

Treating Degenerative Meniscus Tears



During the aging process, the fibrous cartilage between the thighbone (femur) and the shinbone (tibia) within the knee can degenerate and become prone to tearing. These cartilages—the medial meniscus and lateral meniscus—act as shock absorbers, thus protecting the joint surfaces from undue wear and tear, which can lead to arthritis. When you run, walk or jump, **the meniscus stabilizes the knee joint by evenly distributing body weight and nourishes joint cartilage that covers bones in the joint.**

While the meniscus can be acutely damaged in younger individuals or athletes, degenerative meniscus tears are not always symptomatic and can occur gradually over a longer period of time. A minor injury, however, may

bring to light evidence of a degenerative meniscus tear.

In older patients, meniscus tears are more likely to linger and may actually worsen over time. Compounding the problem is the fact that the knee can also lock up, making bending or straightening the knee joint a challenge. Unlike a sprain, a meniscus tear will rarely heal on its own. The mechanical nature of a meniscus tear means that it may need direct surgical repair or partial excision.

Because the meniscus plays such an important role in movement, repair is usually preferred to removal. After surgery, the patient wears a knee brace for approximately 6 weeks, and rehabilitation involves a physical therapy program to

- **reduce pain and inflammation;**
- **restore strength and mobility;** and
- **facilitate a return to normal activities.**

Ideally, you should begin with gentle exercises, comfortably and gradually progressing to weight-bearing exercises. Come see us to design a carefully developed physical therapy plan that will enable you to enjoy a full return to normal activities.