Orthopaedic Connection

Cartilage Tears

By Thomas J. Haverbush, M.D.
Orthopaedic Surgeon

Transforming patient information into patient understanding.

What if I told you that I diagnosed your knee trouble as a "Torn Medial Meniscus"? Would you really know what I was talking about? Really? A few of you would know what I was saying, but many more wouldn’t have a clue. The term meniscus is doctor talk for “the cartilage”. I rarely if ever use the term meniscus, because cartilage is so much more familiar to patients.

What Is It?
A cartilage tear is one of the most common knee injuries that I see. In each knee there are two wedged shaped cushions or shims of rubbery tough, gristle like tissue.

The cartilage pads lie freely in the joint, attached only to the side of the joint lining or capsule.

They increase joint stability and are extra padding for the knee. They are in effect like shock absorbers in the knee.

Why Does It Tear?
A cartilage tear occurs a lot in contact sports like football when a player is being tackled. It also occurs in basketball and tennis.

More specifically it happens when you pivot or twist the upper part of the leg while the foot stays in place.

It can happen in combination with other knee injuries such as an anterior cruciate ligament (ACL) tear.

But hold on. Athletes aren’t the only ones who are vulnerable. If you are over thirty, your knee cartilage has weakened and thinned over the years. Sorry!

A cartilage tear can happen to you without any trauma as such. There you are in a squatting position in the garden and you stand up. And wham – a searing pain in the knee and you can hardly stand. Sometimes it happens if you twist awkwardly for some reason.

Very often there is simply no known reason. Your knee just begins to give you trouble.

Symptoms
• You might hear or feel a popping in the knee
• Mild pain is present
• It can be hard to straighten the knee
• You can walk, but you will probably limp
• The knee feels “stiff” and may be swollen
• Pain centers on inside or outside of the knee
- The knee may seem unsteady and “give way”
- Rarely the knee may lock and not straighten

The pain and other symptoms tend to wax and wane, depending on your activity level. Symptoms usually don’t remain constant. Each of us is so individual (an obvious statement!) in how we handle maladies. I see many patients who have had symptoms of torn cartilage for months. I think I have set the stage for you explaining many aspects of torn cartilage or torn meniscus as doctors like to refer to it.

Next week I will cover all the aspects of how torn cartilage is diagnosed and treated.

You have been very attentive in class this week. Please come back next week for part two. See you then. Have a good week.

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All of this information pertains to everything I treat at the office and hospital. Log on and 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