

## *Orthopaedic Connection*

### **Medial and Lateral Knee Ligament Injuries**

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#### *Transforming patient information into patient understanding.*

Our knees have two large ligament structures holding them together.

- Medial Collateral Ligament (MCL) on the inner side of the knee.
- Lateral Collateral Ligament (LCL) on the outer side.

The ACL or Anterior Cruciate Ligament is the one that gets all the publicity in the media. But today, I am covering two other vitally important ligaments.

The MCL is the most frequently injured knee ligament in my experience. The LCL is the least frequently injured of the major knee ligaments.

#### **Their Role**

If we can think of the knee as a hinge (which is not technically true), the collateral ligaments support the knee and keep it from going sideways. You will remember from our anatomy class (I hope!) that ligaments are the structures around the joints which reinforce or hold the joint together.

- MCL is larger, longer and broader
- LCL is much thinner, but is thick and has a fairly short course.

#### **Injury**

The collateral ligaments are usually injured in a less complicated way than the cruciates. It often takes a direct blow from one side or the other to stretch or tear the ligaments.

Contact sports are the setting in which most collateral ligaments are injured. There are other ways of course, too numerous to cover which can cause damage to our knee ligaments.

#### **What You Feel**

Often the injured patient tells me they heard a loud pop or crack at the time. What follows is pain in the area, often severe. Putting weight on the foot of the injured side is often impossible. Everyone has seen in person or on TV athletic trainers on either side of a football player helping him off the field as the player puts no weight on the injured side.

Dang. Season's over as they say. There goes another knee.

#### **Grades: One, Two, Three**

- I. If the player or person is lucky the injury is a grade one meaning the ligament is only stretched or partly torn. When I examine the knee it is still fairly solid and doesn't appear loose. The best exam is the one I do at the game on the field or sideline, because there is no swelling yet and the player is not guarding or protecting the knee as they do when pain and swelling set in.
- II. A grade two injury shows some looseness to the ligament. It "gives" a little as I am doing a gentle stress exam at the game, in the office or the emergency room.
- III. Grade three is the worst as you can imagine. The ligament is completely torn and on exam the knee is really loose and opens like a book. Bad news.

Darn, it looks like I am out of time. There is much more to tell about management and treatment. I'll have to finish this next week to keep the Editor happy.

Please come back next week to learn more. See you then.

*My patients put their trust in me and what I do improves the quality of their lives.*

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Good health. Good life. All the best to you.

Be well.

Dr. Haverbush