

FACT SHEET

Meniscus Disorders, Knee

What Else is it Called?

Injured Knee Cartilage, Torn Knee Cartilage

What is it?

- Knee meniscus disorders involve the medial meniscus and lateral meniscus, which are two pads of cartilage in the knee between the femoral and tibial condyles (the joint surfaces of the femur and tibia)
- The most common disorder is a tear of the meniscus.
- Less common are cysts of the meniscus (collections of thick liquid inside the meniscus) and discoid meniscus (a birth defect in the shape of the meniscus).
- These uncommon disorders will predispose the meniscus to being torn later in life.

How Is It Diagnosed?

History:

- History with a torn meniscus may vary with age.
- In young people, tears are usually caused by trauma, especially involving a twisting of the knee.
- In older people, there may be a gradual degeneration of the meniscus, so the history might be non-specific such as repeated squatting or kneeling prior to onset of symptoms.

- Symptoms may include knee pain, swelling, and limitation of motion, with locking (inability to straighten the knee) or buckling (sudden giving way of the knee) possible.

What to look for:

- Reveals tenderness over the medial or lateral joint line of the knee; the medial meniscus is more commonly torn than the lateral.
- McMurray's signs involve applying rotational and axial compression forces to the knee to see if meniscal pain is produced.

Tests:

- Plain x-rays are not diagnostic, but rule out fracture and most loose bodies.
- MRI is a non-invasive method of evaluating the condition of the menisci.
- The inside of the joint can also be examined directly by arthroscopy; and if indicated, arthroscopic surgery may be performed at the same time.
- Individuals who cannot undergo MRI testing may be evaluated by an arthrogram (x-rays taken after dye is injected into the joint).

What is the Expected Return to Work Time?

<p>Surgical Treatment. Meniscectomy, arthroscopic</p> <p>Job Classification RTW Min - Max Sedentary Work 14 days - 21 days (Calendar Days) Light Work.....21 days – 49 days Medium Work...28 days - 56 days Heavy Work... 35 days - 56 days Very Heavy Work 35 days–84days</p>	<p>Medical Treatment Meniscal tears treated nonoperatively usually interfere with heavy work.</p> <p>Job Classification RTW Min - Max Sedentary Work 7 days - 14 days (Calendar Days) Light Work..... 7 days – 21 days Medium Work...14 days - 42 days Heavy Work... 28 days - 91 days Very Heavy Work 28 days–91days</p>	<p>Surgical Treatment. Meniscectomy open.</p> <p>Job Classification RTW Min - Max Sedentary Work 7 days - 28 days (Calendar Days) Light Work.....14 days – 42 days Medium Work...14 days - 56 days Heavy Work... 21 days - 70 days Very Heavy Work 28 days–84days</p>	<p>Surgical Treatment. Meniscus repair</p> <p>Job Classification RTW Min - Max Sedentary Work 7 days - 42 days (Calendar Days) Light Work..... 7 days – 91 days Medium Work 35 days - 119 days Heavy Work... 42 days - 140 days Very Heavy Work 91days/182days</p>
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How is it Treated?

- Conservative treatment may include a compression bandage, a removable knee immobilizer, nonsteroidal anti-inflammatory drugs for relief of pain and swelling and quadriceps exercises.
- The individual may use a cane or crutches until symptoms subside.
- If the knee is quite swollen, draining the fluid helps relieve symptoms and may also make it easier to examine the knee.
- Conservative treatment of meniscus injuries often produces satisfactory long term results, and if results are not satisfactory, there is no clear evidence that delaying surgery jeopardizes the outcome. Therefore conservative treatment should be attempted first in most cases, unless there is an associated injury that requires surgery.
- If symptoms persist, or if the individual has recurrent disabling episodes, surgery may be considered.
- Some meniscus tears can be repaired by suturing. Meniscus repair is generally done only in younger individuals. The tear must be located close to the blood supply of the meniscus.
- The possibility of repair must be determined by the surgeon at the time of surgery.
- Most tears require removal of the meniscus (meniscectomy). For most tears, removing only the torn part of the meniscus is sufficient (partial meniscectomy).
- Meniscectomy is done most commonly by arthroscopy, but may also be done by

arthrotomy (open operation). Arthroscopy has the advantage of producing less pain and a quicker recovery. However, arthroscopic meniscectomy is occasionally difficult, and in these cases (such as when the entire meniscus must be removed) open surgery may be preferable to avoid damaging the articular surfaces.

What is the Predicted Outcome?

The outcome of meniscectomy is usually good, if the individual does not have underlying joint disease such as osteoarthritis or rheumatoid arthritis or instability from ligament damage. Most individuals can return to previous activities, including athletics. Meniscus injury may predispose the individual to develop osteoarthritis in the involved knee. The role of meniscectomy in the later development of osteoarthritis is uncertain.

What are the Work Restrictions and Accommodations?

- Standing and walking may need to be limited temporarily.
- Squatting, kneeling and crawling may need to be limited permanently.

What are the Common Prescriptions?

- Anti-inflammatories
- Analgesics