



WHAT IS AN MCL?

The medial cruciate ligament or (MCL) is a major stabilising ligament on the inside of the knee, which resists forces applied from the outside of the knee. The MCL is a band of connective tissue that connects the inner (medial) surfaces of the femur (thigh bone) and the inner tibia (shin bone).



MECHANISM OF INJURY:

MCL injury normally occurs when there is a direct force applied through the outside of the knee e.g. rugby tackle. Non-contact forces usually result in milder sprains which often occur in skiing or changing direction sports. The MCL is quite easily injured in falls around the home or walking on uneven ground e.g. when gardening.

INJURY FACTS:

MCL injury is the most common of all knee ligament injuries and recovers well with appropriate rehabilitation.

MCL tears are graded on the following scale:

- Grade 1: Fewer than 10% of fibres are damaged with no loss of ligamentous integrity;
- Grade 2: Incomplete tearing of the MCL with increased joint laxity;
- Grade 3: Complete rupture of the MCL, with gross laxity. .

SIGNS AND SYMPTOMS:

- 'pop' reported at time of injury;
- Medial knee pain
- Feeling of instability;
- Difficulty walking due to pain and/or instability
- Mild bruising/swelling may be present;

DIAGNOSIS:

Following a thorough subjective history, the physiotherapist will perform an objective examination palpating for pain, looking for joint swelling and completing ligament stress tests to check the integrity of the ligament.



PROGNOSIS/TIMELINES AND RETURN TO SPORT:

Grade 1 injuries usually recover in 2 weeks, although return to sport may be possible after 7 days. After grade 2 MCL injury and return to sport or everyday activities will be possible in 2-4 weeks. Grade 3 recovery will last from 4-8 weeks in rehabilitated correctly.

FURTHER TREATMENT OPTIONS:

Surgery may be required when the MCL is injured in association with other structures such as the anterior cruciate ligament (ACL) or an avulsion fracture occurs (MCL pulls off a piece of bone when it tears). In most cases, isolated MCL injuries are managed conservatively without the need for surgical intervention

PHYSIOTHERAPY TREATMENT OPTIONS:

- Bracing and taping
- Pain management strategies
- Bike exercise
- Strengthening programs
- Kinesio Taping
- Muscle stimulation and electrotherapy
- Dry needling
- Mobilization and massage
- Provision of crutches and gait education

HELPFUL HINTS:

- RICER protocol should be applied. Rest, Ice, Compress, Elevate and referral during the first 48-72 hours following injury;
- No HARM (No Heat, Alcohol, Running or Massage) protocol is utilised during the first 48 hours following injury.
- Limit range of motion ASAP through taping or bracing;
- When treated correctly the MCL is an excellent healing structure.