

## **Orthopaedic Connection**

### **"Your Cartilage Is Torn." Now What?**

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#### ***Transforming patient information into patient understanding.***

Welcome back to our two class mini course on Torn Cartilage (aka Meniscus). You learned what it is, how it tears and symptoms. You forgot already? O.K. Go to the website and read last week's article before you read this. The rest of you, please follow me.

#### **Diagnosis**

Diagnosing a "torn cartilage" can be easy or very challenging. That's the way with most things, I guess.

A good history of injury (if any) and a careful exam help me a lot. I always get plain x-rays, because I hate to miss things.

Sometimes that is as far as I have to go. Do I often get an MRI? Sure, lots of times. But not always, because if you know what you are doing (hint, hint), an MRI may be unnecessary. I order MRIs all the time, but I know when not to order one too.

#### **Type of Tear**

Patients generally think all cartilage tears are the same I have noticed. Not true. That little rubbery disc/shock absorber can be damaged in countless ways.

I don't need to bore you with all the various patterns. Once it becomes torn the cartilage rarely heals, because healing happens with good blood supply. Cartilage mostly has a very poor blood supply so a torn one remains torn and causes symptoms.

Without treatment a cartilage fragment may tear further and drift into the knee joint causing it to lock in position so you can't straighten it out. It usually will bend, but not straighten.

#### **How I Treat It**

I think you probably know where I am going with this. If it is going to continue to be an aggravation and not heal, arthroscopic surgery is in your future. My patients choose when to do it as I don't want to pressure them to have surgery. It is elective unless your knee is locked up or the knee gives way unexpectedly and you fall.

Ice, ibuprofen, knee sleeve or ace wrap, strengthening exercises and decreased activities can buy you some time.

Arthroscopic surgery is the mainstay of treatment of torn cartilage. I get a really good look inside the knee at all the different areas. Once in a while it is possible to repair a torn cartilage, reattaching it to the capsule of the joint.

Cartilage is usually torn in a way that removing the torn portion is the best treatment.

## **Rehab After Surgery**

My patients go home after surgery to rest and use crutches. I see them in 7 - 10 days to remove sutures and see how well they are doing with their strengthening exercises. Restoring full strength to the leg has everything to do with how fast the person recovers. Crutches are needed until strength improves and pain and swelling subside. It is extremely variable one patient to the next so the exact time on crutches and exercise is hard to state.

Torn cartilage is one of the most common knee problems I deal with. I hope the last two weeks have given you some good information.

## **Gratiot County Herald Archive and Office Website**

[www.orthopodsurgeon.com](http://www.orthopodsurgeon.com) is a great source of musculoskeletal information that you can use. In addition it is your entry to the Gratiot County Herald Archive of all articles I have written for GCH Orthopaedic Connection. They are all listed, most recent all the way back to first. A couple of mouse clicks and the whole article appear! The articles and website cover everything I treat in the office and hospital. Check it out.

Our goal is simple - To help people return to more pain free, functional lives. I specialize in you.

Good health. Good life. All the best to you.

Be well.

Dr. Haverbush