

# Meniscal Tears In Athletes

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The meniscus is a wedge shaped structure in the knee that consists of fibrocartilage, a very tough pliable material. The medial meniscus is located on the inside of the knee (towards the middle of the body) and the lateral meniscus is located on the outside of the knee. Together, they act primarily as shock absorbers and stabilizers in the knee joint. Complete absence of a meniscus has been shown to place the knee at an increased risk for developing arthritis.

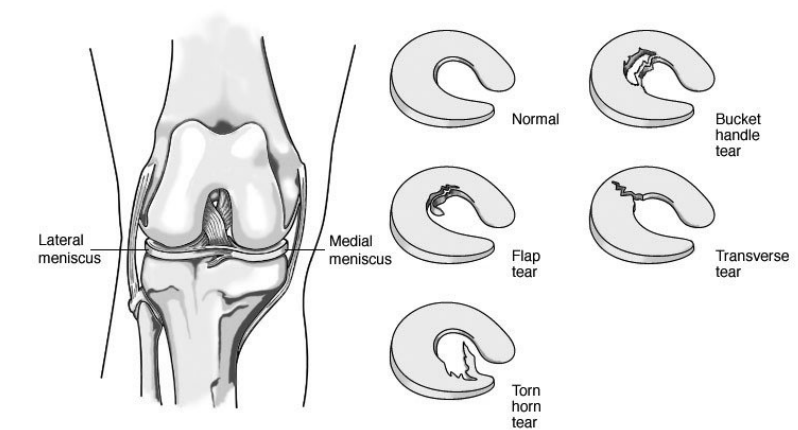
In young athletes, most injuries to the meniscus are the result of trauma. The menisci are especially vulnerable to injuries in which there is both compression and twisting forces applied across the knee.

In the older athlete, many meniscal tears are the result of trivial injuries, like twisting the knee, squatting, or through repetitive activities such as running. These tears occur because the meniscus loses its resiliency with the aging process. This degeneration often takes place in conjunction with early arthritic changes in the knee joint.

When a meniscus is torn, it will often produce pain, swelling and mechanical symptoms like catching, or locking in the knee joint. An injury to the meniscus can be diagnosed based upon the patient's history and a physical examination of the knee. The orthopaedic surgeon may also require further diagnostic studies such as a MRI which provides clear images of the soft tissue structures of the knee.

Certain tears, especially in the younger athletes, may call for repair of the meniscus. The decision to repair is based on many factors such as the location and pattern of the tear, age of the patient, associated ACL tear and reconstruction, and predictability of whether the injury will heal. In young athletes, especially teenagers, we are very aggressive about preserving the meniscus in order to protect the knee from developing premature arthritis.

Other tears, especially in older athletes, are not suitable for repair. With degeneration, the meniscus loses all ability to heal even



if a repair is successfully performed. If the patient remains symptomatic after conservative treatment options like physical therapy and non-steroidal anti-inflammatory medicines have failed, then surgery to remove the torn segment of meniscus is recommended. The surgery can be performed arthroscopically or through half-inch incisions using a small television camera. This surgery is usually performed on an outpatient basis and recovery varies from two to six weeks.

Most patients ask, "What is the benefit of removing a part of the meniscus? Doesn't it have an important function in my knee?" Clearly, the meniscus plays an important role in the knee, but once torn and unable to be repaired many of those beneficial ef-

fects are lost. If causing pain and impairing function, then removal of the torn segment is the treatment of choice.



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Dr. Boswell is fellowship-trained in sports medicine. He completed his orthopedic residency at Emory University in Atlanta, and sports medicine training in San Diego. Dr. Boswell specializes in arthroscopic surgery of the shoulder and knee. For further information, call Dr. Boswell or any of Atlantic Orthopedics other surgeons at (910) 763-2361.