HINDMARSH
PHYSIOTHERAPY &
SPORTS INJURY CLINIC

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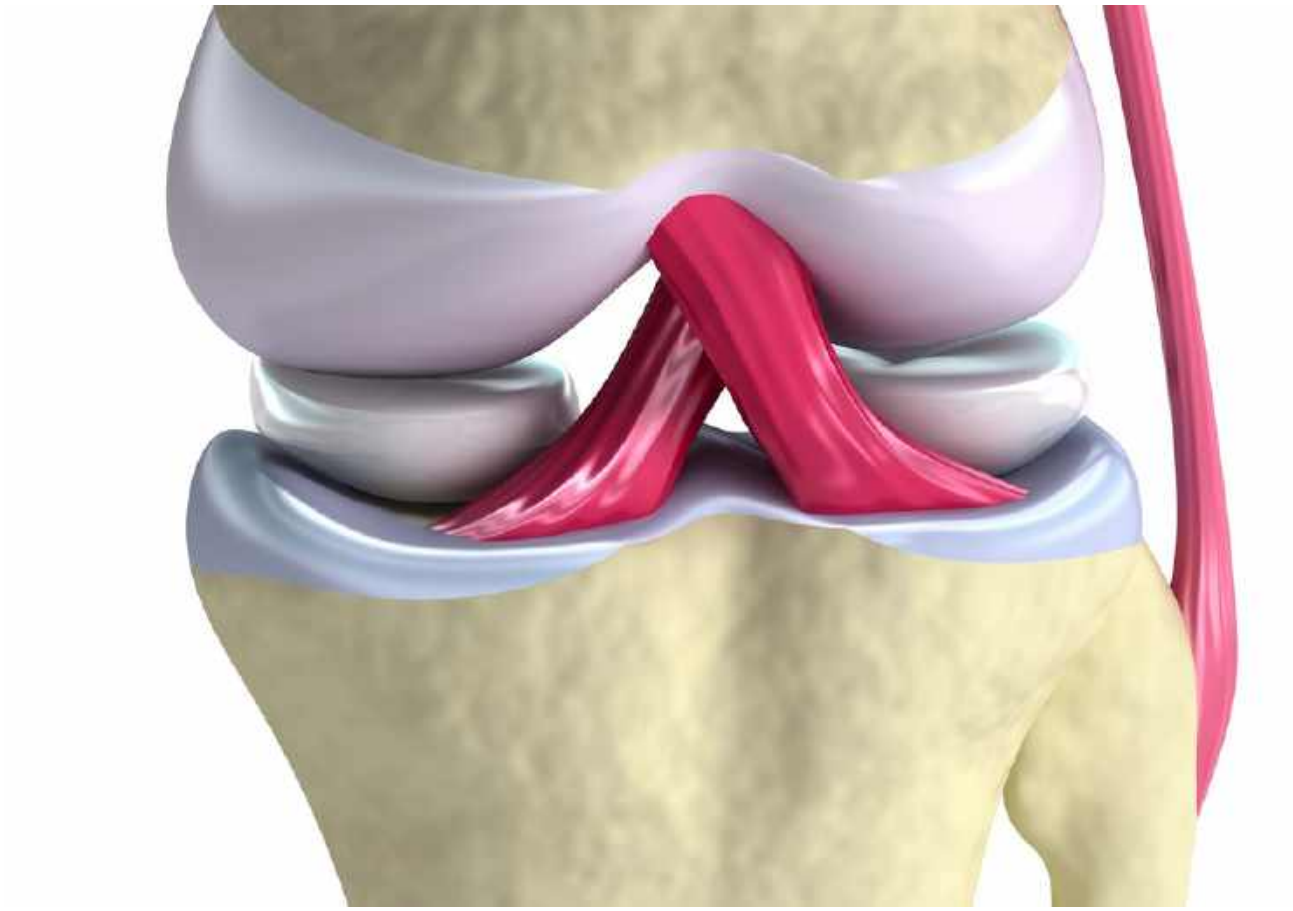
MOST MENISCAL TEARS DO NOT REQUIRE SURGERY

Meniscal tears are among the most frequently diagnosed knee injuries—and also one of the most misunderstood.



If you have recently been informed that you have a torn meniscus and that surgery is your only treatment option, it is important to pause and consider a broader perspective. In many cases—particularly in individuals over the age of 40—surgical intervention can often be avoided.

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UNDERSTANDING THE MENISCUS

The meniscus is a C-shaped, rubbery cartilage structure located between the femur (thigh bone) and the tibia (shin bone). Each knee contains two menisci: the medial (inner) and lateral (outer) meniscus. These structures play a vital role in shock absorption, joint stability, and facilitating smooth knee motion.

Meniscal tears generally occur through one of two mechanisms:

- Acute trauma—often involving sudden twisting or pivoting during sports or unexpected movements.
- Degenerative changes—age-related wear and tear that progressively weakens the meniscus, making it more susceptible to tearing even without a distinct injury.

What many people do not realise is that meniscal tears can be entirely asymptomatic.

WHAT THE RESEARCH TELLS US

A study published in the New England Journal of Medicine found that 35% of adults over age 50 had meniscal tears visible on MRI despite experiencing no knee pain.

