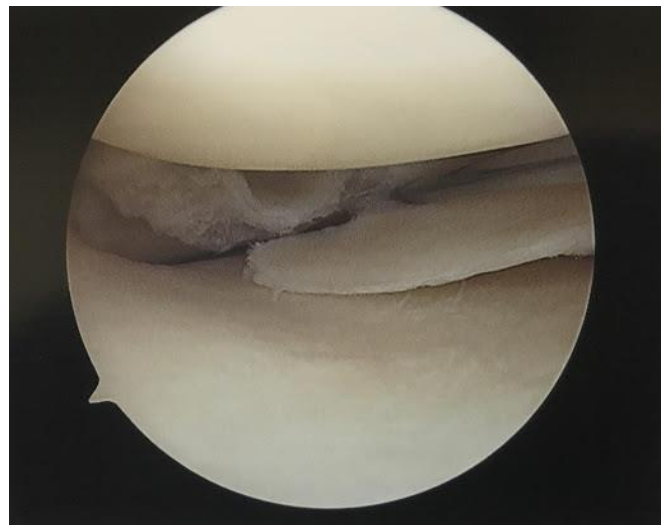


Conservative Treatment

- Rest
- Icing
- Medications (NSAIDs or analgesics)
- Injections
- Physical Therapy and activity modification

Knee Arthroscopy:

a minimally invasive procedure which two small poke hole incisions are made in the knee in order to visualize and treat the meniscus tear



Partial Menisectomy

- Fragments of the torn meniscus are removed while the healthy intact meniscus is preserved
- Serves to remove the offending portion which alleviates symptoms
- Patients can usually bear weight immediately after surgery and crutches may be used for ambulation assistance for 1-7 days post operatively
- Short course of rehab post op (around 4-6 weeks)
- Return to full activity/sport within a 4-6 weeks

Meniscal Repair

- Sutures are used to hold the meniscus together while the body heals the site
- Requires a tear that is amenable to healing based on location and pattern
- Crutches/brace may be used for 2-6 weeks post op with partial weight bearing followed by gradual return to full weight bearing
- Longer course of post op rehab to gradually condition the knee (around 12 weeks)
- Return to sport/full activity at 4-6 months post op

