

Meniscus Strains/Tears in Knee

The aim of this leaflet is to give you some understanding of the problems you have with your meniscus in your knee and to provide some advice on how to manage this. It is not a substitute for professional healthcare advice and should be used along with information you may be given by your GP or other healthcare practitioner.

What is Meniscus Strains/Tears in Knee

Meniscus are the thick, rubbery pads of cartilage tissue within your knee. It acts like a shock absorber. There is one on the inside (medial meniscus) and one on the outside (lateral meniscus). They also help to improve smooth movement and stability of the knee. If there is a tear, it can be like a flap that moves in and out and gets wedged between the bones.

Causes

Traumatic – usually twisting on a slightly flexed knee, sports related trauma resulting in a tear. It is a fairly common problem.
Degenerative – wear and tear of your meniscus

Symptoms

- Pain – at the sides of the knee along the joint, usually at a specific point. It can be worse if you straighten the leg fully and walking especially with changing direction and turning. You can experience pain on squatting or kneeling.
- Swelling – mild swelling of the knee joint within a day or two of the injury
- Clicking, popping, or locking of the knee on weight bearing activities

Diagnosis (+/- tests)

The main way we diagnose your meniscus strain/tear is through what you tell us and by examining your knee. Other investigations may be considered, these can be discussed with your health care professional.

- Reduced ROM of your knee
- Swelling at knee joint line
- Tenderness at knee joint line on palpation
- Warmth at knee joint
- Weight bearing – difficulty weight bearing on your knee
- MRI – may be required to see if shows how big the tear in your meniscus is
- X-ray – not usually indicated.



Treatment

This will depend on how badly your meniscus is injured and how it will affect your lifestyle, e.g. job, sports. Not all people who injure their meniscus will require surgery. Most minor injuries will heal after 4 to 6 weeks. More severe injuries may take 3 months before normal activities can be resumed. It is important to keep your knee moving (gently at first) and keep your muscles strong so they do not weaken because you are using them less. You may develop other problems like kneecap pain.

Self Help

Protection

Protect or support your injured body part for the first 24 to 48 hours after injury. Use a sling or a splint if that helps.

Rest

Rest your injured body part for first 24 to 48 hours, avoiding activities that cause additional pain, swelling, or discomfort. Try to move your injured body part gently for 10 to 20 seconds every hour when you are awake. You should still go about normal daily activities as much as possible but avoid further strain by taking regular rests.

Ice

If you have had an injury or flare-up in the last two days, wrap crushed ice in a damp towel and hold it for five to ten minutes against the part of your body that hurts. You can do this every two to three hours. Make sure you use a damp towel between the ice and the skin to avoid ice burn. Alternatively, you could try sports sprays and gel packs, which do a similar job.

Compression

Apply compression with a bandage or tubigrip type of support until the swelling goes down. Loosen the bandage if the pain increases or the area becomes numb. Wrap the bandage starting from the end farthest from your heart. Caution: do not make the bandage too tight and do not wear tubigrip or any compression bandage in bed at night.

Elevation

Elevate the injured body part above the level of your heart as much as possible during the first 24 to 48 hours, especially when sitting or lying down. Make sure the body part is supported eg. with pillows or slings.

Exercises

All exercises should be relatively comfortable to do. If you have pain on a specific exercise that does not settle quickly, you should stop that exercise.

Exercise 1: Static Quadriceps

Lie on your back with your legs straight. Pull your foot up, tighten your thigh muscle and push your knee down firmly against the bed.



Exercise 2: Active Range of Movement

Lie on your back with something smooth under your heel e.g. a tray or plastic bag. Bend and straighten your hip and knee by sliding your foot up and down the surface.



All exercises should be relatively comfortable to do. If you have pain on a specific exercise that does not settle quickly, you should stop.

Medication

Many people use medication to help them remain active and to cope with their pain and symptoms. It is recommended that you take your medication regularly. It is best to get advice from a GP or pharmacist.

Other Intervention

There are other health interventions which may be appropriate for your condition. These can be discussed with your health care practitioner.

Work

It is usually recommended that you try to stay at work or get back to work as soon as possible. You do not need to be fully pain and symptom free to return to work. Research shows the longer you are off work the less likely it is that you return.

Try to stay positive. There is a lot you can do to help yourself. Most symptoms do settle with time.