

Exercise as treatment in middle-aged patients with degenerative meniscal tears

Ewa Roos

This presentation will discuss the rationale for exercise programs in middle-aged patients with a meniscal tear. Different types of exercise will be presented, and their effect on muscle function and what is known about their effect on cartilage matrix. Further, advice will be given on how, what and when to prescribe exercise for this patient group.

A degenerative meniscal tear often precedes or co-exists with knee osteoarthritis (OA). For patients with knee OA, exercise therapy is effective pain relief and, together with education and weight loss (if needed), today constitutes first line treatment in global and European treatment guidelines. In the middle-aged with a meniscal tear, several high quality RCTs have found no additional effect from surgery in comparison to non-surgical treatment, including exercise. The great majority of patients in these studies had co-existing osteoarthritis.

Few high quality studies are available on treatment of those at earlier stages of disease, i.e. those with a degenerative meniscal tear but without or with mild osteoarthritis only, and exercise has this far not been recommended for treatment of this condition. Recent studies however, indicate reduced muscle function and a potential for exercise as treatment also in those without co-existing OA. The few available randomized trials on exercise in this patient group have focused on improving neuromuscular muscle function and/or muscle strength and have been effective in improving cartilage matrix content, muscle function and self-reported outcomes such as pain, function and quality of life.