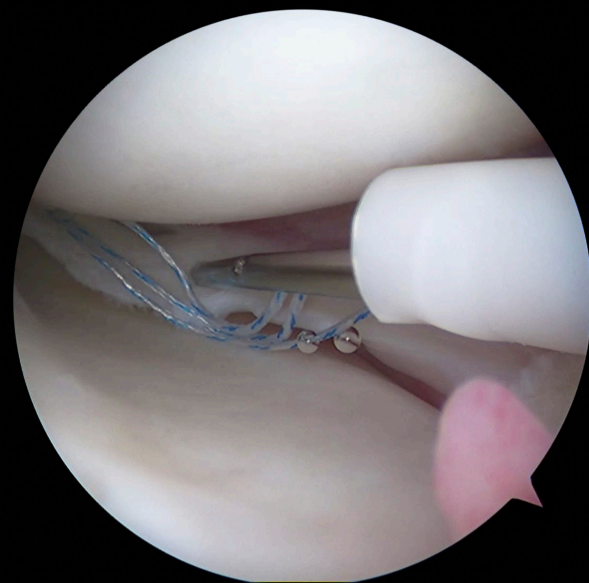


Clinical Practice Guideline Overview

Management of Acute Isolated Meniscal Pathology

Published June 10, 2024

The scope of this guideline includes the diagnosis and management of individuals who are suspected or have been diagnosed with an acute isolated meniscal tear.



Literature Review

11,473
abstracts reviewed



2,733
articles recalled
for full text review



72
abstracts reviewed
after full text review



Strong (S) and Moderate (M) Guideline Recommendations Limited (L) and Consensus (C) Options*



Physical examination, including joint line tenderness, the McMurray test, and the Thesally test, can effectively diagnose acute meniscal tears and may yield more accurate results when combined. **(M)**



In the absence of sufficient evidence, it is the opinion of the workgroup that patients with a symptomatic acute meniscal tear who could benefit from a repair should be considered for early surgical intervention. **(C)**



When indicated in the treatment of acute meniscal tear, surgery should preserve as much functional meniscal tissue as possible to mitigate patient risk for osteoarthritis. **(M)**



In the absence of sufficient evidence, it is the opinion of the workgroup that physical therapy/rehabilitation may benefit patients with an acute isolated meniscal tear undergoing non-operative treatment or recovering from meniscal surgery. **(C)**



Patients with acute meniscal tear who have failed conservative treatment may have better outcomes from surgical intervention within 6 months of injury. **(L)**



It is the opinion of the workgroup that, when performing repair of acute isolated meniscal tears, surgeons may favor the inside out technique to reduce the risk of repair failure in certain tear patterns or all inside techniques to reduce the risk of other complications. **(C)**



Meniscus repair can improve patient outcomes compared to a partial meniscectomy in acute isolated meniscal tears with healing potential. **(L)**



Bone Marrow Venting or Platelet Rich Plasma can be considered in patients with acute isolated meniscal tears undergoing surgical repair to improve outcomes. **(L)**



In the absence of sufficient evidence, it is the opinion of the workgroup that patients with a displaced or displacing acute meniscal tear, particularly those restricting knee range of motion, can benefit from acute surgical intervention. **(C)**



MRI is the preferred imaging modality to diagnose acute meniscal tears because of its high accuracy, while CT arthrography or ultrasound can be used, particularly when MRI is not available or contraindicated. (S)



Future Research

Consideration for future research is provided for each recommendation within this document are based on the work groups clinical experience and perceived need for better guiding data.

* Options are formed when there is little or no evidence on a topic. This is defined as low quality evidence or a single moderate study (i.e., a limited strength option), no evidence or only conflicting evidence (i.e., a consensus option), or statements resulting in a limited or consensus strength following Evidence to Decision Framework upgrading and/or downgrading.

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Please visit OrthoGuidelines.org to view the supporting rationale and options for this guideline.

