



Meniscus Tear Handout

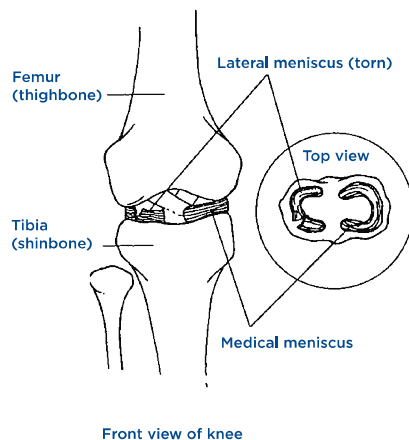
9250 SW Hall Blvd., Tigard, OR 97223
503-293-0161

WHAT IS IT?

The meniscus is a C-shaped piece of cartilage in the knee that cushions and acts as a shock absorber between your thigh bone (femur) and shin bone (tibia). You have both an inner (medial) and outer (lateral) meniscus that help distribute the forces in the knee when you are weight-bearing.

Meniscal tears can occur when the knee is forcefully twisted, sustains a direct blow, deep squatting or during activities that require changing directions. As we age, this cartilage begins to lose elasticity and can easily be torn without any type of trauma.

Meniscal (Cartilage) Tear



WHAT ARE THE SYMPTOMS?

Pain and swelling are the most common signs of an injury to your meniscus. If the tear occurs from a sudden injury, you may feel/hear a pop at the time of the injury. Swelling after the injury can often gradually increase over a 1-2 day period. You may also feel like your knee is “locked” where you are unable to move it through the full range of motion.

If your tear is more of a chronic degenerative tear, you may just have symptoms of pain, swelling & stiffness off and on based on your activity level.

WHY DOES IT HURT?

At first it just hurts because of the fresh injury and swelling. Later it hurts when you move your knee and the torn pieces get caught between the bones and pull on the meniscus.

WILL I NEED SURGERY?

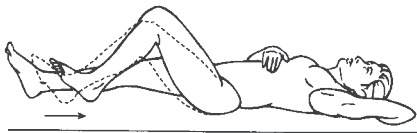
Arthroscopic surgery is frequently used for meniscus tears. The older you are, the more likely it is that you will get better without surgery because the meniscus is softer and you may “pull off” the torn part on your own.

WHAT DO I DO TO GET BETTER?

After suffering a meniscus tear, your physician will usually order knee x-rays to make sure there is no damage to your bones. Meniscus tears will not show up on x-rays so your physician may also order a MRI of the knee. They may also prescribe physical therapy and anti-inflammatory medication to help with the pain and swelling.

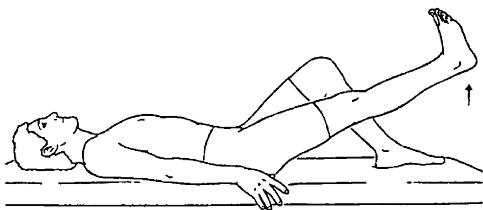
Initial treatment will consist of **RICE=Rest, Ice, Compression & Elevation**. Rest includes backing down from any activities that cause increased pain & discomfort—your physician will give you some activity guidelines. You should ice your knee for 20-30 minutes 3-5 times daily. Compression ace wraps, elevating above the level of your heart and keeping your ankle moving will help reduce swelling and discomfort.

SUGGESTIONS FOR SOME DAILY STRETCHES TO START WITH AT HOME:



RANGE OF MOTION: Knee flexion

1. Lie on your back with your legs out straight.
2. Slowly slide your heel toward your buttocks. Bend your knee as far as is comfortable to get a stretching sensation.
3. Hold for 15 seconds.
4. Return your leg to the starting position.
5. Repeat exercise 15 times, 2 times per day.

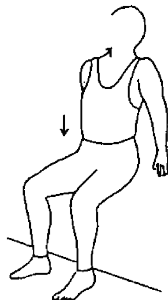


HIP/KNEE - Strengthening: Straight Leg Raise

Tighten muscles on front of right thigh, then lift leg to level of other leg, keeping knee locked. Every time you return to the table, you **MUST** relax your muscles. Repeat 25 times per set. Do 2 sessions per day.

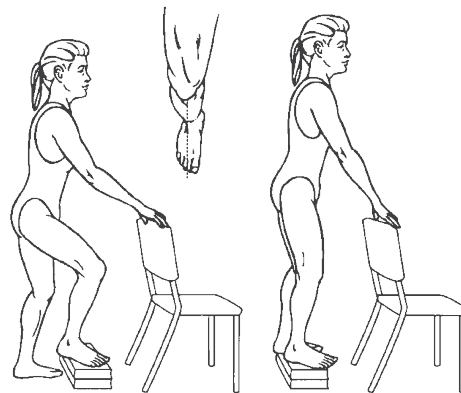
WALL SLIDE

Stand with your back, shoulders, and head against a wall and look straight ahead. Keep your shoulders and feet relaxed, place one foot away from the wall, shoulder's width apart. Keeping your head against the wall, slide down the wall, lowering your buttocks toward the floor until your thighs are almost parallel to the floor. Hold this position for 30 seconds. Make sure to tighten the thigh muscles as you slowly slide back up to the starting position. Do 3-5.



PASSIVE KNEE EXTENSION:

Do this exercise if you are unable to fully extend your knee. While lying on your back, place a rolled up towel underneath the heel of your injured leg so it is about 6 inches off the ground. Relax your leg muscles and let gravity slowly straighten your knee. You may feel some discomfort while doing this exercise. Try to hold this position for 2 minutes. Repeat 3 times. Do this exercise several times per day. This exercise can also be done while sitting in a chair with your heel on another chair or stool.



STRENGTH: Quadriceps, Step-Ups

1. Use a step or books.
2. Place your foot on the step or books approximately 6 inches in height. Make sure that your kneecap is in line with the tip of your shoe or your second toe.
3. Hold on to a hand rail, chair, wall, or another object for balance if needed.
4. Slowly step up and down. Make sure that the kneecap is always in line with the tip of your shoe or your second toe. Lightly touch the heel of the opposite leg to the floor and return to the starting position.
5. Repeat exercise 15 times, 2 times per day.