Meniscus Tear: Should I Have a Diagnostic Test (MRI or Arthroscopy)?

Here's a record of your answers. You can use it to talk with your doctor or loved ones about your decision.

1. Get the facts
2. Compare your options
3. What matters most to you?
4. Where are you leaning now?
5. What else do you need to make your decision?

1. Get the facts

Your options

- Have an MRI or arthroscopy to diagnose a torn meniscus.
- Try home treatment or physical therapy to see if your knee pain goes away.

Key points to remember

- If your doctor thinks you have a minor meniscus tear and if your symptoms don't bother you too much, you may wait to see if it heals with rest. You may not need magnetic resonance imaging (MRI) or arthroscopy.
- If your symptoms are moderate to severe, or if your doctor thinks you have a meniscus tear and other knee injuries, he or she may recommend either an MRI or arthroscopy. Some doctors prefer to do arthroscopy instead of MRI. Arthroscopy can locate a meniscus tear and treat it at the same time.
- If your doctor thinks you need surgery to repair the meniscus, it should be done as soon as possible after the injury.
- You may be able to reduce the risk of long-term problems, such as osteoarthritis, if you confirm that you have a meniscus tear and then have surgery to repair it. There are no long-term studies to prove it, but many doctors believe that successful meniscus repair helps evenly spread the stress placed on the knee joint. If the knee is protected from uneven force, there is a lower risk of future joint problems.

FAQs

What is a meniscus tear?
A meniscus tear is a common knee injury. The meniscus (See figure in appendix) is a rubbery, C-shaped disc that cushions your knee. Each knee has two menisci (plural of meniscus)—one at the outer edge of the knee and one at the inner edge. The menisci keep your knee steady by balancing your weight across the knee. A torn meniscus can prevent your knee from working right.

What causes a meniscus tear?

A meniscus tear is usually caused by twisting or turning quickly, often with the foot planted while the knee is bent. These tears can occur when you lift something heavy or play sports. Other knee injuries, such as a torn ligament, can happen at the same time. As you get older, your meniscus gets worn. This can make it tear more easily.

What are the types of meniscus tears?

There are three types of meniscus tears. Each has its own set of symptoms.

With a minor tear, you may have slight pain and swelling. This usually goes away in 2 to 3 weeks.

With a moderate tear, you may feel pain at the side or center of your knee. Swelling slowly gets worse over 2 or 3 days. This may make your knee feel stiff and limit how well you can bend your knee. Usually you are still able to walk. You might feel a sharp pain when you twist your knee or squat. These symptoms go away but can come back if you twist or overuse your knee.

In severe tears, pieces of the torn meniscus can move into the joint space. This can make your knee catch, pop, or lock. You may not be able to straighten it. Your knee may feel "wobbly" or buckle without warning. It may swell and become stiff right after the injury or within 2 or 3 days.

If you are older and your meniscus is worn, you may not know what you did to cause the tear. Or you may only remember feeling pain after you got up from a squatting position, for example. Pain and slight swelling are often the only symptoms.

How will your doctor diagnose a meniscus tear?

Your doctor will ask how the injury happened and if you have ever had any other knee injuries. Your doctor may also ask you about pain, swelling, locking, or buckling of the knee. You will have a physical exam to find out if you have a torn meniscus and to rule out other knee injuries.

Your doctor will check both knees for tenderness, range of motion, and knee stability. X-rays are usually done. Based on your symptoms and the physical exam, your doctor may diagnose a meniscus tear. He or she may suggest that you follow up with an orthopedic surgeon, although it is not always needed. Your doctor or the orthopedic surgeon may suggest other tests such as an MRI or arthroscopy.

If your pain is very bad at first, you might go to the emergency room. If your pain is not so bad, you may wait to see if it goes away. Most people go to the doctor when pain and swelling comes back after they use their knee.
What is an MRI?

Magnetic resonance imaging (MRI) is a test that provides pictures of organs, bones, and joints. It makes these images by using a magnetic field and pulses of radio wave energy. MRI gives a good picture of the size of a meniscus tear and where it is. It also shows ligaments, cartilage, and tendons.

MRIs of the knee are helpful to identify a meniscus tear and to find any related injuries to the ligament, cartilage, and tendons.

What is arthroscopy?

Arthroscopy is a way to find problems and do surgery inside a joint without making a large cut (incision). Your doctor puts a lighted tube with a tiny camera—called an arthroscope, or scope—and surgical tools through small incisions.

Your doctor may advise you to have arthroscopy instead of MRI if he or she thinks that you need surgery, based on your symptoms and the physical exam. For example, severe tears usually cause more pain, swelling, stiffness, and problems walking. Arthroscopy may be done in these cases, because surgical repair of the meniscus or other parts of the knee may be needed.

What are discomforts or risks of having an MRI or arthroscopy?

