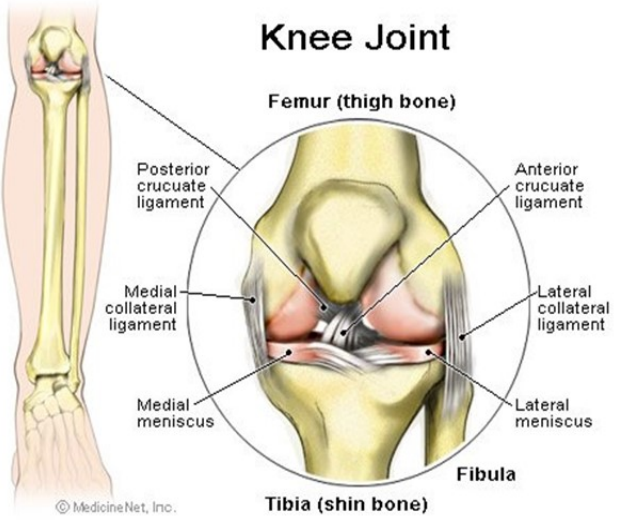
Rehabilitation Consultants Inc.

Medial Collateral Ligament (MCL) and Lateral Collateral Ligament (LCL) Sprains in the Knee

Definition—These ligaments lie on either side of the knee, with the MCL lying on the inside of the knee joint and the LCL lying on the outside of the joint. These ligaments function to limit the knee from rocking side-to-side. The MCL, being the most common ligament injured in the knee, is often injured along with the ACL in the knee or meniscus. The LCL is less commonly injured due to how it is structured in the joint.



Mechanism of Injury:

Almost all isolated sprains of the MCL or LCL are due to being hit on the opposite side of the joint from the injury. There are 3 grades of MCL & LCL sprains including: Grade I – the stretching of the ligament, Grade II – the partial tear of the ligament, and Grade III – the complete tear of the ligament.

Physical Therapy

Initial care- The MCL- or LCL-injured knee should be initially treated by: controlling swelling, pain, and inflammation through the use of cold, compression, and electrical stimulation modalities. Other exercises that can begin immediately are:

Quad Sets – Tighten your quad muscle pushing the knee down and pointing the toe up.	**Glut Sets –** Tighten your glut muscles together.	**Knee Slides –** With a towel under your heel bend and straighten your knee.

As pain subsides, range of motion (ROM) will improve and the patient will be able to incorporate more exercises, as tolerated. It is important to know that regaining quadriceps strength is key. Dynamic activities can be introduced once quadriceps strength and ROM have entered an acceptable stage.

Once pain and swelling have been controlled, our PTs and PTAs will begin to focus on strengthening more of the muscles surrounding the knee.

More dynamic strengthening will be incorporated as one progresses and the knee becomes more stable. This will include:

Balance Machine - Contraction of quad and glut muscles will to help achieve proper balance needed.	**Single-Leg Work –** Strength shown in exercises like single-leg squats help in functional stability.	**Jumping/Jogging –** These actions are specific to many sports and lifestyles.

*Note: One may not progress to more demanding exercises until his or her physical therapist and/or athletic trainer allow it. Progressing oneself without the PT's or AT's permission may cause more damage to the joint and delay healing.

Criteria for Return to Sports and/or Work:

It will take approximately a year to recover fully after surgery and be able to fully return to demanding activities.

In general the following criteria for return appear to be the most widely accepted:

- No joint effusion (swelling inside the joint capsule)
- There is full ROM
- Testing indicates that strength of the quadriceps is equal to or greater than the uninvolved leg
- The patient has successful performance during work- or sports-specific functional testing

Works Cited

Prentice, W. E. (2011). Rehabilitation Techniques for Sports Medicine and Athletic Training (5th ed.). Chapel Hill,, NC: McGraw Hill.

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