ORTHOPEDIC CENTERS OF COLORADO
Advanced Orthopedic & Sports Medicine Specialists

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Treatment Guide: Knee Osteoarthritis with Meniscus Tear

Your guide to Surgery and Recovery

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DISCLAIMER: *This information is specifically for patients who have meniscus tears along with mild to moderate knee osteoarthritis. If you have severe "bone-on-bone" osteoarthritis throughout your entire knee, a total knee replacement may be more appropriate. In addition, if it is found that you have bone-on-bone arthritis we will often NOT recommend any further imaging, such as an MRI, as the likelihood that you have degenerative tearing in your meniscus at that point is near 100% and it would not change your treatment outcomes. In those cases, you will be better served by consulting with a knee replacement specialist, even if you're not ready for surgery yet, as they can provide comprehensive guidance for your specific situation. This guide does not go into detail about a Total knee Replacement as that is not it's intact.*

UNDERSTANDING THE PROBLEM

Meniscus tears combined with knee osteoarthritis present one of the most challenging conditions to treat in my practice. The difficulty lies in determining which condition is causing most of your symptoms - the torn meniscus, the arthritis, or a combination of both. Many patients don't realize they have arthritis until a meniscus tear occurs. Often, the arthritis has been slowly developing over time, weakening the meniscus and making it more susceptible to tearing.

DR. THON'S GUIDE TO TREATMENT OPTIONS FOR OSTEOARTHRITIS WITH MENISCUS TEARS

NON-OPERATIVE OPTIONS

1. **Conservative Management:** Initial treatment focuses on reducing pain and inflammation through non-invasive methods. This includes rest and activity modification, using anti-inflammatory medications (NSAIDs and Tylenol), and applying ice/heat therapy as needed. A structured home exercise program and weight loss when appropriate are essential components. While not curative, these measures can provide significant symptom relief for many patients and are typically tried for 4-6 weeks before considering more invasive options.
2. **Physical Therapy:** Physical therapy focuses on strengthening the muscles around your knee to improve stability and function. A therapist will guide you through exercises to improve flexibility, strength, and balance. Most patients attend therapy 1-2 times per week for at least 6-8 weeks. Studies show that targeted physical therapy can provide significant pain relief for many patients with this condition.
3. **Corticosteroid Injections:** Standard corticosteroid injections provide powerful anti-inflammatory effects directly into your knee joint. These injections typically begin working within 3-5 days and can provide relief for 2 months or more, though results vary significantly between patients. While these can be repeated, we typically limit them to every 4-6 months to prevent potential cartilage damage from "overdosing the joint". If you are requiring these injections more frequently than every 4-6 months then we will typically need to move on to other treatment options as this may mean your arthritis has progressed beyond the point where a simple steroid injection provides lasting relief. These injections are generally covered by insurance and serve as both a diagnostic tool and treatment option.
4. **Zilretta (Long-Acting Steroid Injection):** Zilretta is a specialized form of corticosteroid that releases medication slowly over time. This extended-release formulation can provide relief for 4-6 months, longer than traditional steroid injections as it stays in your system longer. The medication is embedded in microspheres that gradually dissolve, providing sustained anti-inflammatory effects. While more expensive than traditional steroid injections, some insurance companies now cover this treatment. This option may be particularly beneficial for patients who respond well to regular steroid injections initially but need longer-lasting relief.
5. **Hyaluronic Acid (HA) Injections:** These injections supplement your knee's natural joint fluid with a gel-like substance similar to your body's own joint lubricant. Treatment typically involves 1-3 injections over several weeks depending on the formulation of HA, with effects lasting as long as 4-6 months in responsive patients. While not effective for everyone, studies show about 60-70% of properly selected patients experience meaningful improvement.

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6. **Platelet-Rich Plasma (PRP) Injections:** PRP uses concentrated healing factors from your own blood to reduce inflammation and potentially stimulate healing. The process involves drawing your blood, concentrating the platelets, and injecting them into your knee. While showing promise in research studies, insurance typically doesn't cover this treatment, leading to out-of-pocket costs. Effects can last 6-12 months in responsive patients, though results vary significantly between individuals.

Treatment	Onset of relief	Duration	Max times per year
Oral medications (NSAID's, Tylenol, etc..)	1-2 days	Ongoing	Daily as directed
PT + Exercise	2-4 weeks	Ongoing	PT 2-3x/week Exercise ongoing daily
Steroid (Cortisone)	3-5 days, maximum effect after 2-3 weeks	2 weeks -6 months*	3-4 injections / year
Zilretta	1 week	3-6+ months	1-2 injections / year
Hyaluronic Acid (HA)	2-3 weeks	4-6 months	Every 6 months**
Platelet-Rich-Plasma (PRP)	2-4 weeks	6-12 months	2-3 times / year***

* Results may vary and can be shorter or longer for each individual patient
** Insurance will only cover every 6 months, Injections can be performed as often as every three months but would be an out of pocket cost
*** If you have a positive response from your first PRP injection, we will often recommend you undergo a second one withing 6-12 weeks to continue the healing response.

