STRICKLAND GOMOLL
ORTHOPAEDIC SURGERY

ADVANCED KNEE CARE • JOINT PRESERVATION • SPORTS MEDICINE

NEWSLETTER

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SABRINA STRICKLAND, MD
sabrinastrickland.com
dr.sabrinastrickland
SabrinaStricklandMd

ANDREAS GOMOLL, MD
andreasgomollmd.com
andreasgomollmd
andreasgomollmd

See our previous newsletters!

Welcome to the 2nd issue of our newsletter! In this issue, we wanted to shed light on meniscal tears and their treatment options

SGOffice@SGOrtho.org
(646) 960-7227

Sabrina M. Strickland, MD Andreas H. Gomoll, MD

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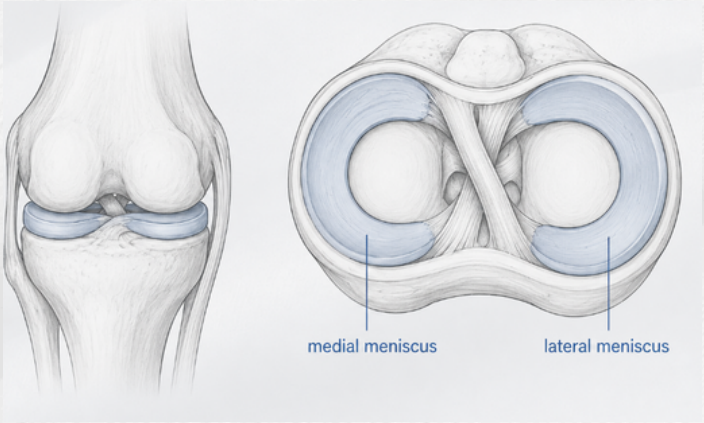
MENISCAL TEARS

What is the Meniscus?

The meniscus is a crescent-shaped cartilage cushion that acts as a shock absorber inside the knee. Each knee has two menisci: the medial meniscus (inner side) and the lateral meniscus (outer side). The medial meniscus is more frequently torn than the lateral. When the meniscus is damaged, it can no longer distribute load as effectively, which over time increases the risk of arthritis.



How Do You Tear Your Meniscus?

Meniscal tears generally fall into 3 categories

1 Acute Traumatic Tear in a Young Athlete

Often occurs during sports with a sudden twist or impact. In young patients, these tears frequently happen alongside an ACL injury. The patient typically remembers the exact moment of injury.

2 Acute Tear in an Active Adult

Common in middle-aged adults during activities like pickleball, tennis, or dancing. There is usually a clear moment of injury , such as a misstep or twist, after which the patient notices pain and swelling.

3 Degenerative (Wear-and-Tear)

A tear develops gradually over time without a specific incident. Patients typically notice discomfort on the inside or back of the knee, often accompanied by swelling. There is no single moment when it started, it simply hurts long enough that they seek help.

SYMPTOMS OF A MENISCAL TEAR

Short Term Concerns

- Pain, often on the inner or back side of the knee
- Swelling
- Mechanical symptoms: locking, catching, giving way, or a sense of knee instability

Long-term concerns:

- Loss of meniscus function increases the risk of osteoarthritis.
  - The more meniscus function is lost, the greater and more rapid that risk becomes.
  - This is an important factor in deciding how aggressively to treat different tear types.

MENISCAL TEARS:

TREATMENT OPTIONS BY TEAR TYPE

ACUTE SYMPTOMS WITH LOCKING, CATCHING, OR GIVING WAY

We have a low threshold to obtain an MRI in patients with these symptoms.

Vertical tear in a well-vascularized area of the meniscus:

- Surgery is typically recommended. When possible, we strongly prefer repair over trimming to preserve as much meniscus tissue as possible.

Root tear (complete detachment at the back of the knee):

- We recommend meniscal root repair in most cases, as untreated root tears carry a high risk of rapidly progressive arthritis. Root tear repair is augmented with micro-venting and, in some cases, PRP (platelet-rich plasma) to optimize healing.
- An important consideration for root tear patients is the overall condition of the joint. Front-of-knee (patellofemoral) arthritis (often experienced as crunching and discomfort with stairs) does not preclude repair as long as the inner knee joint itself remains in good condition.

FLAP TEARS AND DEGENERATIVE TEARS CAUSING PAIN AND/OR PERSISTENT SWELLING

- These tears are generally managed conservatively first with anti-inflammatory medications, corticosteroid injections, and physical therapy. We consider surgery only when symptoms do not improve with conservative treatment or if patients complain of significant instability

DEGENERATIVE TEARS WITHOUT MECHANICAL SYMPTOMS

- We take a very conservative approach here and give these significant time with physical therapy and injections. Options include corticosteroid injections and platelet-rich plasma (PRP), which evidence shows reduces inflammation and supports healing. Surgery is a last resort.

OUR PHILOSOPHY: REPAIR WHEN POSSIBLE

We strongly prefer to repair tears rather than trim them, whenever the tear type and location allow it. Repairing preserves meniscus tissue, reduces long-term arthritis risk, and gives the knee the best chance for a healthy future. Not all tears are repairable — degenerative and flap tears, and tears in areas without adequate blood supply, are typically not candidates for repair. However, for acute vertical tears and root tears in vascularized areas, we will always discuss repair.

