

Shock-absorbing cushion between thigh, shin bone may become torn

By Dr. WILLIAM D. COX

The meniscus is a moon-shaped cushion between the thigh bone (femur) and the shin bone (tibia)

There are two menisci in each knee. One is located toward the inner side of the knee joint and another is located toward the outer side of the knee. The menisci perform critical shock-absorbing functions as well as aid in the nutrition of the knee joint.

A common injury to the knee is a tear in the meniscus. It often is referred to as a "torn cartilage". Meniscal tears often occur with rotational forces on the knee such as a twisting motion. However, often patients do not recall a specific injury prior to the onset of their symptoms.

The most common symptom of a meniscal tear is pain. This pain usually is made worse with squatting and twisting motions. Other symptoms include swelling and catching or locking of the knee. The diagnosis of a meniscal tear is made by considering the patient's symptoms, a physical examination and diagnostic tests such as magnetic resonance imaging, or MRI.

Very few meniscal tears have the potential to heal. This is because the blood

supply of the meniscus is very poor.

Therefore, the tear in the meniscus will either stay the same in size or will become larger with time. Once the meniscus has a tear in it, it is no longer able to perform its shock-absorbing function and can cause damage inside of the knee. If a large meniscal tear remains untreated for a prolonged period of time, it can actually destroy the cartilage in the knee and even wear a rut into the bone.

Because of this, surgery is the recommended treatment for meniscal tears that are causing pain.

The surgery for a meniscal tear is performed arthroscopically through small incisions and is performed on an outpatient basis. No overnight hospital stay is required.

During the surgery, the torn part of the meniscus is either repaired or removed.

The determination to repair or remove the torn meniscus is made at the time of surgery and is based on the location of the tear and the patient-specific factors.

If the meniscus is repaired, the patient usually is required to walk with crutches for three to six weeks and is allowed back to full twisting and jumping activities in three to four months. If the meniscal tear is removed and not repaired,

the patients walks on the extremity as soon as he or she feels comfortable and is allowed back to full twisting and jumping activities in approximately four to six weeks.

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