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## *MCL knee injuries*

### **What is it?**

The MCL (Medial Collateral Ligament) is the major stabilizing ligament of the inner knee. It is usually injured when the knee is forced inwards or by a direct blow to the outside of the knee (creating a valgus stress).

### **Signs & Symptoms of MCL injuries:**

Pain on the inner knee, often with a sense of instability of the knee. Sometimes, there's swelling in the knee joint and surrounding bruising. MCL injuries are *graded 1-3* depending on the severity of the tear. Sometimes, other ligament or meniscus injuries can coexist with MCL injuries.

### **Prognosis:**

Most MCL injuries are treated non-operatively with very good results, regardless of severity. Time to return to sports varies, but severe Grade 3 injuries can take 4-6 weeks. An athlete shouldn't return to sport until they have regained pain-free motion, developed good muscle strength and good stability with sport specific exercises. Athletes should wear a hinged knee brace when returning to sports with Grade 2-3 injuries to protect their knee until they feel 100% stable.



### **Acute Treatment Tips:**

- Rest, ice (15 minutes 4x/day), elevate
- Crutches w/ partial-weight bearing (initially) – until able to walk without a limp
- Compression bandage (ie: ACE wrap)
- Hinged knee brace –allow limited range of motion (initially)
- Physical Therapy – gradually increase range of motion & strength; stationary bike
- Surgery (rare) – usually reserved for multi-ligament injuries or chronically unstable MCL injuries

### **Chronic Treatment Tips:**

- Orthobiologic injections, like Prolotherapy or Platelet Rich Plasma (PRP), may help improve pain with chronic Grade 1-2 injuries, but these injections are considered experimental
- Surgery – may be considered if a patient continues to have instability despite conservative treatment