



Grade II or Grade III Sprain of the Medial Collateral Ligament (MCL)

ROSENBERG COOLEY METCALF

THE ORTHOPEDIC CLINIC AT PARK CITY

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DIAGNOSIS: Your **diagnosis** is a Grade II or III sprain of the medial collateral ligament (MCL).

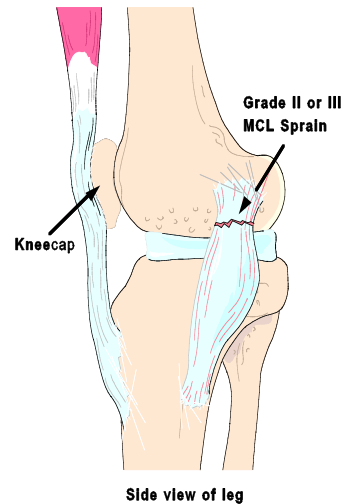
INJURY or CONDITION: This **injury** represents an incomplete (Grade II) or a complete (Grade III) rupture of the collagen fibers which connect the ends of the femur (thigh bone) and the tibia (shin bone).

CAUSE: The most common **cause** is an excessive strain applied to the stabilizing ligament on the medial (inner) aspect of the knee during sports, such as skiing and soccer, or as the result of a fall.

SYMPTOMS: Typical **symptoms** are pain and tenderness about the medial (inner) aspect of the knee. Stiffness, swelling and weakness will compromise function of the limb.

TREATMENT: Our standard **treatment** options include:

1. Crutches may be necessary if muscle weakness and guarding are great.
2. A knee brace may be helpful temporarily.
3. Ice application frequently repeated for periods of 20-30 minutes, repeated 3-4 times per day.
4. Physical therapy may be helpful to diminish swelling and encourage return of full motion.
5. Safe strengthening activities, such as biking, should be performed daily as soon as pain permits.
6. Anti-inflammatory medication for 1-2 weeks (e.g. Diclofenac/Voltaren or Ibuprofen/Motrin).
7. Weight training may be required for full recovery of strength.
8. Functional testing and a running program precede return to sport.
9. Alternative treatments include hydrotherapy, limb massage and nutritional therapy.



PRECAUTIONS: Important **precautions**:

1. Do not skimp on ice. Use ice generously (20-30 minutes every 2-3 hours) for the first 48-72 hours.
2. Although uncommon, associated injury to the knee cartilages (medial meniscus or lateral meniscus) or to the ACL (anterior cruciate ligament) may compromise recovery and necessitate further treatment.
3. Do not return to cutting and twisting sports until approved by your physician or athletic trainer.
4. Painful calcium deposits may form and prolong pain especially in adult males (Pellegrini-Stieda syndrome).
5. Strengthening activities should be conducted 3-5 times per week for maximum benefit.

RECOVERY: Expected **recovery** usually occurs in 3 weeks to 3 months, depending on the severity of the injury, although lingering minor stiffness and soreness for six months is not uncommon.

