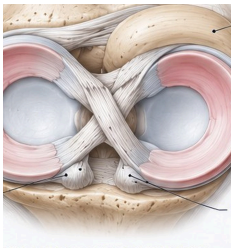
ROBERT PETTIT, MD
Restoring Function. Maximizing Performance.
ORTHOPAEDIC SPORTS MEDICINE · BEACON ORTHOPAEDICS & SPORTS MEDICINE
CINCINNATI, OH · FORT THOMAS, KY
(513) 354-3700
FELLOWSHIP-TRAINED · BOARD CERTIFIED (ABOS) · MAKO ROBOTICS CERTIFIED · CINCINNATI REDS TEAM PHYSICIAN

KNEE CONDITION

Meniscus Tear

Meniscus Injury — Patient Condition Guide



The two C-shaped menisci that cushion the knee · for education; your anatomy may differ

OVERVIEW

The meniscus is a C-shaped shock absorber between the femur and tibia. Tears occur from twisting injuries in younger, active patients or from gradual wear in older patients, and are among the most common knee injuries treated in sports medicine.

ANATOMY

Each knee has two menisci — medial and lateral — that cushion the joint, distribute load, and add stability. Blood supply is richest at the outer edge ("red zone") and poorest at the inner edge ("white zone"), which strongly influences healing potential and treatment choice.

SYMPTOMS

- Pain along the joint line
- Swelling that develops over hours to a day
- Catching, popping, or locking sensations
- A feeling the knee won't fully straighten

DIAGNOSIS

Exam includes joint-line tenderness and provocative tests such as McMurray's. MRI confirms the tear pattern and location, which — along with your age and activity level — guides whether repair or partial removal is the better option.

TREATMENT OPTIONS

Many tears, especially degenerative ones in the white zone, respond to physical therapy alone. Tears in the well-vascularized red zone, particularly in younger patients, are often repaired arthroscopically to preserve tissue; irreparable tears may require partial meniscectomy.

RECOVERY TIMELINE

— Meniscectomy: walking within days, most activity by 4–6 weeks
— Meniscus repair: protected weight-bearing and bracing for 4–6 weeks
— Repair: return to sport typically 4–6 months to allow the repair to heal
— Physical therapy is central to both pathways

