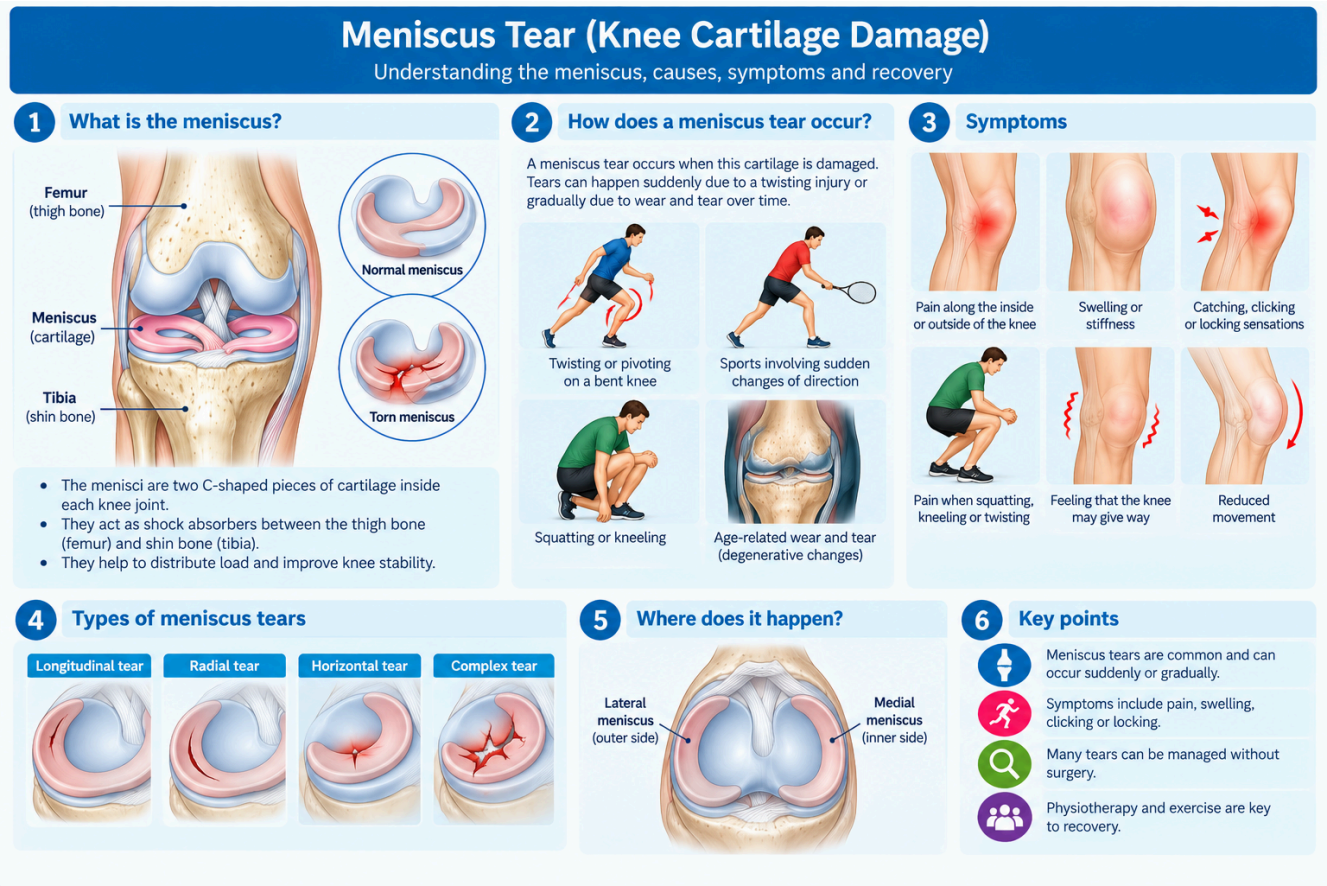
Meniscus Tear

Understanding knee cartilage damage and recovery

Meniscus Tear (Knee Cartilage Damage)

A guide to causes, symptoms, treatment and recovery



What is the meniscus?

The menisci are two C-shaped pieces of cartilage inside each knee. They absorb shock between the thigh bone (femur) and shin bone (tibia), distribute load and support stability.

What is a meniscus tear?

A meniscus tear is damage to this cartilage. It may occur suddenly during twisting or develop gradually through wear and tear. Degenerative tears are common with age and may occur without a clear injury.

