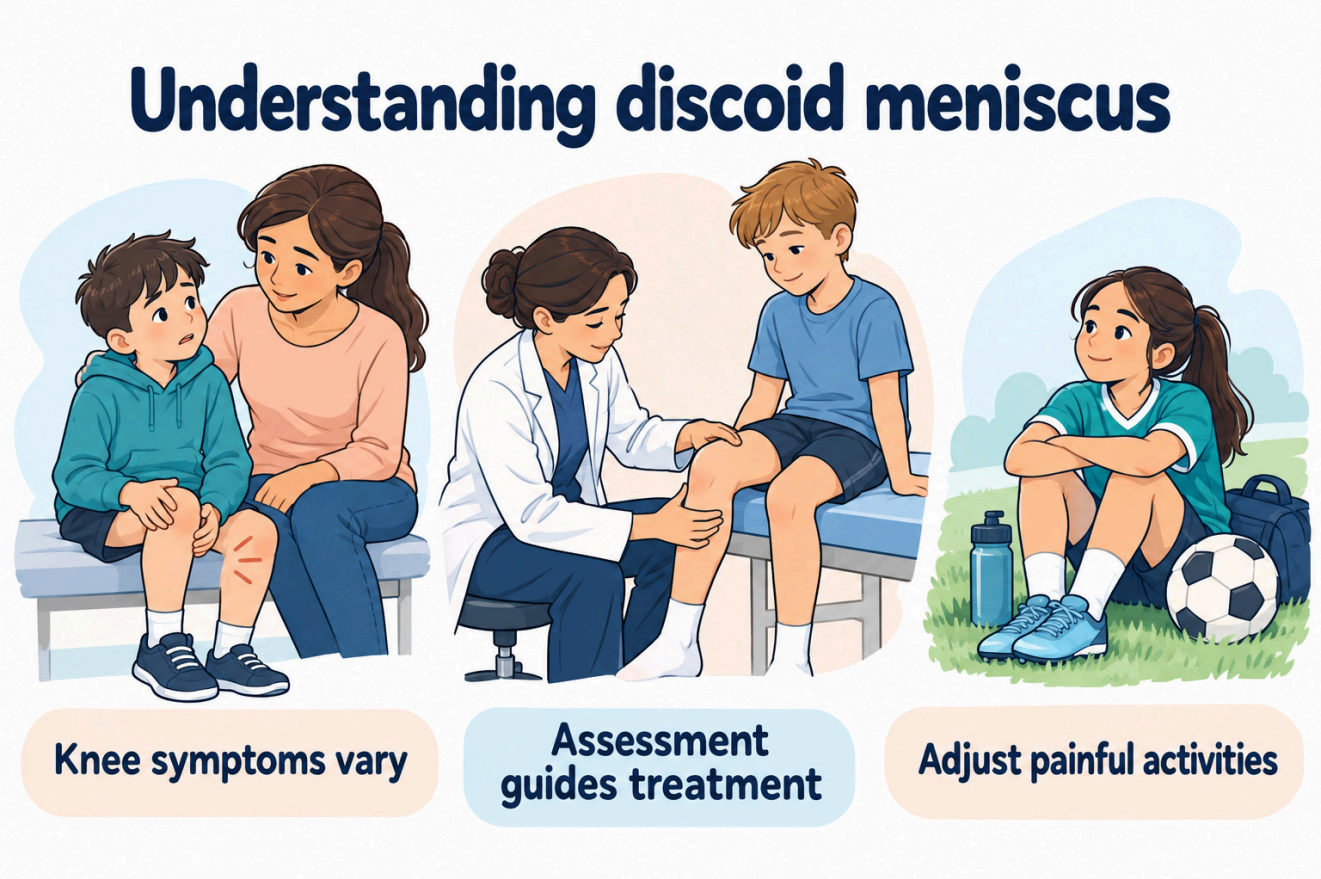
Discoid Meniscus

Information for children, parents and carers

Discoid Meniscus

A guide to symptoms, treatment and recovery



Understanding the condition

A meniscus is cartilage that cushions and stabilises the knee. A discoid meniscus is thicker and more disc-shaped than the usual crescent shape. It is generally present from birth.

Supporting your child

Many children have no symptoms. Pain, swelling, locking or difficulty walking should be assessed. Treatment and rehabilitation depend on symptoms, any tear and whether surgery is needed.

Symptoms and assessment

Understanding the cause and when to seek help

Possible symptoms

Pain, often on the outer side of the knee, swelling, stiffness, clicking, popping or snapping. The knee may lock, catch or give way, and movement may be reduced.

What brings on symptoms?

Symptoms can occur if the meniscus tears or gets caught during movement. Twisting, overuse or direct injury may trigger problems. Running, sport and pivoting can make symptoms worse.

Assessment and imaging

A paediatric orthopaedic specialist or physiotherapist assesses the knee. MRI can confirm the meniscus shape and identify a tear. X-rays may help exclude other knee conditions.

Mild or occasional symptoms

Care may include temporary activity changes, cold packs, suitable pain relief and physiotherapy. Avoid repetitive twisting or high-impact sport while symptomatic and follow the individual plan.

When to seek advice

Arrange assessment for persistent pain or swelling, locking or catching, a limp, walking difficulty, pain limiting sport or uncertainty about a knee injury.