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Similarly, a JAMA study reported that 60% of individuals over 65 showed torn menisci on imaging but remained symptom-free. These findings highlight a critical point: the presence of a tear on MRI does not necessarily indicate that it is the source of your pain—or that it requires surgical intervention.

WHY DO SOME TEARS CAUSE PAIN WHILE OTHERS DO NOT?

Symptoms often arise not from the tear itself, but from the way it disrupts normal joint mechanics. When the knee is not functioning optimally, or when a tear impairs how the bones, muscles, and ligaments interact, it can lead to increased strain, inflammation, and pain. In such cases, the tear may be the initial trigger, but mechanical dysfunction is what perpetuates the issue.

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This explains why many individuals continue to experience pain even after undergoing arthroscopic surgery to "clean up" the meniscus. If the underlying dysfunction in movement and joint mechanics is not corrected, surgical procedures are unlikely to address the root cause effectively.

AN ALTERNATIVE APPROACH: RESTORE FUNCTION FIRST

A more effective, long-term solution begins with restoring proper mobility and strength.

- Mobility refers to the ability of the knee joint to move freely through its full range of motion.
- Strength refers to the ability of surrounding muscles to provide adequate support and stability.

Restoring mobility should be the first step. As normal movement gets re-established a targeted strengthening program can begin—one that supports healthy joint mechanics and is tailored to the individual's needs.
It is important to emphasise that not all exercise programs are appropriate. Generic routines or exercises found online may not address the specific mechanical deficits contributing to pain. A Physio who understands the complexities of mechanical knee pain can provide a thorough assessment and develop a program that promotes true recovery.

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WHAT THE EVIDENCE SUPPORTS

Research indicates that 70–80% of individuals over age 40 with meniscus-related knee pain can achieve full relief through conservative, specialised treatment—without surgery or corticosteroid injections. Nevertheless, arthroscopic surgery remains one of the most commonly performed orthopaedic procedures. This is largely due to the influence of MRI findings and the common belief that “a tear must be fixed.” However, pain is a multifactorial experience, and imaging does not always reflect clinical reality.

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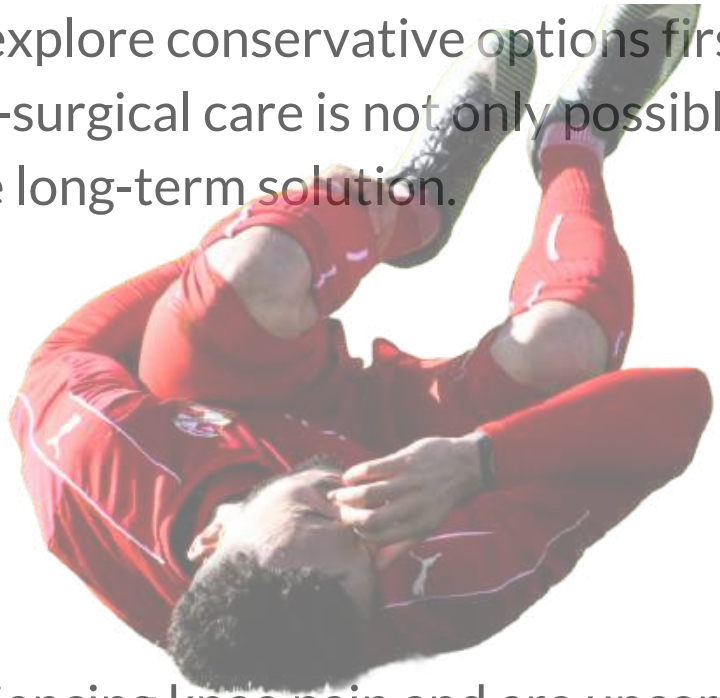
RECOMMENDATIONS

If you've been diagnosed with a meniscal tear:

- Do not panic—many tears do not require surgery
- Seek a second opinion from a clinician who specialises in mechanical knee pain, not just diagnostic imaging.
- Avoid pursuing cortisone injections or surgery unless clearly indicated.
- Begin working with a Physio who can assess your knee function and guide you through a personalised program focused on mobility and strength.

You owe it to yourself to explore conservative options first. For many individuals, non-surgical care is not only possible—it is often the most effective long-term solution.



If you are currently experiencing knee pain and are uncertain about your next steps, we would be pleased to offer guidance—whether you are seeking to avoid surgery, understand your diagnosis, or simply gain clarity on your options.

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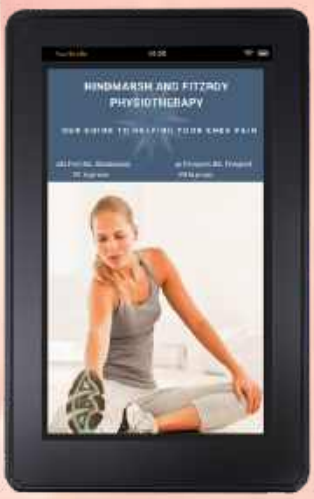
We are passionate about providing our patients and community with information on prevention and management

We have put together a comprehensive free e-Book guide to understanding and managing knee pain, We explain some of the causes and contributing factors, useful advice and tips on self management, signs and symptoms exercises to avoid and those to start.

Click here or the image to download your own copy



Explore our GLAD based Knee OA rehab classes HERE

Take that first step and book a Physiotherapy Assessment
You can call us on 83462000 at Hindmarsh or CONTACT US ONLINE HERE to request an appointment