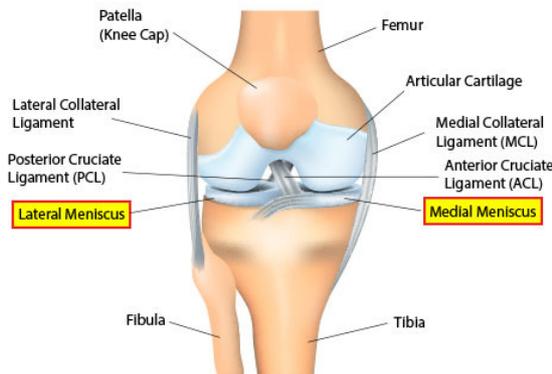


Meniscal tears



What is a meniscus?

The meniscus is a semi-circular shaped cartilage within the knee. Each knee has two of these, together termed menisci. The two menisci sit between the main knee bones (tibia and femur) to improve the function of the joint and as act as a shock absorber.

What is a meniscal (cartilage) tear?

When healthcare professionals talk about a ‘cartilage tear’ they are most likely referring to a tear of the menisci.

What causes a meniscal tear?

The meniscus can tear as a result of a sudden trauma (acute) such as a twisting injury, or can also tear gradually as part of the degenerative process (osteoarthritis).

An acute tear is more likely to occur in the younger population. A degenerative tear is common from about the age of 35 upwards, and there may be no history of a trauma. People with knee osteoarthritis are 75-95% likely to have a degenerative meniscal tear.

How do I know if I have a meniscal tear?

People with meniscal tears commonly present with isolated pain on the inside or outside of the joint line, they may have swelling of the joint, and pain when squatting or twisting. In addition people can report mechanical locking of the joint. There are also other structures within the knee that can cause similar symptoms. Your clinician will examine these structures as part of a knee assessment if they consider this a possible cause of your pain.

Do I need a scan?

An x-ray is normally the first line of investigation in those with suspected degenerative meniscal symptoms to look for the presence of osteoarthritis. MRI scans are not normally needed to diagnose this

An acute tear without the presence of osteoarthritis may benefit from surgery and therefore an MRI scan is useful to support the diagnosis.

How is a meniscal tear treated and do I need surgery?

This depends largely on the type of tear and the symptoms present. Acute meniscal tears causing pain or locking, without any signs of osteoarthritis in the joint, may benefit from a knee arthroscopy (keyhole surgery).

Degenerative meniscal tears are best treated conservatively with a course of physiotherapy, instead of surgery. This is because there is not a lot of evidence to support that a degenerative meniscal tear is the cause of symptoms, and the pain is more likely to be related to the underlying osteoarthritis. Research has found that there is no significant difference between people with a degenerative meniscal tear who have completed a course of physiotherapy compared to those who have had arthroscopic surgery, one year following treatment. It has shown that people with degenerative meniscal tears are stronger following a course of physiotherapy, than those who do not. There is a small group of people who may benefit from arthroscopy for a degenerative meniscus if there is no improvement with 12 weeks of rehabilitation and a steroid injection (if appropriate).