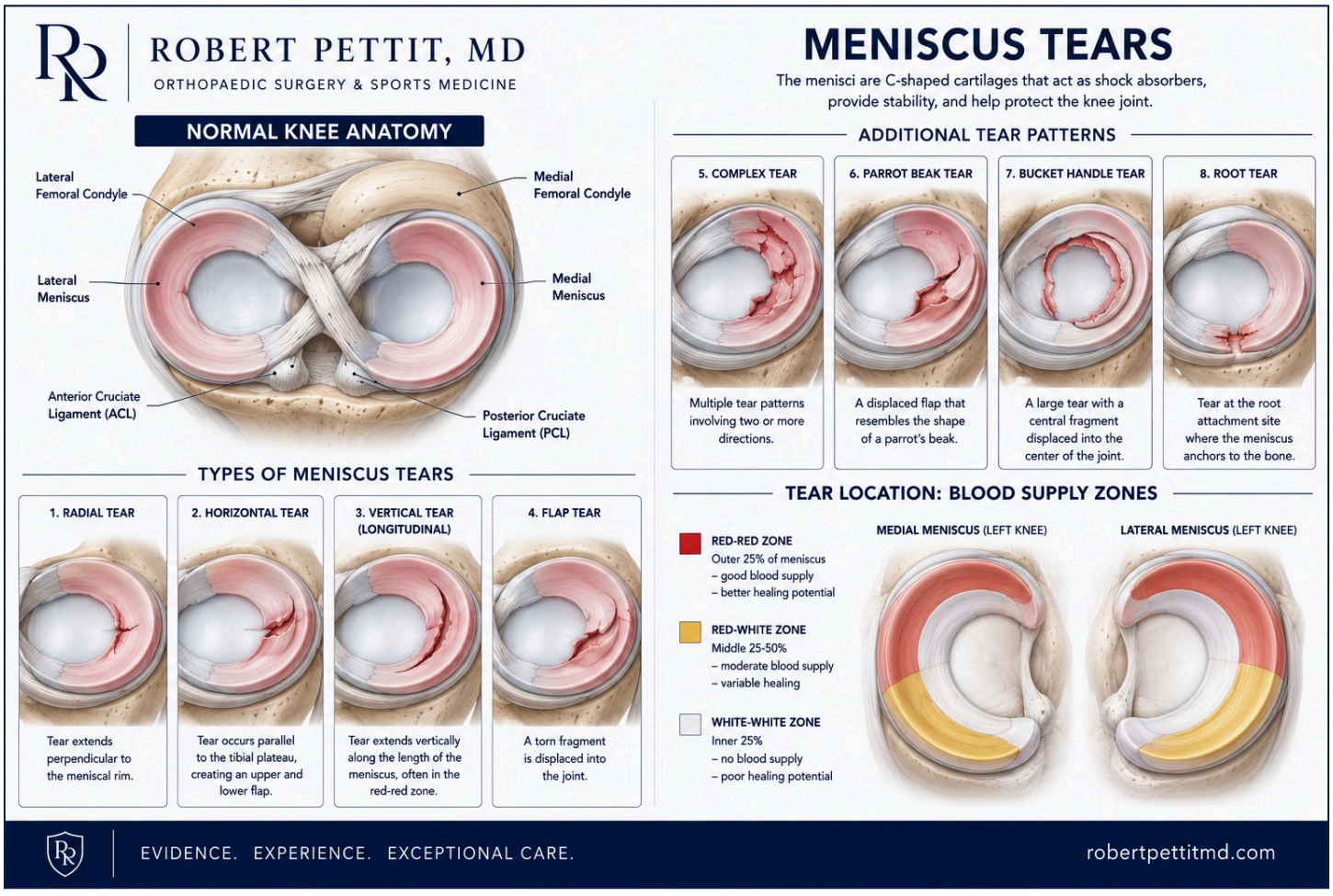
FAQS

Q Will my meniscus tear heal on its own?
Small tears in well-vascularized areas can improve with therapy; many tears require a procedure to relieve mechanical symptoms.

Q What's the difference between repair and meniscectomy?
Repair sews the torn tissue back together and preserves it, with a longer recovery; meniscectomy trims the damaged portion, with a quicker recovery but some loss of cushioning tissue.

SCAN FOR THE LATEST VERSION ONLINE
robertpettitmd.com/handouts/meniscus-tear.pdf

This handout is for general patient education and does not replace personalized medical advice. Always follow the specific instructions given by Dr. Pettit and your care team.



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HOME EXERCISE PROGRAM

Meniscus Tears: Exercises & Strengthening

Keep the knee moving and the quads firing while your treatment plan is decided — these basics are safe for most meniscus tears.

Stop and call the office at (513) 354-3700 if any exercise causes sharp pain, swelling, numbness, or symptoms that worsen into the next day. This general program does not replace an individualized plan from Dr. Pettit or your physical therapist.

Quad Set

10-second holds × 10, 2 sets daily

Sitting or lying with the leg straight, tighten the muscle on top of the thigh, pressing the back of the knee toward the floor. Hold, then relax.

Straight Leg Raise

2 sets of 10, daily

Tighten the thigh, lock the knee straight, and lift the entire leg about 12 inches. Lower slowly with control.

Heel Slides

10 reps, 2–3 times daily

Lying on your back, slowly slide your heel toward your buttock as far as comfortable, then slide back out.

