

Meniscus Tear

Query - Teresa Sawyer

I am asking for both clinical and personal/anecdotal experiences/recommendations here. Sometimes, we the "pro's" are the worst patients, yes? I have torn a medial meniscus from running. I had a bucket list goal of doing a sprint triathlon in August and I'd been training hard. I had not run in many years. I felt something happen last weekend and I've tried to ignore it. It will not be ignored-the pain, that is.

I saw a doc today. I would rather not have surgery. She is open to allowing me to explore the conservative approach. I can do weight bearing and walking but am in some pain and am "eating" both ibuprofen and tylenol.

I am icing and resting.

I am dying to get in the water to do some deep water running sometime next week. The doc ok'd cycling as long as I stay in the saddle and not do standing climbs.

Does anyone have experience with this that they can share?

I am all ears.
Teresa Sawyer

1. Ruth F

Sorry I don't have the reference but last week I read that 80 % of adults have a tear in the meniscus.

Several of my clients are doing water work to avoid knee replacement and they have had success. It depends on the tear, your pain tolerance and your ability to use correct form when exercising. If you work with someone who really understands the properties of water and how it works on the body you can strengthen the knee.

Good luck.

Ruth F

2. Mary Wykle

I agree with Beth's comments. We use Deep Water Interval Running with the injured Soldiers and Marines with success. This is not to say that we used it with a meniscal tears. Many had multiple fx's and surgeries. Proper deep water running is most important, with aligned knee lift, and ease into it. Know the amt of knee lift possible from your doc and w/o pain. Research is available by Brennan & Wilder who used this method in training injured Olympic runners - mainly stress fx, and Garry Kilgore, PhD has done extensive research on deep water running. You can find these references at pubmed, but they do not specifically discuss meniscal tears. I just had a friend who had arthroscopic surgery for one and is thrilled to be out of pain. Her doctor had insisted it was arthritis for nearly 6 mos before she insisted it was not and sought other advice. If you are interested in DWR, I have an instructional DVD on my website - www.mwaquatics.com<<http://www.mwaquatics.com/>>. It gives you all the basics. Mary

3. Terri Arnold

Two wks ago my husband had arthroscopic surgery for torn R medial & lateral meniscus. His recovery has been a piece of cake. Seeing his recovery and knowing of other clients who had a similar experience I wouldn't hesitate to get the surgery done. The first 24 hrs he used crutches, 2nd day he used a cane, and third day he was full weight bearing and, best of all, pain-free. He did mostly resting and elevating his leg for the 5 days following surgery by the week after he was back to his regular activities around the house here. He goes back to the surgeon for a 2 wk follow-up and feels they may release him to return back to work. His job is physical so I believe that's not likely but if he did desk work I'd say the surgeon would allow him to return to work.

If I was in constant pain it would be my choice to have the surgery given what I've seen.
Terri Arnold

4. Yvonne Kovits

I so agree. I was also extremely hesitant to have surgery. I am 54 years old, and very active. I love and do resistance training, Zumba, Yoga, palates', step aerobics and speed walking 3 miles at a time, at least 6 days out of 7 days a week. Sad to say, however, I developed a torn lateral meniscus tear. I had 2 separate orthopedic recommendations for arthroscopic surgery, but I hated to be inactive for the time necessary to recuperate, so I put it off. Then, Zumba really started to hurt due to the torque required for the dance. So I had to stop that and then the step aerobics became too painful. SO, I had the procedure done. The meniscus was trimmed and I also had the Pica (?) removed. Now, 5 weeks post - op, I am able to do everything but Zumba.... I just don't want to take a chance with my other knee. My choice, though I really love it!

I was so hesitant to have this done, but it really was an easy surgery. I did not even use crutches, or require round the clock pain medicine. I think being in good shape to begin

with, lots of partial squats, weight bearing exercise and activity, as well as step and endurance exercises, helped with my recovery. I also iced 24/7 for the first 2 weeks. PT was very helpful and helped reduce the edema quickly after surgery. I went back to work 2 weeks post-op and I also have a very active and demanding job as well.

