

**PATIENT
INFORMATION
LEAFLET**

**Degenerative
Meniscus**

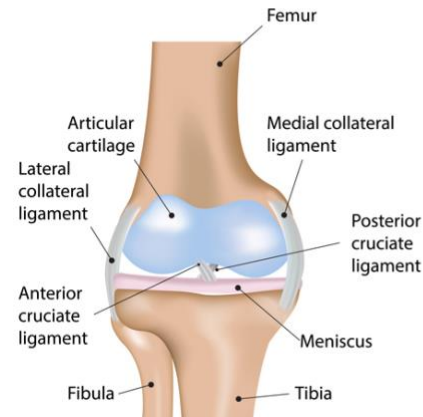
Airedale NHS Foundation Trust
Bradford Teaching Hospitals NHS Foundation Trust
Bradford District and Craven Clinical Commissioning Group

Introduction

The meniscus is a cartilage structure in our knees that serves to absorb shock, aid joint stability and provide lubrication. The meniscus is the most commonly injured structure in the knee joint. Unfortunately, these areas have reduced blood circulation, hence healing is poor. As a result of this, rehabilitation is extremely important.

Injury to the meniscus usually implies a tear to the meniscus. As people get older the meniscus gets more fragile. As a result, tears become more common as you age.

Healthy knee



Knee with a
torn meniscus



Causes of a Degenerative Meniscus

Meniscal injuries can be divided into two common causes;

- Degenerative meniscus
- Acute meniscal injury

A degenerative meniscus is the term used to describe the normal process of wear and tear within the meniscus. Whereas, an acute meniscal injury is the term used to describe a meniscal injury as a consequence of trauma. In the context of trauma the meniscus is usually injured as part of an abnormal twisting knee movement.

Being overweight will put extra pressure through your knee joints and therefore will contribute towards your symptoms. To find out if your weight is contributing to your arthritis check your BMI here (<https://www.nhs.uk/live-well/healthy-weight/bmi-calculator/>).

If your BMI is raised, decreasing this will improve your symptoms. If you want advice on how to reduce your BMI, use the following link (<https://www.nhs.uk/live-well/healthy-weight/start-the-nhs-weight-loss-plan/>).

Symptoms of a Degenerative Meniscus

- Symptoms will progress over a period of months to years.
- You may not experience any symptoms
- You may experience knee pain, clicking from within the knee and swelling of the knee
- Occasionally the knee may lock or give way

Diagnosis of a Degenerative Meniscus

The diagnosis of a meniscal injury is often made on the history of injury, the symptoms described, and a healthcare professional's examination of knee function.

Sometimes an X-ray will be undertaken. X-rays cannot visualise the meniscus, therefore are used to look for other conditions. An X-ray will identify arthritis within the knee, an injury to the bone, or loose bodies (fragments of bone) in the knee, which can mimic the symptoms of a cartilage injury.

MRI imaging is not helpful in the diagnosis of a degenerative meniscus, especially if XR shows arthritis.

Self Management of a Degenerative Meniscus

Footwear

Poor ankle support is a common cause of knee pain. Therefore, ensuring you wear well maintained footwear that supports the ankle is important in the management of knee pain. Some people will find orthotics beneficial, speak to your healthcare team to arrange this.

Weight loss

If you are overweight you are putting extra load through your knee. This will be contributing to your arthritis. Therefore, losing weight will improve your symptoms.

Warm and Cold Compresses

Warm compresses can be useful for your day to day pain, whereas cold compresses are useful to manage swelling and pain as a result of that swelling.

Walking Aids (e.g. Nordic walking poles)

Using walking aids in both hands can significantly reduce the load through your knees, therefore allowing you to keep mobile for longer.

Painkillers

Various over the counter pain killers are available for the management of pain. It is important to note these will not cure the arthritis, only numb the pain. It is therefore important to continue with all other aspects of treatment. If you have any questions your local pharmacy will be able to advise about what is safe.

Exercise

Exercise is a safe and effective form of treatment for all forms of knee pain including a degenerative meniscus.

Exercises for a Degenerative Meniscus

Exercise 1: Seated Knee Extension



- Sit upright with your thighs supported on a chair.
- Bend your target knee as far back as possible.
- Straighten your target knee as far as possible and hold for a few seconds, then relax and lower.
- Don't lift your thighs off the chair.

Exercise 2: Heel Slides



- Lie on your back with your knees bent.
- Slide one heel out to straighten your knee.
- Hold in this position, feeling a gentle stretch in the back of your thigh, then return to the starting position.

Exercise 3: Inner Range Quads in Supine



- Place a rolled up towel or other object under your knee.
- Slowly straighten your knee as you raise your foot.
- Keep your knee on the towel at all times.
- Lower back down and repeat.

Exercise 4: Step Up



- Slowly step up and down on a step.
- Lead with your affected leg both ways.

Exercise 5: Chair Squat



- Stand in front of chair of an appropriate height (a lower chair increases the difficulty and a higher chair is less difficult).
- With your feet about shoulder width apart, sit with your hips back as if to sit into a chair whilst raising your arms front of you.
- Touch the chair with your bottom and then return to standing whilst lowering your arms.



What Next?

If you are still experiencing symptoms despite following the above advice your GP may decide to refer you to the musculoskeletal clinic or to a physiotherapist. Symptoms can take 6 months to improve. Steroid injections into the knee can help with persistent symptoms. It is important to note that knee washout procedures are no longer performed due to lack of evidence.