The trade-off is that repair requires a longer, more protected recovery — several weeks on crutches with restricted weight-bearing and bracing to allow the meniscus to heal properly. Trimming, by contrast, has a faster return to activity, but at the cost of permanently losing tissue.

RECENT RESEARCH WE FOUND INTERESTING

FEATURED PUBLICATIONS

(click the title to read more)

Medial Meniscus Posterior Root Tears Lead to Changes in Joint Contact Mechanics at Low Flexion Angles During Simulated Gait

(American Journal of Sports Medicine, 2024)

We conducted this biomechanical study using a robotic knee simulator to demonstrate how posterior root tears change joint pressure and loading during walking. providing a scientific basis for why these tears accelerate arthritis.

Medial Meniscus Root Repair with Implantable Shock Absorber Placement: A Combined Technique for Early Partial Weightbearing

(Arthroscopy Techniques, 2024)

We published this paper describing a surgical technique that pairs root repair with an implantable shock absorber (MISHA Knee System) for patients with early medial compartment arthritis, a novel option for a challenging patient population that allows a quicker progression to full weight-bearing

Meniscus Root Repair vs Meniscectomy or Nonoperative Management to Prevent Knee Osteoarthritis After Medial Meniscus Root Tears: Clinical and Economic Effectiveness

(American Journal of Sports Medicine, 2019)

This study by our friend, Dr. Aaron Krych, and colleagues at Mayo Clinic compared surgical repair, meniscectomy, and nonoperative treatment for root tears, modeling rates of osteoarthritis progression and total knee replacement, supporting early surgical repair as both clinically and cost-effective.

MENISCUS RECOVERY FAQS

We are often asked about ways to recover faster and better after meniscal tears, to improve healing, pain relief, and joint health. Below is a brief overview of products we use and recommend.

PLATELET-RICH PLASMA (PRP)

PRP injections use your body's own platelets to reduce inflammation and promote healing. There is good evidence supporting their use for meniscal tears and post-surgical recovery.

Note: PRP is not covered by insurance and is an out-of-pocket expense.

COMPRESSION KNEE SLEEVES

In the recovery phase, once you are more mobile and past the immediate injury or post-operative period, a compression sleeve can help manage residual swelling and provide light stability that many patients find more comfortable during daily activity.

HYALURONIC ACID (HA) INJECTIONS

For patients with mild degenerative changes in the joint, post-operative HA injections can help with joint lubrication and comfort during recovery.

BLOOD FLOW RESTRICTION TRAINING (BFR)

BFR is a technique used by physical therapists that allows patients to build muscle strength with much lower loads, which is ideal when protecting a healing meniscus. Home units are also available for continued use between PT sessions.

ZYNEX AT-HOME ELECTRICAL STIMULATION

After knee surgery, the quadriceps muscle tends to shut down rapidly. The Zynex is an at-home electrical stimulation device that helps reactivate the quad muscles during recovery, supporting faster return to strength and function.

NICE RECOVERY SYSTEM - COLD THERAPY

The NICE system circulates cold water around the knee, often combined with compression. It is highly effective at reducing swelling and improving recovery after meniscal surgery. We recommend using it in the early post-operative period.

MYTHS ABOUT MENISCAL TEARS

Myth 1: Trimming the meniscus causes arthritis.

THE REALITY: The tear itself is what increases arthritis risk — not the trimming. When we perform a trimming procedure, we are careful to remove only the unstable portion of meniscus that has already lost its function due to the tear. Since no additional functional tissue is removed, the risk of arthritis does not significantly increase further. This only applies to tears that cannot be repaired.

Myth 2: You need a traumatic injury to tear your meniscus.

THE REALITY: Many meniscal tears are atraumatic. Degenerative tears develop gradually through everyday wear and tear — sometimes triggered by nothing more than one ordinary step, without a dramatic moment of injury. Nonetheless, these tears are just as painful and just as real as traumatic ones.

Myth 3: You must have surgery or the tear will cause more damage.

THE REALITY: The tear itself does not automatically cause progressive damage — it may simply hurt. Over time, loss of cushioning can contribute to arthritis, but simply cleaning up a degenerative tear does not prevent arthritis from developing. For these tear types, we take a conservative approach and give symptoms time to settle with physical therapy and/or injections.

This is an important contrast to repairable tears, such as root tears, where surgery is recommended specifically because repair preserves meniscus function and reduces the risk of accelerated arthritis. In those cases, doing nothing is the riskier path.

Myth 4: "Conservative" treatment means no surgery.

THE REALITY: The words "conservative" and "surgical" are often mistakenly treated as opposites — as if surgery is always the aggressive choice and avoiding surgery is always the cautious one. For certain tears, the most joint-preserving, conservative choice is surgery. With repairable tears like root tears, prompt surgical repair is what preserves the knee and protects it from rapid deterioration. We think about conservative treatment as whatever best preserves the long-term health of the knee — and sometimes, that means operating.