Calf Pumps

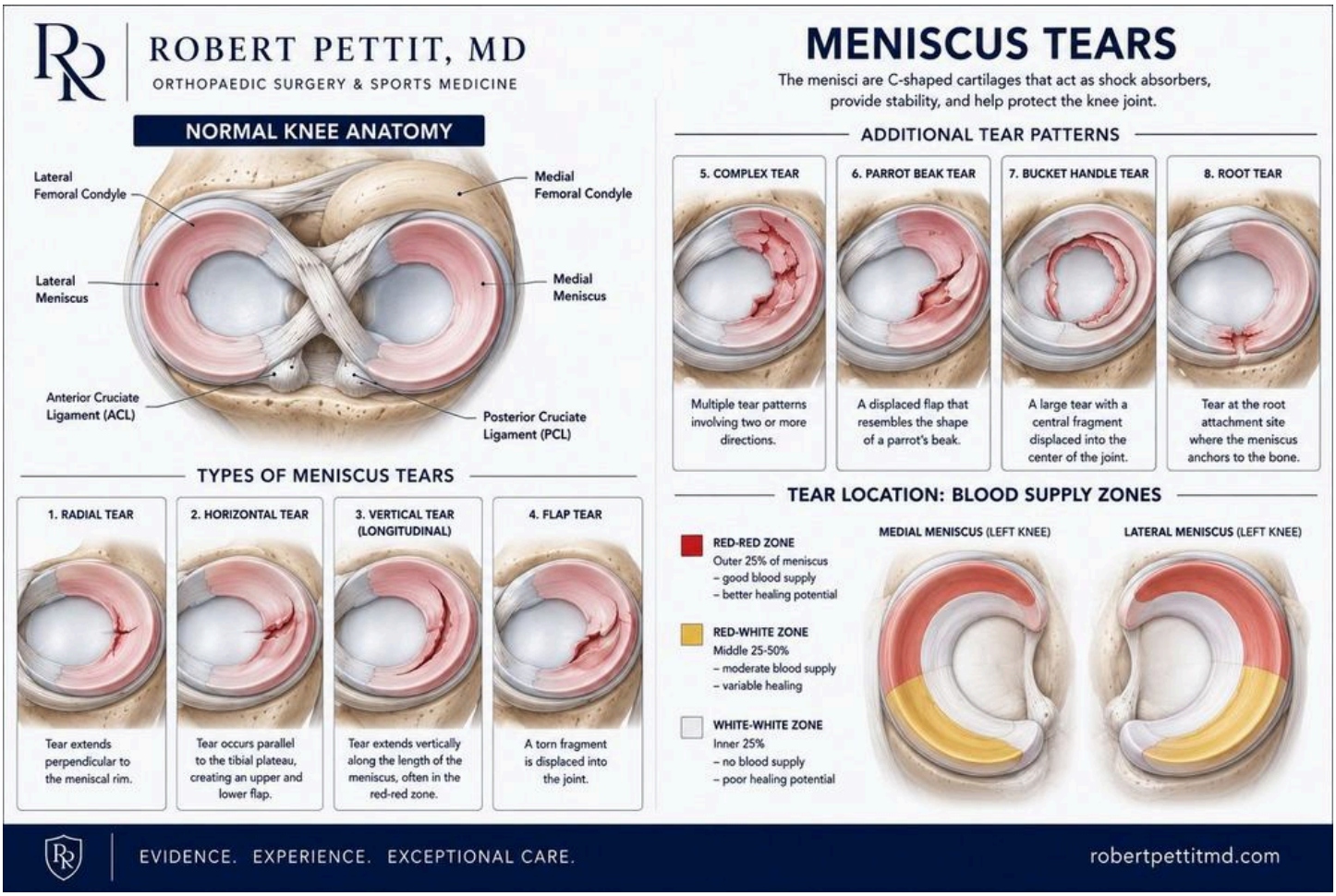
10 reps each direction, hourly

Point the foot away from you, then flex it back toward you, keeping the leg straight. Promotes circulation.

Glute Bridge

3 sets of 12, daily

On your back with knees bent, squeeze the buttocks and lift the hips until the body forms a straight line, then lower slowly.



For patient education; your anatomy may differ.