Causes, symptoms and diagnosis

Recognising knee symptoms and understanding assessment

Common causes

- Twisting or pivoting on a bent knee
- Sports involving sudden changes of direction
- Squatting or kneeling
- Age-related wear and tear
- Previous knee injury

Symptoms you may experience

- Pain along the inside or outside of the knee
- Swelling or stiffness
- Catching, clicking or locking sensations
- Pain when squatting, kneeling or twisting
- Feeling that the knee may give way
- Reduced knee movement

How is it diagnosed?

A GP or physiotherapist usually assesses your symptoms and injury history and examines the knee. MRI may be considered for severe or persistent symptoms, or when surgery is being considered.

Key information

Many meniscus tears can be managed without surgery. Treatment depends on your symptoms, activity needs and clinical assessment.

Exercise examples

Gentle knee exercises guided by your physiotherapist

Meniscus Tear – Exercise Examples

Gentle exercises to help restore knee strength, stability and function

1 Quad set (knee activation)



- Lie on your back with one leg straight and a small rolled towel under the knee.
- Gently tighten the thigh muscle, pressing the back of your knee down.
- Hold for 5–10 seconds, repeat 10–15 times each leg.

2 Straight leg raise



- Lie on your back with one knee bent.
- Keep the other leg straight and lift to the same height as the bent knee.
- Keep your thigh muscle tight.
- Hold for 5 seconds, repeat 10–15 times each leg.

3 Side leg raise (hip strength)



- Lie on your side with the bottom knee bent for support.
- Keep your top leg straight and lift upwards.
- Keep your hips still and your body in a straight line.
- Hold for 5 seconds, repeat 10–15 times each leg.

4 Hamstring curl (standing)



- Stand behind a chair for support.
- Bend your knee, bringing your heel towards your bottom.
- Keep your thigh in line with your body.
- Repeat 10–15 times each leg.

5 Mini squat (partial squat)



- Stand with your feet hip-width apart.
- Slowly bend your knees, keeping them in line with your toes.
- Only go as low as comfortable (partial squat).
- Keep your back straight.
- Repeat 10–15 times.

6 Step up (functional strength)



- Stand in front of a step.
- Step up with one foot, bringing the other foot to the step.
- Step back down in a controlled manner.
- Repeat 10–12 times each leg.

7 Heel raise (calf and knee control)



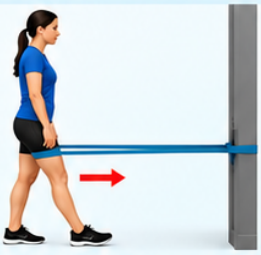
- Stand behind a chair for support.
- Rise up onto your toes, keep your knees straight. Slowly lower back down.
- Repeat 15–20 times.

8 Balance (single leg stand)



- Stand on one leg (hold a chair if needed).
- Keep your knee slightly bent.
- Try to hold for 20–30 seconds.
- Repeat 2–3 times each leg.

9 Terminal knee extension



- Attach a resistance band behind your knee.
- Gently straighten your knee against the band.
- Hold for 5 seconds.
- Repeat 10–15 times each leg.

Exercise safely

- Start gently and within your comfort level.
- Do not force movements that cause pain, swelling or locking.
- Keep your movements controlled and focus on good technique.
- Stop and seek advice if your symptoms worsen.

Progression

- Gradually increase the number of repetitions as your knee feels stronger.
- Combine with other activities such as walking and cycling (as advised).
- A physiotherapist can tailor and progress your exercises to your individual needs.

Treatment and rehabilitation

Practical management, recovery and when to seek advice

Conservative (non-surgical) treatment

Modify painful activities. Physiotherapy helps restore knee strength and control. Wrapped ice for 10–15 minutes may ease swelling; ask a clinician about suitable pain relief.

Exercise-based rehabilitation

Gradually improve movement, strength and balance with exercises tailored by a physiotherapist. Many degenerative tears improve without surgery.

What to avoid early on

Limit deep squats, twisting, prolonged kneeling and sudden increases in activity while symptoms settle. Keep moving within comfort.

Surgery in selected cases

An orthopaedic specialist may consider surgery for a persistently locked knee, certain traumatic tears or symptoms that do not improve with rehabilitation.

Recovery and outlook

Swelling and discomfort may take weeks to settle. Increase activity gradually and continue knee strengthening as symptoms improve.

When to seek urgent medical advice

Seek urgent assessment for a locked knee, inability to bear weight, severe pain or swelling after injury, or a hot, red knee with fever.

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