Torn meniscus, which is often referred to as a torn cartilage, is a common knee injury. This injury usually occurs during cutting and twisting maneuvers of running sports. With the foot planted, the body twists and/or the body receives compress, causing a resultant meniscal tear.

It is very common in contact sports where tackles are directed towards the lateral aspect of the knee causing a rotation of the lower leg bone. Meniscus tears can also occur in older adults secondary to natural degeneration and often occur with injuries to the anterior cruciate ligament. There are two meniscuses in the knee, on the inside and one on the outside. The meniscus is a C-shaped piece of tissue that fits in between the femur (the thin bone) and the tibia (the lower leg bone). The meniscus serves to protect the joint and allow the bones to slide freely on each other. They also serve as shock absorbers during walking, climbing, squatting, and running. The meniscus also increases the stability of the joint and they spread a thin film on synovial fluid which provides lubrication and nutrition to the anterior cartilage. A tear to the meniscus can cause a flap of the meniscus to actually displace and lock. The tears may simple peripheral tears or full thickness tears causing instability in the knee.

Signs and symptoms of a meniscus tear are localized knee joint line pain, swelling inside the knee joint, decreased ability to straighten and bend the knee all of the way, a sharp pain with weight bearing twisting, knee popping and buckling, and a feeling that the leg will give way. Clinical evaluation by a trained medical expert can usually diagnose this pathology with accuracy, however, an MRI is often needed to confirm the diagnosis.

If the meniscal tear is small and located on the outside aspect of the meniscus, it can often be rehabilitated without the use of arthroscopic surgery. Riding a stationary bicycle on a frequent nature will improve the blood flow to the joint and aid in the healing. Physical therapy treatments will also improve the healing time of these injuries. However, if knee pain persists after six weeks, most probably an arthroscopic intervention is needed.

The rehabilitation of a meniscus tear following arthroscopic surgery is relatively simple. Usually crutches are used for the first several days. Full AROM is regained in two weeks, normal gait is regained in two weeks and normal functional activities of daily living can be resumed in four weeks. On a rare occasion, however, a meniscal repair may need to be offered as a surgical intervention. This arthroscopic procedure involves repairing the meniscus and this is a more complicated rehabilitation with non weight bearing on crutches for many weeks.