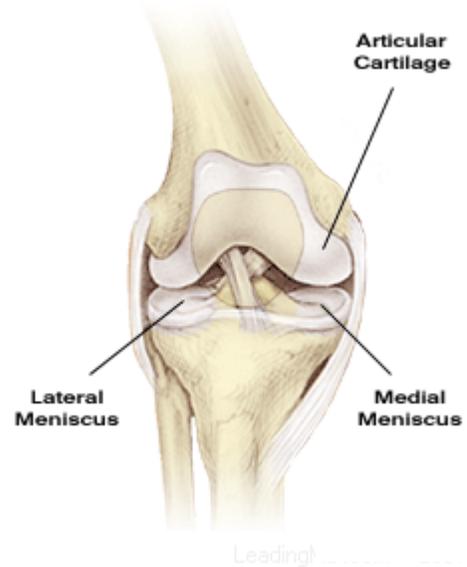


ACUTE MENISCUS TEAR

◆ What is it?

The meniscus is a C-shaped cartilage structure in the knee that sits on top of the leg bone (tibia). Each knee has two menisci, an inner (medial) and outer (lateral) meniscus. The meniscus serves to help distribute the forces between the two bones over a greater area (rather than point to point), helps supply nutrition to the cartilage that lines the bones (articular cartilage), and helps stabilize the knee.

Meniscus tears are very common, occurring in up to one third of all sports injuries. The inner (medial) meniscus is injured most often.



◆ Signs and Symptoms of this Condition

- Y Feeling or sound of pop at the time of injury, medial joint line tenderness
- Y Pain with standing, squatting > 90 degrees and twisting of involved leg
- Y Swelling of the affected knee, usually starting 1 to 2 days after the injury
- Y Locking or catching of the knee joint, causing an inability to straighten the knee

◆ Causes

- Y Direct blow to the knee, twisting, pivoting, or cutting, kneeling or squatting
- Y Without injury, degenerative tears can occur due to aging.

◆ What Can I do to Prevent a Meniscus Tear?

- Y Perform sport-specific neuromuscular training (balancing on one leg with eyes closed or while tossing ball at wall, single leg hopping in different directions [like hop-scotch]).
- Y Attempt to minimize risk of “Causes” listed above.

◆ Prognosis

Some meniscal injuries (small peripheral tears) can heal over an 8 week period of rest and reduced weightbearing on the injured limb. Tears that extend into the inner portion of the meniscus do not heal and may require surgery. Healing and recovery time depend upon the type of surgery. Partial meniscectomy (cutting out just the torn piece) allows much quicker recovery. Meniscal repair surgery requires extended protection, precautions and rehab.

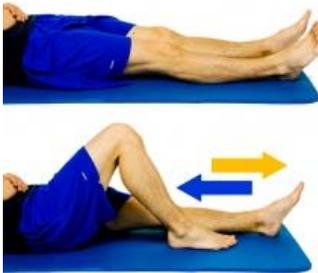
◆ Treatment

Y Initial Treatment

- **RICE** – Rest (crutches and staying off the extremity), Ice, Compression (with elastic bandage) and Elevation
- Y Anti-inflammatory medication (aspirin, ibuprofen, etc) may be helpful in reducing both pain and inflammation.
- Y Rehabilitation involves eliminating the swelling, regaining full knee range of motion, regaining muscle strength, regaining neuromuscular control of the knee.



Quad Set: with a towel under your ankle, tighten up your quad and push your knee straight towards the floor. This will help regain full extension, strengthen the quad, and also help with swelling. Do 10 reps for a 5 second hold x 2 sets; three times a day.



Heels Slides: (DO NOT GO PAST 90 DEGREES) This exercise will help regain knee flexion and will also help reduce swelling within the knee. Start with the leg straight and slowly bend the knee until you feel a stretch or slight increase in pain. Hold the end range stretch for 10 seconds. Perform 10 reps x 2 sets; 3 times a day. You may also use a belt to assist with motion but do not be aggressive with the stretch.



Straight Leg Raise-ABduction: This exercise will help maintain the strength of the outer hip. Outer hip strength is important for knee stabilization. Make sure your leg is in line with the rest of your body. Lift your leg up, hold for 3 seconds and slowly release to starting position. Repeat 10 times x 2 sets; 3 times a day.



Straight Leg Raise-Supine: This exercise will help maintain the strength of your leg while your injury is healing. Lift your leg up to the height of your bent knee (non-involved), hold for 3 seconds and slowly release to starting position. Repeat 10 times x 2 sets; 3 times a day.