

CASE STUDY - *For more details contact Nick Dinsdale as above.*

Name of Patient:	Male
Age:	43 years old
Sport:	Competitive - amateur footballer
Level of Activity:	Typical, 1 or 2 games per week during the season, plus training.
Condition:	MCL and meniscus damage (Right Knee) – presenting sub-acute

Medial Collateral Ligament (MCL) damage

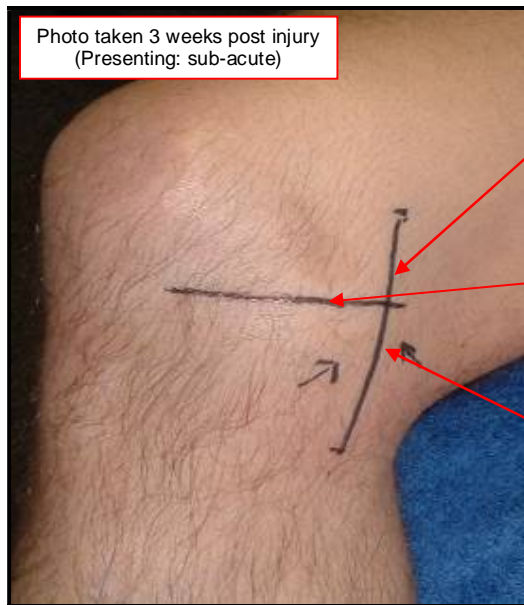


Photo taken 3 weeks post injury
(Presenting: sub-acute)

Medial
Collateral
Ligament
(MCL)

Medial
Joint Line

Localised swelling
associated with
MCL damage

History:

The patient first contacted us three weeks after sustaining the knee injury which resulted from playing football. The patient seriously damaged the same ligament some 15 years earlier and underwent a prolonged rehab programme – no surgery.

Mechanism of Injury:

The injury occurred whilst playing football. The patient jumped to head the ball and sustained an impact on the lateral aspect of the right knee, which caused the medial joint line to open' stressing the MCL.

Signs & Symptoms: (reported by patient)

No heat, occasional sharp pain, no evidence of 'clicking' or 'locking' in the joint.

Examination: (3 weeks after initial injury)

Visual inspection:

Quadriceps muscles appeared well developed and symmetrical, no evidence of muscle wastage. No evidence of heat, redness, calor, bruising or discolouration in the local area of the knee. Slight swelling observed towards the distal end of the MCL – as per photo.

Active & Passive Movement:

Slight restriction in both active and passive knee flexion. Goniometer measurements were taken and recorded.

Ligament tests:

SAG test negative
MCL positive
LCL negative
ACL – inconclusive, possible damage

Meniscus tests:

Inconclusive

Agreed Treatment Aim & Plan:

Short-term: (stabilise & review)

- Reduce / eliminate swelling.
- Improve ROM, restore full knee flexion.
- Maintain muscle strength.
- No rotational movements / stresses
- Re-check main knee structures and review
- Review progress – consider referral.

Long-term: (restore full function)

- Produce Rehab Plan.
- Restore full muscle strength – progressive development.
- Restore full proprioception, balance and coordination.
- Measure & monitor progress.
- Review progress – consider referral

Although the patient had made reasonable progress, the swelling had been eliminated, full flexion restored, instability existed. The patient was later referred for further investigative tests.

Outcome:

Following investigative tests, the patient underwent surgery on his MCL, meniscus, and work was done on articular surfaces.