Tear of Cartilage or Meniscus of Knee

Diagnosis/Condition: Other tears of cartilage or meniscus of knee

Discipline: DC, ND

ICD-9 Codes: 836.2

ICD-10 Codes: S83.209A, S83.30XA

Origination Date: 11/1996

Review/Revised Date: 07/2014

Next Review Date: 07/2016

Soft tissue disorders of the knee are common. 10-15% of adults report knee symptoms and over 3 million office visits occur annually for knee complaints. The knee is the largest joint in the body. Stability is provided by the ligaments and the menisci. Because of its location and anatomy, the medial meniscus is more susceptible to injury. Meniscus tears are classified as traumatic or degenerative. Trauma to the meniscus usually involves some combination of compression and rotation. With increasing age, degeneration of the menisci can lead to tears without overt trauma. Meniscus tears are often asymptomatic and up to 36% of patients over 45 years show meniscal tears.

Evaluation of the accuracy of clinical examinations for diagnosing meniscus tears show relatively low specificity and sensitivity for specific tests when compared to the gold standard of MRI. However, there is acceptable utility of the composite of history and physical examination findings to produce an accurate diagnosis.

Subjective Findings and History

- May or may not be due to a single traumatic event. Trauma more likely causative in younger patients. May be associated with chronic activity, e.g. occupational kneeling.
- Seen as a degenerative process in older individuals. Risk factors include obesity.
- Knee pain localized to the joint line
- Clicking, sense of something loose
- Mechanical symptoms, locking
- Positional pain, especially at night

Objective Findings

- Decreased range of motion, pain at end-range
- Swelling
- Provocative tests such as Thessaly, joint line tenderness, McMurray and Apley compression have variable sensitivity, specificity and positive predictive value.
- Evaluate kinetic chain and spine for joint dysfunction.
- The Ottawa Knee Rules should be applied in the evaluation of acute knee injuries to assist clinicians in making decisions about the need for radiography to exclude fractures.
- Definitive test is MRI and the confirmation is a tear seen at surgery.
Assessment
The clinical impression should indicate the specific anatomical structures involved and clinically correlate with mechanism of injury, history, subjective complaints, and objective findings.

Plan
Non-operative treatment has been shown to be successful in nearly 50% of cases and should be considered a first line therapy before surgical treatment is contemplated.

Passive Care:
- Physical therapy modalities such as ultra sound
- Passive range of motion exercises
- Brace
- Evaluate and fit (or refer) for foot orthotics
- NSAIDS, analgesics
- Supplementation
- Lower extremity and spinal manipulation to correct joint dysfunction

Active Care:
- There is insufficient evidence to support the efficacy of one specific exercise intervention over another
- Exercises to improve strength, range of motion, and function
- Structured training programs that emphasize neuromuscular and proprioceptive training offer encouraging evidence for the prevention of knee injuries
- Training in proper mechanics of joint protection and self exercises
- Activities/work restrictions: Limit activity depending upon diagnosis, degree of symptoms, and type of daily activities

Length of Treatment
- Up to 16 weeks

Referral Criteria
- Referral to orthopedist if moderate or severe (meniscal tear often requires surgical intervention); and/or progressive significant loss of range of motion or strength.
- Referral to physical therapy if not available in your office
- Continued worsening of condition
- Failure to respond to care, surgery required in 60-70 per 100,000

Resources for Clinicians

Resources for Patients
Should I have surgery for my torn meniscus? Search the Healthwise® Knowledgebase http://www.questdiagnostics.com/kbase/dp/topic/te7366/dp.htm
Medline Plus. Meniscus Tears. MedlinePlus will direct you to information to help answer health questions. MedlinePlus brings together authoritative information from NLM, the National Institutes of Health (NIH), and other government agencies and health-related organizations. http://www.nlm.nih.gov/medlineplus/ency/article/001071.htm

The Evidence


**Clinical Pathway Feedback**

CHP desires to keep our clinical pathways customarily updated. If you wish to provide additional input, please use the e-mail address listed below and identify which clinical pathway you are referencing. Thank you for taking the time to give us your comments.

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