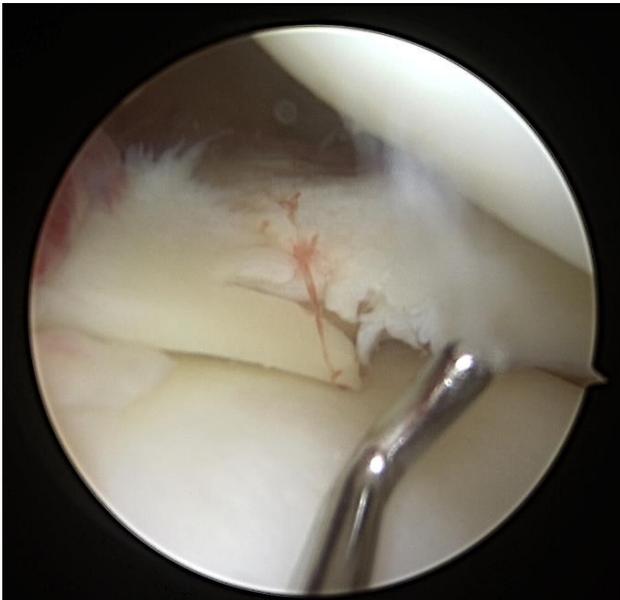


Plain Language Summary

The Management of Acute Isolated Meniscal Pathology



Background

Meniscus tears are common knee injuries. Your knee joint is formed where two bones, the femur and tibia, meet. The kneecap (patella) sits in front to protect it. Two wedge-shaped pieces of cartilage called menisci act like shock absorbers between the bones. They help with stability and weight distribution.²

Meniscus tears often happen from twisting the knee or from a hard hit during sports or daily activities. These tears can be mild or severe. They affect people of all ages but are more common among young, active people. In the US, about 0.61 out of 1,000 people get meniscus tears each year. Rates are higher in active-duty military members and high school athletes, with boys having slightly more tears than girls. About 12% of adults have meniscus tears.¹

Impact and Treatment

Meniscus tears can lead to arthritis and other joint problems. From 2004 to 2012, meniscus surgeries increased by 37%.¹ Tears cause pain, swelling, and limit movement, making it hard to work or play sports. Treatments aim to reduce pain and improve function. Surgeons try to save as much of the healthy meniscus as possible and repair the injured parts. Most people get better and return to activities after treatment, but surgery has risks like infection and nerve damage.

Doctors diagnose meniscus tears by checking for pain and using special tests. These include joint line tenderness, the McMurray test, and the Thesally test. These tests work best when used together.¹ The doctor will bend your knee, then straighten and rotate it. If you have a meniscus tear, these movements may cause pain or a clicking feeling in your knee. MRIs are very accurate for diagnosing meniscus tears. If an MRI is not possible, doctors can use CT scans or ultrasounds instead.¹

Non-Surgical Management

Many meniscus tears do not need surgery right away. If your symptoms are not too bad and your knee is not locking or swelling, your doctor may recommend non-surgical treatment. You can take anti-inflammatory drugs like aspirin, ibuprofen, or naproxen to reduce pain and swelling. Your doctor might also suggest steroid shots into your knee joint to help with pain and swelling.² Physical therapy is another option to help people with or without surgery.¹

Surgical Management

If non-surgical treatments do not help, evidence suggests that surgery within six months may improve your symptoms. You might need surgery if you have trouble moving your knee or if you have a painful tear that can be fixed. During surgery, treatments like Bone Marrow Venting or Platelet Rich Plasma might help with healing.¹ Your surgeon will try to save as much healthy meniscus as possible to prevent arthritis later.¹

Returning to Activities

After meniscus surgery, most people return to sports within 4-7 months. Playing sports year-round and starting sports early can increase the risk of meniscus injuries. Recovery times vary; people might need about 55 days off work after meniscus repair and 37 days after partial meniscectomy.

References

1. American Academy of Orthopaedic Surgeons. Clinical Practice Guideline on the Management of Acute Meniscal Pathology. Published April 1, 2021. Accessed July 10, 2024. <https://www.aaos.org/globalassets/quality-and-practice-resources/acute-meniscal-pathology/amp-cpg.pdf>
2. American Academy of Orthopaedic Surgeons. Meniscus Tears. OrthoInfo. Published August 1, 2020. Accessed July 10, 2024. <https://orthoinfo.aaos.org/en/diseases--conditions/meniscus-tears/>

This summary was written by the Committee on Healthcare Safety.

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