

# Informational Guide to Meniscal Injuries

## *Introduction*

The knee joint has two cartilage discs called menisci between the femur (thighbone) and the tibia (shinbone). A C-shaped meniscus is at the inside of the joint while a U-shaped meniscus lies to the outside. These two structures act as shock absorbers protecting the cartilage at the femur and tibia during daily movements and strains. The menisci also act to provide extra stability to the knee joint.

Menisci are very commonly injured due to the amount of stress and strain that these tissues are placed under during daily activities.

As we age, most tissues in the body start to get thinner and a bit weaker. Over time the menisci can wear down causing irritation or making them more prone to injury.

## *Symptoms*

Typically the symptoms associated with meniscal injuries will involve a vague, localized pain at the site of damage or irritation. Where injury occurs due to trauma, it is likely that initial swelling will be present due to the increase in fluid at the knee joint.

If a large tear has occurred, a fragment may break free from the structure and get caught in the hinge mechanism of the knee. This can prevent the knee from fully extending or bending. Persistent wearing of the menisci may ultimately lead to osteoarthritis at the knee joint.

## *Diagnosis*

Meniscal injuries are typically diagnosed by taking a thorough history of injuries as well as a detailed physical examination of the knee. Signs of pain, noise inside the joint and overall knee function will be assessed.

X-rays may be taken to rule out any bony fracture. An MRI scan is needed to show specific tearing at the meniscal tissues.

## *Treatment*

Non-surgical treatment of meniscal injuries is preferable and will initially include means to decrease pain and any associated swelling. Anti-inflammatory medication may be prescribed by a physician to help alleviate these symptoms.

It may be helpful to use assistive devices, such as a canes or crutches during general mobility and walking to take excess weight off of the affected knee.

Strengthening and stabilization exercises may also be given in an attempt to help manage other daily difficulties.

If these non-surgical measures are not helpful in managing the symptoms, surgery may be necessary.

Through the surgical procedure of arthroscopy, part of the damaged meniscus may be taken out of the joint. This is called a partial meniscectomy. When at all possible, repair of the meniscus is preferable to removing a piece from the damage. The severity of the injury is further evaluated and confirmed during the arthroscopic procedure.

### *Rehabilitation*

Non-surgical rehabilitation typically spans six to eight weeks. The use of ice, ultrasound and electrical stimulation are commonly used to decrease the symptoms of pain and swelling at the affected joint.

A physical therapist may fit the knee with a supportive brace to apply additional stability at the damaged joint.

Your therapist will also instruct you in the use of a home exercise program (HEP) designed for self-management of the injury. This HEP will focus on increasing the range of motion at the knee, increasing the strength of the surrounding muscles, and ultimately improving function of the affected lower extremity.

### *More Information...*

For more information please contact any of our three clinics in Roseville, Spring Lake Park, or Blaine where a knowledgeable therapist will be happy to assist you with your recovery needs.