You will not have any side effects from the MRI test. But you may have some discomfort. For example:

- The table you lie on may be hard, and the room may be chilly.
- You may have discomfort from lying in one position for a long time.
- Some people feel worried or anxious inside a standard, closed-type MRI machine. If this keeps you from lying still, you can be given medicine to help you relax. Or you can talk with your doctor about using an open MRI machine, which is less confining than a standard MRI.

Risks of arthroscopy include:

- Bleeding within the joint.
- Infection.
- Blood clotting in your leg.
- Nerve or joint damage.
- A rare risk of compartment syndrome if pressure builds within the leg. When this occurs, you need treatment right away to release the pressure.

After arthroscopy, you may have swelling around the incision. This should go away within 2 weeks. It's normal for the site to feel tender for about a week. A small amount of bleeding from the incision is normal. Ask your doctor how much drainage to expect.

It may take several weeks to recover from arthroscopy. Your doctor will give you pain medicine
and recommend rehabilitation exercises for you to do while you recover. You may have some soreness and pain after the procedure. You may need to apply ice to the joint and prop it up to reduce swelling and pain. Keep the bandages that cover your incision clean and dry.

**How is a meniscus tear treated?**

How your doctor treats your meniscus tear depends upon the size and location of the tear; when the injury happened; your pain, age, health status, and activity level; and your surgeon's preference. Your treatment choices are:

- **Nonsurgical treatment** with rest, ice, compression, elevation, and physical therapy. You may wear a temporary knee brace.
- **Surgical repair** to sew the tear together.
- **Partial menisectomy**, which is surgery to remove the torn section of the meniscus.
- **Total menisectomy**, which is surgery to remove the entire meniscus. This is generally avoided, because this option increases the risk for osteoarthritis in the knee.

Other knee injuries, such as to the anterior cruciate ligament (ACL) or the medial collateral ligament, may happen at the same time as a meniscus tear. Your doctor may be able to find this out during a physical exam. In these cases, the meniscus tear will be treated as part of the treatment for the other injury.

**Why might your doctor recommend having an MRI or arthroscopy?**

Your doctor may advise you to have an MRI test or arthroscopy because:

- Your symptoms suggest that your tear is severe or that you have other injuries.
- You have trouble walking.
- These tests can see other injuries to knees, ligaments, and tendons.
- Surgical repair of your meniscus may reduce the risk of long-term problems with your joints.

**2. Compare your options**

<table>
<thead>
<tr>
<th>What is usually involved?</th>
<th>Have an MRI or arthroscopy</th>
<th>Try home treatment, and see if knee pain goes away</th>
</tr>
</thead>
</table>
|                           | • An MRI test usually takes 30 to 60 minutes but can take as long as 2 hours.  
• During arthroscopy, you may have a general or regional anesthetic. Arthroscopy may take only about 15 minutes, but the whole procedure could take an hour or longer.  
• After arthroscopy, you'll rest | • You rest and reduce activity.  
Your doctor may advise you to try crutches or a brace.  
• You use ice for swelling. Wrap your knee with an elastic bandage, and keep it propped up on a pillow when you are lying or sitting down.  
• If your pain goes away, your doctor may advise you to do |
Your knee for several days, apply ice, and prop it up on pillows. You may not be able to drive for 24 hours or longer. Your doctor may give you medicine for pain.

- With arthroscopy, you'll have swelling around the incision for about 2 weeks. It may take several weeks to fully recover.

### What are the benefits?

- An MRI test can tell whether you have a meniscus tear or other related injuries, and it can help with treatment decisions.
- Arthroscopy can identify a meniscus tear and treat it at the same time. It can also see if you have other injuries.
- Finding out that you have a meniscus tear and treating it may reduce the risk of long-term problems, such as osteoarthritis.
- You avoid the risks of arthroscopic surgery.
- You avoid the high cost of an MRI or arthroscopy.
- If your knee does not get better, you may be able to have surgery later and your meniscus may still heal properly.

### What are the risks and side effects?

- You may feel discomfort during the MRI test.
- You may have an arthroscopy when you didn't need one, because the tear will heal on its own.
- Risks of arthroscopy include:
  - Bleeding within the joint.
  - Blood clotting in your leg.
  - A rare risk of compartment syndrome if pressure builds inside the leg.
  - Nerve or joint damage.
- These procedures are expensive.
- Arthroscopy is surgery. All surgery has risks, including bleeding, infection, and risks related to anesthesia. Your age and your health can also

You may still have knee pain even after this treatment.
- Without an MRI or an arthroscopy, you may have other knee injuries and not know it.
- Depending on the size and location of the tear, when the injury happened, and your pain, age, and health, you may still need surgery later.
Personal stories

Are you interested in what others decided to do? Many people have faced this decision. These personal stories may help you decide.

Personal stories about diagnostic tests for a meniscus tear

These stories are based on information gathered from health professionals and consumers. They may be helpful as you make important health decisions.