Key message

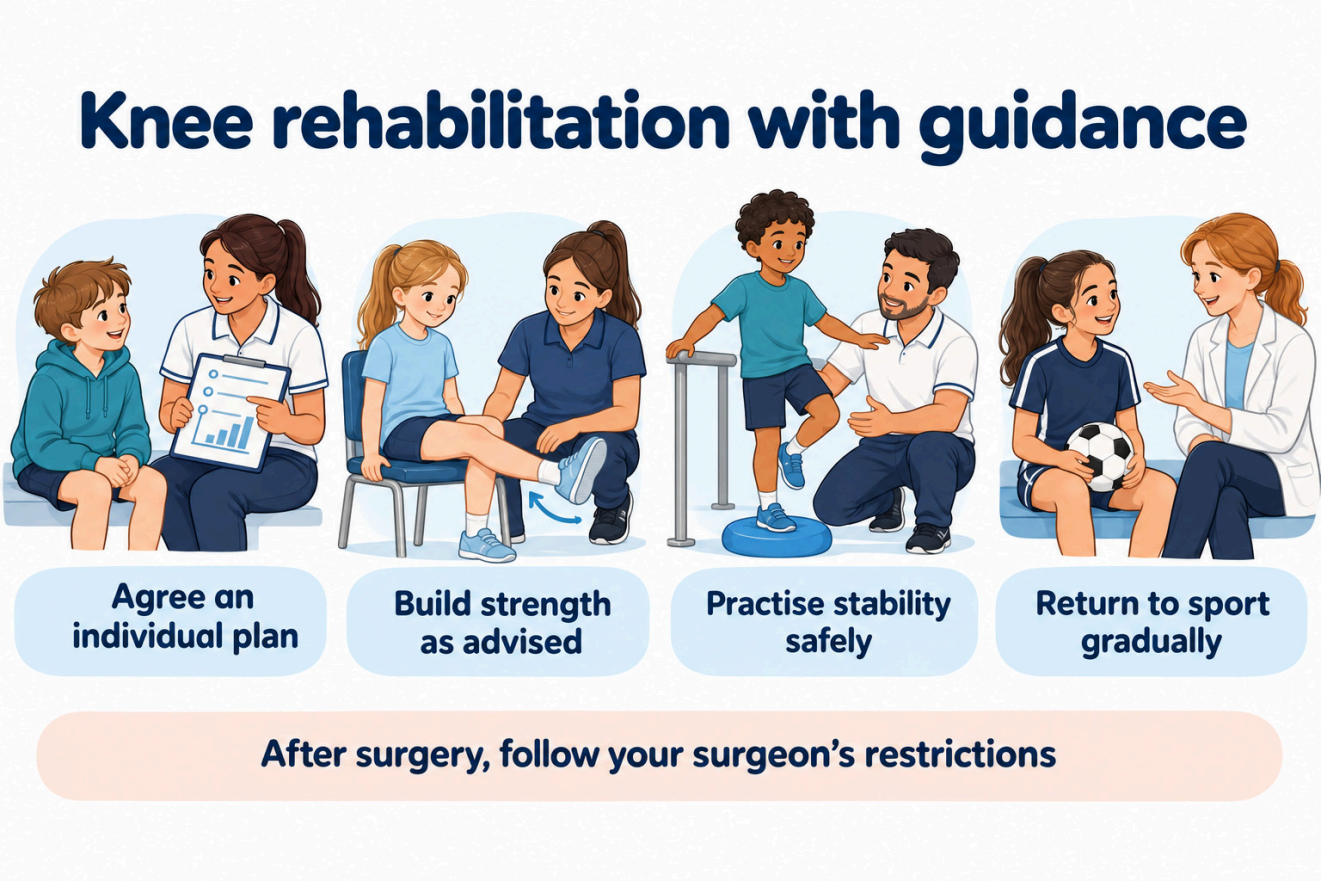
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Treatment and daily care

Activity guided by your child's healthcare team

Before starting activity

A physiotherapist should choose strengthening and balance work for your child. If surgery has been performed, follow the surgeon's movement and weight-bearing restrictions.



Activity guidance

Strength: build thigh, hamstring, hip and core strength as advised.
Stability: practise the prescribed balance and control exercises.
Symptoms: avoid painful twisting or pivoting.
Sport: return gradually under physiotherapy guidance.

Important precautions

Do not force a locked knee or push through pain and swelling. Ask for reassessment for locking, catching, giving way or difficulty walking. Follow all post-operative restrictions.

Treatment and next steps

Caring for your child and finding support

Non-surgical care

For mild symptoms, reduce aggravating activity temporarily. A wrapped cold pack for 10-15 minutes after activity may help. Use pain relief such as paracetamol or ibuprofen only as advised for your child.

When surgery is considered

Persistent pain, locking or other mechanical symptoms may lead to surgery. Repair or reshaping aims to relieve symptoms while preserving meniscus tissue for long-term knee health. The specialist explains the options.

Rehabilitation and longer-term care

Physiotherapy supports strength, balance and knee stability. Warm up appropriately and use safe sports movement patterns. Many children remain symptom-free; symptomatic cases often respond well to treatment.

Questions or concerns?

Contact the team for persistent knee pain or swelling, locking or catching, limping, walking difficulty or symptoms affecting sport. Ask for a clear rehabilitation and return-to-activity plan.

B-Well Physiotherapy Services

0300 303 4811

bwell.mskberkshire@nhs.net

www.bwellberkshire.co.uk