

The Wellness Express™

Jump on the train to good health

Issue 1, February, 2014

Before You Consider Knee Meniscal Surgery . . .

Presented by: **Total Health Systems**

TotalHealthSystems.com

Introduction

The meniscus functions like a small disc and acts as a shock absorber between the bones of the upper and lower leg. High



normal



meniscus tear

impact activity (eg. running) and obesity are two common causes of meniscal tears of a chronic nature and also impact the development of osteoarthritis of the knee. Because medicine feels that meniscal tears

do not heal well, arthroscopic partial meniscectomies have become a common knee surgery and yet there was no strong evidence for the effectiveness of this surgery.

A recently released study looked at a partial meniscectomy surgery of the knee versus a sham surgery where incision sites were opened for camera and arthroscopic surgery but no actual surgery was performed.¹ There were no significant outcomes for the surgical subjects in terms of pain during normal activities or in terms of post exercise pain compared to the sham subjects.

What does this mean?

If you have a meniscal tear and no arthritis in the knee then this surgery is probably not the treatment choice you should be exploring.

Was the tear the result of trauma?

If so, then appropriate use of ice, electrical stimulation and range of motion immediately after the injury with restoration of knee mechanics through manipulation and rehabilitative exercise and time, may result in the same outcome as surgery at a 6 and 12 months *with less likelihood of*

Exercise of the Week

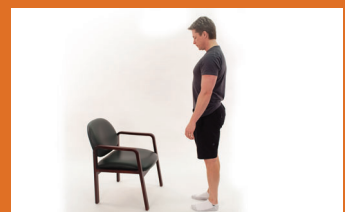
Hamstring Stretch

Difficulty: Easy

(Consult your chiropractor before starting this or any other exercise.)

Start: Standing in front of a chair.

Exercise: Place one foot up on chair, with leg straight. Slowly bend forward, reaching toward foot. Stop and hold when you feel a light pull behind leg. Hold for 30-60 seconds, relaxing muscles of upper leg. Switch sides, and repeat 2X per side.



Presented by: 43740 Garfield Road, Clinton Township (586) 228-0270
28098 23 Mile Road, Chesterfield (586) 949-0123
57911 Van Dyke Road, Washington (586) 781-0800



developing osteoarthritis later as a result of the surgery.²

Was the tear the result of degeneration of the meniscus over time?

If so, then underlying mechanical issues that enabled the meniscus to degenerate must be addressed. Pain management with electrical stimulation, ice and range of motion exercises when the tear occurs are still a necessary part of recovery as is time. Restoration of good knee mechanics with this condition may require orthotics and weight loss. Due to the chronic nature of this type of tear it is absolutely imperative to change the mechanics of both the joint, (with manipulation) and the soft tissues (with soft tissue re-education that can be done with your chiropractor and exercises that are done by you.)

What about partial meniscal tears with osteoarthritis?

A study of 351 men and women over 45 with mild to moderate knee osteoarthritis and a partial meniscal tear were followed. 50% had surgery and post surgical exercise and 50% had exercise alone. At 6 months, 30% of the non surgery patients had undergone surgery (those showing no progress or worsening of symptoms), the remaining 70% had the same outcomes as the surgical group at 6 and 12 months.

What does this mean?

Compromised mechanics over a long period of time caused both the tear and osteoarthritis. Addressing the underlying mechanical issues enabled 70% of the non surgical group to attain the same type of outcome as the surgical group. Ice,

electrical stimulation and range of motion exercises when the tear occurs are still a necessary part of pain management. Once the acute pain has been addressed, optimal recovery requires good knee mechanics over time. This may be developed with appropriate exercises and may also require orthotics and weight loss as the chronic nature of this type of tear make it absolutely necessary to change the mechanics of both the joint and soft tissues. Chiropractic manipulation of the knee and addressing soft tissues issues such as scar tissue developed due to abnormal mechanics over time can be addressed by your chiropractic while you commit to appropriate exercises for your knee condition.

Surgery even in this type of knee issue should not be considered unless the knee pain is showing no improvement whatsoever or is getting worse. Due to the trauma caused by surgery, osteoarthritis of the knee may worsen faster over time in the surgical knee creating worse knee issues at the 5 or 10 year mark. Surgery should not be considered an adequate substitute for committing to lifestyle changes and should be the last treatment considered for these types of knee conditions.



Disclaimer: Information contained in The Wellness ExpressSM - Wellness Express NewsTM newsletter is for educational and general purposes only and is designed to assist you in making informed decisions about your health. Any information contained herein is not intended to substitute advice from your physician or other healthcare professional.

Quote to Inspire

“Failures are like skinned knees, painful but superficial”

Ross Perot

References and Sources:

1. Arthroscopic Partial Meniscectomy versus Sham Surgery for a Degenerative Meniscal Tear. Raine Sihvonen, Mikka Paavola et al, New England Journal of Medicine, 2013 December 26: 369:2515-2524.
2. Surgery versus Physical Therapy for a Meniscal Tear and Osteoarthritis. Katz, JN, Brophy RH, et al., New England Journal of Medicine, 2013 May 2: 368:1675-84



Writer: Jenny Crosby, DC
Design: Elena Zhukova
Graphics: Maria Camille Almirañez
Production: Mike Talarico