JHB Knee

ORTHOPAEDIC KNEE SPECIALISTS

PATIENT INFORMATION

Meniscal Root Tears

A knee injury that is easy to miss, and why acting early protects your knee.

The art of movement

Understanding the injury

The meniscus: your knee's shock absorber

Each knee has two C-shaped pads of cartilage, called **menisci**, sitting between your thigh bone and shin bone. They cushion the joint and spread your body weight across it.

The root: its anchor

Each meniscus is held in place by strong attachments at its front and back ends, called **roots**. When a root tears, the meniscus can no longer hold its position or share the load, a bit like a boat whose anchor has been cut loose.

10–21%

of all meniscus tears involve the root

Often missed

Symptoms can be subtle and look like other knee problems

Why it matters

A torn root affects the knee much like having the meniscus removed. More pressure lands on the cartilage with every step, which can lead to cartilage wear and **early arthritis** if the tear is left untreated.

Who gets root tears?

Adults over 40

Usually the **inner** side of the knee. Most often women, average age about 58.

Often follows a small movement: standing up from a chair, squatting, using stairs. Sometimes no injury is remembered.

Younger, active people

Usually the **outer** side of the knee. Typically aged 20 to 40, more often men.

Follows a twist or pivot in sport, and often happens alongside an ACL injury.

Spotting it early

Signs to look out for

- **Pain at the back of the knee**, sometimes sharper than you would expect
- A **pop** that you hear or feel during an ordinary movement such as standing up or climbing stairs
- Pain when you bend deeply, kneel or squat
- Swelling, and a knee that gives way or feels unsteady
- An ache behind the knee or in the calf that is sometimes mistaken for a back problem

See a knee specialist promptly if

You have sudden pain after a minor twist, your knee is getting worse quickly, or it is not improving with rest and physiotherapy. A torn root is best treated early, ideally within weeks of an injury.

How we confirm it

1. **Consultation and examination**
   We listen to your story and examine the knee. Tests alone cannot confirm a root tear, and a swollen, sore knee can be hard to assess.
2. **MRI scan**
   The most reliable test. It shows the torn root and how much the meniscus has been pushed out of position.
3. **Ultrasound in the rooms**
   A quick, useful check for a meniscus that is not working properly. It can help decide who needs an MRI.

Who is at higher risk?

Being over 40, being female, carrying extra weight, bowed legs (varus alignment), a previous ACL injury, and regular deep squatting or high-impact pivoting sports.

Treatment options

Treatment depends on **why** the tear happened, how long ago, your cartilage, leg alignment and goals.

Root repair The preferred option where suitable. The torn root is sutured back to its attachment on the shin bone, restoring the meniscus's anchor.

Meniscus support Extra stitches that help hold the meniscus in place when it has been pushed out of the joint. Added to a root repair.

Realignment For long-standing inner-side tears in bowed legs, a small bone cut (osteotomy) can shift load away from the damaged side.

Partial meniscectomy Trimming away damaged meniscus. Used when arthritis is present or only part of the root is torn.

Non-surgical care Pain relief, anti-inflammatories, physiotherapy and adjusting activity. Suited to advanced arthritis or when surgery is not safe.

What do the results show?

9.8%

need a knee replacement after repair, versus **36%** after meniscus removal

83%

lower chance of arthritis progressing after repair (4+ years)

Bone health matters too

Some people, especially women after menopause, also have a stress fracture in the nearby bone. We may suggest blood tests, a bone density scan and 6 to 8 weeks of protected weight-bearing before surgery.

Your recovery

Recovery after a root repair is slower and more careful than after other meniscus surgery, because the repair needs time to heal. Your physiotherapist will tailor each stage to you.

0–6 weeks · Recover

No weight on the leg. Brace kept straight for walking. Bending limited to 90° for the first 2 weeks. Thigh (quadriceps) activation starts straight away.

6–12 weeks · Transition

Weight-bearing builds gradually over 2 to 4 weeks. Shallow squats from about weeks 9 to 10. No hamstring curls yet.

3–6 months · Rebuild

Full weight-bearing and full movement. Steady strengthening of the thigh and whole leg.

6–12 months · Restore

Running may begin only after 6 months, once strength and hop tests are met. Sport-specific training follows.

Returning to sport

In athletes, about **85%** return to their previous level after meniscus repair, on average at 6.5 months. Root repairs tend to take longer. Your return depends on strength and function tests, **not on the calendar**.

Key messages

1. Root tears are serious but treatable. Early diagnosis protects your knee.
2. If a root tear is suspected, an MRI should be arranged early.
3. Repair, where suitable, lowers the risk of arthritis and knee replacement.
4. Bone health is part of the picture, especially after menopause.

General information only, not personal medical advice. Please speak to your JHB Knee specialist about your knee. Source: "The MSK Playbook: Meniscal Root Tears", BJSM blog, 9 Oct 2026.