DANISH HEALTH
AUTHORITY

NATIONAL CLINICAL GUIDELINE ON KNEE MENISCAL PATHOLOGY

2016

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Quick guide

Assessment by means of clinical tests	
↑↑	Use test for medial and lateral joint line tenderness as the basis for the assessment of meniscal lesion in patients with knee and joint line pain (⊕⊕⊕○).
↑	Consider use of the Thessaly test at 20 degrees of knee flexion for the assessment of meniscal lesion in patients with knee pain and joint line tenderness (⊕⊕○○).
↓	Do not use the McMurray test routinely as the only test for the assessment of meniscal lesion in patients with knee pain and joint line tenderness (⊕⊕○○).
↓↓	Avoid isolated use of the Apley test for the assessment of meniscal lesion in patients with knee pain and joint line tenderness (⊕⊕○○).
Assessment by means of ultrasonography	
↓	Do not use ultrasonography routinely for the assessment of meniscal lesion in patients with knee pain and joint line tenderness (⊕○○○).
Assessment by means of MRI	
↓	Do not use MRI routinely for the diagnosis of patients in case of clinically suspected meniscal lesion, unless the result of the MRI will have an impact on the further course of treatment (⊕⊕○○).
Treatment of patients with joint line tenderness, lack of ability to straighten the knee and locked knee	
√	It is good practice to consider offering sub-acute diagnostic clarification to patients with an acutely locked knee with persistent lack of ability to straighten the knee and joint line tenderness.
√	It is good practice to consider offering sub-acute arthroscopic treatment to patients with an acutely locked knee in case of suspected or documented strangulated pathology.
√	It is good practice to consider referring the patients to supervised training if strangulated pathology is ruled out.
Treatment of patients with traumatic pain and joint line tenderness	
√	It is good practice to consider primarily non-surgical treatment for patients with traumatic knee pain and joint line tenderness.
√	It is good practice to assess patients with painful mechanical symptoms (1) that may originate from strangulated pathology, including meniscal pathology, with a view to identify the need for arthroscopic treatment.
√	It is good practice to be pending about arthroscopic treatment of patients with radiologically verified knee arthrosis.

National clinical guideline on knee meniscal pathology
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Treatment of patients with non-traumatic pain and joint line tenderness	
↑	Consider primarily offering non-surgical treatment to patients with non-traumatic knee pain and joint line tenderness (⊕⊕○○).
Treatment of patients with MRI verified non-dislocated meniscal lesion	
↑	Consider primarily offering non-surgical treatment to patients with non-traumatic knee pain, joint line tenderness and MRI verified non-dislocated meniscal lesion without mechanical symptoms (⊕⊕⊕○).
Rehabilitation following meniscal resection	
↑	Consider offering supervised rehabilitation to patients who have undergone meniscal resection rather than home training or no training (⊕⊕○○).
Fixation or resection of lesions near the joint capsule	
√	It is good practice to consider offering meniscal fixation to patients with arthroscopically verified unstable meniscal lesions near the joint capsule, if possible to save the meniscus.
Standing X-ray examination in case of suspicion of both meniscal lesion and arthrosis	
√	It is good practice to offer standing X-ray examination of the knee to patients with knee pain in case of suspicion of both meniscal lesion and knee arthrosis.

[1)] See guideline for definition

About the quick guide

This quick guide contains the key recommendations from the national clinical guideline on knee meniscal pathology. The guideline was prepared by a working group established by the DHA.

The national clinical guideline focuses on assessment, treatment and rehabilitation of patients with knee meniscal pathology.

The guideline describes the evidence in this field, and the recommendations are based on this evidence and the working group's professional experience in this field. The guideline must be seen alongside the other guidelines, recommendations etc. in this field.

The recommendations are preceded by the following indications of their strength:

↑↑ = a strong recommendation for
↓↓ = a strong recommendation against
↑ = a weak/conditional recommendation for
↓= a weak/conditional recommendation against

The symbol (√) stands for good practice. This symbol is used in case of lack of evidence, when the working group wants to emphasise particular aspects of the established clinical practice.

The recommendations are followed by the following symbols which indicate the strength of the underlying evidence – from high to very low:

(⊕⊕⊕⊕) = high
(⊕⊕⊕○) = moderate
(⊕⊕○○) = low
(⊕○○○) = very low

In case of lack of evidence, a recommendation is not followed by a symbol. This applies to the good practice recommendations.

Further information at sundhedsstyrelsen.dk
At sundhedsstyrelsen.dk, a full-length version of the national clinical guideline is available, including a detailed review of the underlying evidence for the recommendations.

About the national clinical guidelines
The national clinical guideline is one of the 50 national
clinical guidelines (NCGs) to be prepared by the DHA during the period 2013-2016.

Further information about the choice of subjects, method and process is available at sundhedsstyrelsen.dk.