



Meniscal injuries may put you down, but not for long.

MENISCUS INJURIES IN THE KNEE

BY ROBERT MARX, MD, MSC, FRCSC

Next time you squat (or jump or kick), thank your cartilage. This elastic tissue, located on the ends of the thigh bone (femur) and leg bone (tibia), is responsible for allowing the knee to bend and straighten in a smooth and fluid fashion. That type of cartilage is similar to the smooth, shiny surface on the end of a chicken bone, but there's **another type of cartilage in the knee called the meniscus. Located between the ends of the bones, it acts as a shock-absorber and stabilizer.**

And it's a structure you don't want to damage — studies have shown that if the entire meniscus is removed, the knee can develop arthritis.

HOW IT HAPPENS

Despite our best intentions, the meniscus is frequently injured while playing sports or while lifting in the gym. The most common injury results from a rapid twisting of the knee, but it can occur many other ways, such as through a forceful flexion, like when a lifter hits the deep full squat position hard

and bounces back up. In some cases, there may not be a specific injury, but the meniscus can tear due to repetitive loads and chronic degeneration.

HOW IT FEELS

A torn meniscus is often painful because loose ends of cartilage can get trapped in the knee. Sometimes the torn piece can create

HOW IT'S FIXED

After the onset of symptoms, a round of physical therapy and anti-inflammatory medications may be warranted. However, mechanical symptoms such as catching and locking will resolve only if the offending fragment of tissue is removed, generally by arthroscopic surgery. The procedure is performed through two small holes

The initial steps are to reduce swelling and regain full motion of the knee. Crutches are generally required for a few days, but most patients are walking normally within 1–2 weeks of surgery.

Strengthening is an important part of the rehabilitation process, and athletes are generally able to return to their sports within three months.

Professional athletes who are in top shape and can dedicate each day to rehabilitation can return to play within a week or two in some cases, depending on their sport.



mechanical catching or locking of the knee, requiring maneuvering to “unlock” it and allow motion. In other cases, a piece of the meniscus can break off and become a “loose body” that can also lead to catching or locking. Magnetic Resonance Imaging (MRI) is helpful in confirming the diagnosis and determining the best course of treatment.

(each measuring less than a centimeter) in the knee. A camera is inserted into the knee through one hole, and surgical instruments are inserted through the other. The torn pieces are then either repaired or removed.

HOW IT RECOVERS

Following the surgery, rehabilitation is undertaken with a physical therapist.

Dr. Marx is an orthopedic surgeon specializing in sports medicine. He is orthopedic director of the Sports Medicine Institute for Young Athletes and the director of the Center for Clinical Outcome Research at the Hospital for Special Surgery in New York City, which was ranked second in the United States for orthopedic surgery by U.S. News and World Report. He is also assistant professor of orthopedic surgery at Weill Medical College of Cornell University.

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