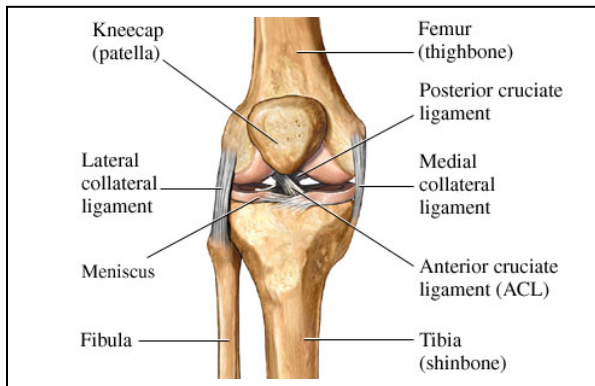


Knee Injuries – Meniscal Tear



The knee joint is supported by two menisci: the medial meniscus and the lateral meniscus. These c-shaped structures are composed of cartilage (the smooth, dense tissue responsible for cushioning the ends of bones). The menisci act as shock absorbers between the femur (upper leg) and the tibia

(lower leg) and assist in stabilizing the knee joint.

A meniscal tear may occur as a result of degeneration of the meniscus (a normal result of aging) and/or as a result of a single traumatic event. Such an event usually occurs when the knee is flexed (bent) and the individual pivots on the foot or receives a strong blow to the lateral side. Common symptoms of a torn meniscus are pain on the lateral side of the knee at the point where the femur and the tibia meet, low-level swelling the day after the onset of injury, and locking of the knee due to blockage of the joint.

Following a doctor's examination, a suspected meniscal tear is most often diagnosed through the use of an MRI (Magnetic Resonance Imaging). Using this method, a doctor is able to view a digital image of the damaged area to determine the severity of the injury. Only in rare instances does the meniscus heal itself. Surgery is often recommended to either remove or repair the tear.

Arthroscopy is the surgical process designed to view the inner workings of a joint. It is a minimally invasive procedure that requires a small incision into the joint into which an arthroscope (a small, lighted, fiber optic tool used for viewing the interior of a joint) is inserted.

During a meniscectomy, the torn part of the meniscus is removed and the remaining cartilage is then reshaped along the joint line. During arthroscopic repair, the damaged meniscus is repaired and set securely in a position to allow the meniscus to heal.

Physical therapy is recommended following surgery to strengthen the surrounding muscles and to improve range of motion through the joint. Therapy may also be suggested prior to surgery to improve flexibility and to reduce swelling. Mild strengthening techniques may also be used prior to surgery to reduce post-operation recovery time.