### Meniscus Injuries:

#### Mechanism of Injury:
Usually a twisting injury to the knee. Hyperflexion of the knee can also cause a meniscal tear.

#### Subjective symptoms:
- Pain with twisting (getting out of bed or car)
- Acute sharp pain, intermittently returning during activities
- Knee swelling
- May wax and wane
- Locking, catching, popping

#### Objective findings:

<table>
<thead>
<tr>
<th>Physical Exam:</th>
<th>Imaging:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Tenderness over the medial or lateral joint line</td>
<td>- Plain x-rays</td>
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<tr>
<td>- + Flexion-Compression-Rotation test (McMurray)</td>
<td>- MRI</td>
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<tr>
<td>- Joint effusion</td>
<td>Imaging studies may be helpful for the location of the tear and in younger patients that may have a bucket-handle tear. The diagnosis is a clinical one!</td>
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</tbody>
</table>

#### Natural History:
Meniscal tears may become asymptomatic after the initial injury. Patients may do activity modifications that allow them to function well without any discomfort despite a meniscal tear. Larger and unstable tears usually become symptomatic and cause severe pain as well as symptoms of functional instability.

#### Non-operative Treatment:
- NSAIDS
- Activity modification
- PT
- Cortisone Injections

#### Operative Treatment:
Arthroscopic meniscectomy (older patients) or repair (younger patients)

#### MMI:

<table>
<thead>
<tr>
<th>Non-operative:</th>
<th>Operative:</th>
</tr>
</thead>
<tbody>
<tr>
<td>6-8 weeks</td>
<td>Meniscectomy: 6-8 weeks</td>
</tr>
<tr>
<td></td>
<td>Meniscus Repair: 12-16 weeks</td>
</tr>
</tbody>
</table>

#### Work status until MMI:
No squatting, climbing, jumping

No squatting, climbing, jumping