PROCEDURES AND SURGERIES

7. **Cryoneurolysis (Iovera, Coolief)**: This minimally invasive procedure uses controlled cold therapy to temporarily reduce nerve function and pain signals from your knee. Treatment can provide relief for 3-6 months and can be repeated as needed. The procedure is performed by a provider with specialized training in a surgical center or hospital setting. It usually requires pre-procedure nerve blocks for proper targeting. A "test dose" of anesthetic will be placed around your nerves and if you experience relief, the provider will then move on to the Cryoneurolysis procedure. Insurance coverage varies but is improving as more evidence supports its effectiveness.
8. **Arthroscopic Surgery (additional details below):** Arthroscopic surgery uses small incisions and specialized instruments to remove damaged meniscal tissue and address mechanical symptoms. This minimally invasive procedure is typically reserved for patients who have failed conservative treatment and continue to have significant mechanical symptoms. While it can provide relief from meniscal symptoms, it does not reverse or treat the underlying arthritis. Results are most predictable in patients with minimal, mild, or moderate arthritis who have clear **new** onset mechanical symptoms like catching or locking after an injury. Research shows about one-third of patients show significant relief, one-third have only mild improvement, and one-third experience minimal or **no** improvement.

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9. **Meniscus ROOT Repair:** Unlike standard meniscus tears, a meniscus root tear occurs at the attachment point of the meniscus to the bone, essentially causing the meniscus to become non-functional. If left untreated, this type of tear can rapidly accelerate arthritis as it eliminates the meniscus's ability to distribute forces across your knee. A Meniscus Root Repair can be indicated even with more severe arthritis because restoring the function of the remaining meniscus may help slow arthritic progression. The surgery involves reattaching the meniscus root to the bone using specialized anchors and techniques, unlike typical arthroscopic treatment which removes damaged tissue. Recovery is more intensive than standard arthroscopy, requiring 6 weeks of protected weight-bearing and a slower return to activities. While not appropriate for all patients with arthritis, those with acute root tears, good tissue quality, and appropriate alignment may benefit from this procedure to help preserve their knee function longer term. Again, this is only indicated if the tear in your meniscus is a true "Root Tear".
10. **Cartiheal Cartilage Restoration:** This advanced treatment option uses a unique implant to help regenerate both cartilage and bone in specific defects. Only appropriate for very select cases with specific types of damage and patient characteristics. The procedure requires precise surgical technique and careful rehabilitation. While showing promising results in studies, long-term data is still being collected, and insurance coverage varies. SEE OUR MORE DETAILED GUIDE FOR THE CARTIHEAL IMPLANT HERE
11. **MISHA Shock Absorber:** This specialized implant helps redistribute forces in knees with primarily medial (inner) compartment arthritis. The device is placed in a minimally invasive procedure and doesn't require removing any bone. This option is ONLY appropriate for specific patients with particular patterns of arthritis and good alignment, specifically if the arthritis is isolated to the inner (medial) part of the knee. While relatively new, early studies show promising results in carefully selected patients with up to 75% reporting significant improvement. SEE OUR MORE DETAILED GUIDE FOR THE MISHA KNEE IMPLANT HERE
12. **Total Knee Replacement:** While not performed by Dr. Thon, this option becomes appropriate when conservative treatments fail and arthritis is severe. The procedure replaces all joint surfaces with artificial components. Recovery typically takes 3-6 months, with most patients reporting significant pain relief and functional improvement. This option is best discussed with a joint replacement specialist who can provide comprehensive guidance about timing and appropriateness.

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ARTHROSCOPIC TREATMENT IN DETAIL

See Our Detailed Knee Arthroscopy Recovery Guide which can be found at:
https://www.stephenthonmd.com/pdfs/knee-arthroscopy-guide-oct-2024.pdf

Timing and Patient Selection

- Only considered after conservative treatments have failed
- Best results in patients with mild to moderate arthritis
- Must have mechanical symptoms (catching, locking) to be considered
- Patient should understand limitations and realistic expectations

Expected Outcomes Research shows patients typically fall into three categories:

- One-third achieve significant relief
- One-third experience moderate improvement
- One-third see minimal to no improvement

These outcomes typically correlate with:

- Severity of underlying arthritis
- Type and location of meniscus tear
- Presence of mechanical symptoms
- Overall knee alignment and stability

Surgical Approach

- Performed as outpatient procedure
- Uses small incisions and camera guidance
- Focuses on removing damaged tissue (partial meniscectomy)
- Does not repair the tear due to high re-tear rates with arthritis

Recovery Timeline

- First 1-2 days: Rest with ice and elevation
- Days 3-7: Begin gentle range of motion exercises
- Week 2: Start physical therapy, gradually increase walking
- Weeks 2-8: Progressive strengthening and return to activities
- Return to full activities: Usually 2-6 months, depending on individual progress and underlying arthritis

CONCLUSION

Treatment of meniscus tears with underlying osteoarthritis requires a personalized approach. What works best for one patient may not be ideal for another. We will work with you to develop a treatment plan that aligns with your goals, lifestyle, and the severity of your condition. Remember that successful treatment often requires patience and may involve trying several different approaches before finding the most effective solution for your specific situation.

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