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PATIENT EDUCATION

A quarterly newsletter dedicated to education of patients of new developments in the field of Orthopaedics and Orthopaedic Surgery. The information presented is intended as a forum of education and not medical advice. Any decisions about medical care should be made in consultation with your physician.

Riverside Orthopaedics' "What's New in Orthopaedics," is published quarterly. For back issues or to be placed on our e-mailing list, please contact: Richard Gross, M.B.A. 212.265.2828

What's New in Orthopaedics

By

William Schell, M.D.

Meniscal Tears

Introduction

The meniscus is one of the most injured parts of the knee. The two menisci are located between the tibia, also known as the shinbone, and the femur, the thighbone. The pair of menisci are C-shaped and are identified as the *medial meniscus* that is on the inside part of the knee, closest to the other knee, while the *lateral meniscus* is on the outer portion of the knee. The two menisci act as shock absorbers for the knee joint, allowing the force from movements to be spread out across the joint. Activities such as walking puts up to two times your body weight on the knee joint, running puts eight times the weight amount, and knee bends put pressure on the back part of the menisci.

Causes

Meniscal injuries can occur in any age group, but the causes differ slightly. Commonly, in younger people, the meniscus is fairly rubbery and tough. Tears in this age group tend to occur in sports related activities, usually with a forceful twisting injury.

The meniscus tissue tend to weaken with age, making them prone to degeneration and tearing. Older people tend to tear their menisci with minor injuries such as bending or squatting. Often there is not one specific

injury that leads to tears in older people and these are commonly seen as a result of osteoarthritis of the knee.

Symptoms

The most common symptom of a meniscal tear is pain. Pain is usually felt along the edge of the knee joint where the meniscus is located. The knee may also swell, causing stiffness and tightness. Sometimes the knee may become "locked" in a bent position and may be painful when the knee is straightened. Fluid may also accumulate inside the knee joint which is also called "water on the knee."

Diagnosis and Treatment

A physician can diagnosis a meniscal tear by beginning with a history and physical exam. Though X-rays will not show torn menisci, they are useful in determining if there are any other injuries or conditions present. Magnetic resonance imaging (MRI) is used instead to show images of soft tissues. An MRI can detect tears in the menisci or ligaments.

The initial treatment of a meniscal tear is focused on the decreasing the pain and swelling. This is done by following the RICE formula: Rest, Ice, Compression, and Elevation, which could be combined with anti-inflammatory

medication. Physical therapy may also alleviate the symptoms as well.

If the tear does not heal on its own or if the joint becomes painful, stiff, or cannot be straightened, surgery may be needed. Depending on the type of tear, the surgeon may either repair or remove the meniscal tear through arthroscopic surgery.

If the tear or damaged portion of the meniscus is removed, the procedure is called a *partial meniscectomy*. Usually surgeons do not remove the whole meniscus due to its important function of absorbing shock for the knee joint. Removing the whole meniscus increases the risk of knee arthritis in the future. The meniscus is only entirely removed if the damage is diffuse.

Surgeons may also repair a meniscal tear by sewing the torn edges together.

Rehabilitation

Protection of the repaired meniscus is important because it may likely tear again if weight is put on the knee too soon. The goal of the meniscal repair is to hold the meniscus together until it heals. Weight bearing is protected for up to 4 weeks after a meniscal repair surgery. Motion is encouraged and toning exercises are permitted.

If the meniscal tear is removed, recovery usually takes less time and weight bearing occurs sooner.

Both types of surgery may require physical therapy. The patient may return to running and sports activities 3-4 weeks after a meniscectomy, and 3-4 months after a meniscal repair.