"I felt some strain on my knee while I was playing handball 2 weeks ago, and since then I've had swelling and pain on one side of my knee. My doctor thinks I probably have a tear in my meniscus and maybe some other knee damage. I've been using ice and resting my knee a lot, but I've still got quite a bit of pain. My doctor is now recommending that I have an MRI to see what's going on in there. She says that an MRI will give us a good idea of what is injured and will help us make the decision about treatment. I'm going to go ahead and get the MRI."

— Ahmed, age 42

"I started noticing pain in my knee about 2 months ago, although I can't say what exactly I did to injure it. I can't seem to squat or kneel without increasing the pain. My orthopedic surgeon thinks it might be an age-related degeneration of the meniscus and is recommending arthroscopy so that he can look directly at the inside of my knee. If he finds a tear, he'll probably be able to fix it right then. I'm not looking forward to surgery, but arthroscopy sounds like the best way to get my knee back in operation."

— Theo, age 50

"I was cleaning the garage and did something to my knee while lifting boxes up to the top shelves. I asked my doctor about having an MRI to find out what happened, but after she talked with me about my symptoms and the way I hurt it, she's pretty sure that it's a meniscus tear. We're going to go ahead with physical therapy and home exercises, and I'm confident that this program will improve my knee."

— Letitia, age 33

"My knee started hurting the night after I had a strenuous game of pick-up basketball. After my doctor examined me and listened to my description of the game and my symptoms, it didn't take him long to say that he thought it was a meniscus tear. My doctor thinks it's a small tear and recommends that I start rehabilitation soon. Meanwhile, I'm resting my knee and being very careful to avoid any twisting or stress on the knee."

— Peter, age 35
### 3. What matters most to you?

Your personal feelings are just as important as the medical facts. Think about what matters most to you in this decision, and show how you feel about the following statements.

<table>
<thead>
<tr>
<th>Reasons to choose an MRI or arthroscopy</th>
<th>Reasons to choose home treatment or physical therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>I want to find out for sure if my meniscus is torn or if I have other injuries.</td>
<td>I think that my meniscus tear is mild, so I want to wait to see if my pain goes away.</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>More important</td>
<td>Equally important</td>
</tr>
</tbody>
</table>

| I'm in a lot of pain, and I want to have arthroscopy so I can start feeling better. | My pain isn't too bad. |
| | |
| More important | Equally important | More important |

| I'm not worried about being in a confined space during an MRI test. | I don't want to have an MRI test. |
| | |
| More important | Equally important | More important |

| I'm not worried about the costs for an MRI or arthroscopy. | I'm worried about the costs. |
| | |
| More important | Equally important | More important |
I want to have the test if it will help me decide whether or not to have surgery for my torn meniscus.

I know that I don’t want to have surgery for any reason.

More important  Equally important  More important

My other important reasons:

My other important reasons:

More important  Equally important  More important

4. Where are you leaning now?

Now that you’ve thought about the facts and your feelings, you may have a general idea of where you stand on this decision. Show which way you are leaning right now.

MRI or arthroscopy  Home treatment or physical therapy

Leaning toward  Undecided  Leaning toward

5. What else do you need to make your decision?

Check the facts
1. If I have a minor meniscus tear, it may heal by itself with rest.
   - True
     - False
     - I'm not sure

   That's right. If you have a minor tear and your symptoms don't bother you too much, you may wait to see if it heals with rest.

2. Either an MRI or arthroscopy can help me find out if I have a meniscus tear.
   - True
     - False
     - I'm not sure

   You are right. An MRI or arthroscopy can tell your doctor if you have a meniscus tear and if you have other injuries.

3. An arthroscopy can find out if I have a meniscus tear AND treat it at the same time.
   - True
     - False
     - I'm not sure

   You are right. An arthroscopy can identify a meniscus tear and treat it at the same time.

Decide what's next

1. Do you understand the options available to you?
   - Yes
   - No

2. Are you clear about which benefits and side effects matter most to you?
   - Yes
   - No

3. Do you have enough support and advice from others to make a choice?
   - Yes
   - No

Certainty

1. How sure do you feel right now about your decision?

   [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
2. Check what you need to do before you make this decision.
   - I'm ready to take action.
   - I want to discuss the options with others.
   - I want to learn more about my options.

3. Use the following space to list questions, concerns, and next steps.

Credits

By Healthwise Staff
Primary Medical Reviewer William H. Blahd, Jr., MD, FACEP - Emergency Medicine
Specialist Medical Reviewer Patrick J. McMahon, MD - Orthopedic Surgery

Appendix

Topic Images

Figure
Knee
The knee joint is where the thighbone (femur) and the shinbone (tibia) come together. A smaller bone called the fibula, on the outside of the lower leg, is also related to the knee joint. The kneecap (patella) is in front of the end of the thigh bone.

The bones are connected by several strong ligaments and cushioned by two pieces of cartilage called menisci (plural of meniscus).