Meniscus Injury

ALCHEMY IN MOTION

Risk Factors

Ageing - degenerative tears occur with wear and tear

Gender - Males > females

Work related kneeling, squatting and climbing

High BMI

Playing change of direction or pivoting sports

Past history of meniscus injury

Imaging

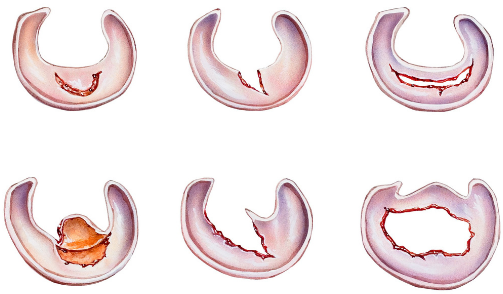
Xray - knee joint integrity + bony injury

MRI - ligaments, tendons, bones & cartilage. Most accurate & least invasive way to diagnose meniscus injury.

Ultrasound - can not accurately examine the deep structures of the knee therefore is not commonly used to diagnose meniscus injury

Types of Meniscus Injuries

Classified based on location & size of tear



References: See website

Management Options

Non operative Physiotherapy

Physio should be first line of treatment

3-6 month rehab including: education, activity modification and strengthening exercises.

Surgical Management

Menisectomy: removing the torn or damaged part of the meniscus while preserving as much of the meniscus as possible.

Removing the entire meniscus can increase likelihood of osteoarthritis of the knee joint.

Surgery should only be considered after 3-6 months of conservative physio

Meniscal Repair: repairing the torn or damaged part of the meniscus

The blood supply to the meniscus is fundamental to the success of the repair. It is documented that certain zones of the meniscus with low blood supply are less likely to heal.

80% success at 2 year follow up. Repairs are more suitable in younger populations with tears that are peripheral and horizontal in nature.

Strict post-op requirements including: non weight bearing for 4-6 weeks while wearing a brace in addition to progression physio rehab

Who to see

KATE KENNEDY - Physiotherapist

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