The thing is, Meniscus tears do not heal. You can strengthen all around, but if the jagged edges are creating a mechanical problem in the knee something has to be done. I also have arthritis in both of my knees and I just did not want to make things any worse. I was once an avid runner too. I no longer run, which was so difficult at first, but cross training now has become my way of life and offers the same gratification as the running did for me. I can honestly say, it's not so bad, and I am glad the surgery was done. I am back.

I researched Regenexx, but I live nowhere close enough for it to be even remotely possible for me to do, or I most definitely would have gone that route.

Good luck.

5. Brenda Bowman

Our daughter is an Athletic Trainer and suggest you research Plasma Replacement Therapy. They send an athlete in on Monday. & they participate in the weekend game no restrictions

Brenda Bowman

6. Carrick "Ben" Scott

My left knee had both medial and lateral meniscus tears.

They mechanically interfered with function and produced diabolical pain levels at times - especially during load.

As a firefighter/medic, my manly machismo shuddered and had to stumble aside, and consider the distasteful "detour" of surgery after other options/detours/excuses faded away.

I did not care for the potential long-term effects of ibuprofen, Tylenol, and other non-invasive "options."

I was blessed to be referred to a premier ortho surgeon who detailed my options, answered even my dumb questions, and gave me the option of a spinal block to observe my surgery.

The surgery involved this roto-rooter-looking gizmo that proceeded like a push mower or combine to trim the flagellating "grass" inside my knee.

I ended up only needing one crutch, and a much-shorter-than-feared recovery of a month to basic function, and a couple months to climbing ladders and dragging hose - with a steady program of ROM and strength exercises that emphasized multiple aspects of muscle tone restoration tied to entire-physique workouts.

Water work was critical to restoration, even after I returned to land workouts.

I had to watch out for overdoing/hyperextending the knee, and restrain my gung-ho approach at times.

What I gained was full return of function, without the lockups, foldouts, and, especially, the PAIN.

Pain can have a functional purpose.

In my case, with all that was flapping and floating about inside my knee (I have souvenir surgery snapshots), pain was a signal much like when a combine slurps up a forgotten hidden implement which jams up the process to the point where/when no amount of WD-40 or kicking will work to restore function.

I could not afford to have my knee lockup while in my EMS role, or hiking my favorite section of the Pacific Crest Trail.

I personally know about the impact and imperative of "Bucket Lists."

I'm glad I fixed my definable, resolvable, "jam" before something broke into a permanent disability.

I'm glad I didn't "fiddle about" and just FIDO (Fixed It Drove On).

My suggestions:

Get your info - what, when, where, how, how much, which flows into a tailored you-specific restoration plan. Since you know your situational endpoint, a good provider will work with you to create a roadmap to guide you there. Speak up! Most do not, and receive the bland-sized standard "plan" as a result. If a provider doesn't want to work with you, get rid of them, find another who will. Sometimes, you get what you pay for - I knew the ROI (Return On Investment) I wanted - I had dreams to accomplish.

Do the deed - follow the plan. Preplanning, with a quality service provider, creates a plan that is specific, adaptable, useable, and really helps focus upon recovery when it feels like a "stigma" to be "held back."

Do the time - take the quality time. I wasn't going to be able to help anyone if I skimped. When I did, I helped many more by being able to create my state's first bike medic and PR unit, pedaling with trauma bags, oxygen, radio, and other gear while wearing bunker boots,

pants, and an EMS vest. We provided EMS service during marathons, walks, and other events, relaxing the load on the regular response crews.

Doing the time helped in not only my profession, but with my own dreams.

Doing the time, I realized my bucket list item of swimming in my first competition, which turned out to be the 2006 FINA World Swimming Championships at Stanford in California, with a qualifying time in my event of the 50m Breastroke.

Take the time - do it right - use the passion of your dreams to temper your way through an apparent "setback."

Cheers!

&

Best Regards,

Carrick "Ben" Scott

7. Julie Berquist

Thank you, Carrick, for this posting. I am facing meniscus surgery in a week. I have been on the emotional rollercoaster of good day/bad day for five months with this and am grateful to have a reputable surgeon and PT. Your posting spoke to any lingering fears I had and has helped me focus on upcoming rehab. Great encouragement!! I am keeping it to reread for inspiration during the coming weeks/months.

Julie Berquist