

# Meniscal Injuries

A meniscus is the basic shock absorber of the knee. There is a medial and lateral meniscus in each knee. They are C-shaped, a few millimeters thick and their rubbery consistency helps them to absorb the shock during impact activities.

A meniscus can tear and become painful. A meniscal injury most commonly occurs when the knee is twisted such as changing direction quickly when the foot is fixed on the ground. A 'pop' may be heard or felt and pain is usually significant. Sometimes the tear can result in a flap of tissue, which can become a block to motion of the knee. This can cause the knee joint to lock and can be extremely painful. It is important to remember the RICE principles (Rest, Ice, Compression and Elevation) at this time to facilitate the recovery process.

The meniscus has a poor blood supply and consequently many tears will not heal and continue to cause problems. This can include persistent knee swelling, clicking, locking and giving way. As a result the torn portion may need to be cut out using arthroscopic procedures, leaving the remaining functioning meniscus in place. It is important to realise that the torn part of the meniscus is not functioning anyway and only causing symptoms. Removal of the torn part will lead to decreased symptoms, usually allowing return to normal activity.

If the meniscus is partially excised, there is no repair to protect. Therefore, as the swelling and stiffness associated with surgical intervention diminish, one may begin to return to normal activity. On the other hand, if a meniscus tear is repaired, we have to protect that repair until the meniscus heals. This typically takes 3 to 4 months. During this time there are restrictions placed on activity. Because of this, return to normal function after a meniscal repair operation is much slower than after partial meniscal excision.

After your surgery there will be swelling for approximately the first two weeks. You should apply **RICE** (Rest, Ice, Compression and Elevation) to the injured knee. See a physiotherapist within these first two weeks who will help to minimise the pain and swelling. Your physiotherapist will show you exercises you can do to regain your range of movement. Your physiotherapist will assist you to develop the strength of the muscles around the knee and they will progress you through your rehabilitation program back to your return to sport/ normal function.

Unit 2 / 289 Benara Road  
Cnr Beechboro Road  
Morley WA 6062

Phone: (08) 9377 2522

Fax: (08) 9379 3755

mail@beechborophysiotherapy.com.au  
beechborophysiotherapy.com.au

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