



Sara Gordon & Associates

Physiotherapy Newsletter

Medial Collateral Ligament Injury (knee)

The Medial Collateral Ligament (MCL) connects the inner (medial) surfaces of the femur (thigh bone) and the tibia (shin bone). Its function is to prevent the medial (inner) portion of the joint from widening under stress. This is called “valgus” stress.

The medial knee ligament has two parts to it - a deep, inner section that attaches to the cartilage meniscus and joint margins and a superficial band that attaches from higher up on the femur to an area, lower down, on the inner surface of the tibia. This means that more severe injuries to the MCL can involve the medial meniscus (inner cartilage).

Injury to the MCL often occurs after an impact to the outside of the knee when the knee is slightly bent this can occur with or without a twisting mechanism.

How do I know if I've damaged my MCL?

- ✓ You've sustained an injury involving twisting or “valgus” strain. This often happens when skiing, playing football or rugby or any similar activity.
- ✓ It is painful on the medial aspect of your knee – the bone may feel tender.
- ✓ The knee may be swollen.
- ✓ Full extension (straightening), flexion (bending) and valgus strain are painful.
- ✓ If the sprain is severe there will be some laxity in the joint. If you have completely ruptured the MCL (Called a Grade 3 and quite rare) there may be less pain but a lot of laxity.

How Long will it take to heal?

That depends on the severity of the injury.

Grade 1 – just 10% of fibres injured and no laxity – around 3 – 4 weeks

Grade 3 – complete rupture needing immobilisation or surgery – up to 16 weeks

Grade 2 – somewhere in between

What should I do?

- ✓ Apply R.I.C.E. (Rest, Ice, Compression, Elevation) to the injured knee.
- ✓ Rest from training.
- ✓ Wear a knee brace to support the joint, particularly for grade 2 and 3 injuries.
- ✓ Try to keep the knee mobile.
- ✓ Consult a physiotherapist or your GP

What can Physiotherapy do?

- ✓ Fully assess the knee to ascertain the full extent of the damage.
- ✓ Ultrasound and massage to reduce scarring
- ✓ Mobilisations and exercises to fully rehabilitate the knee.

