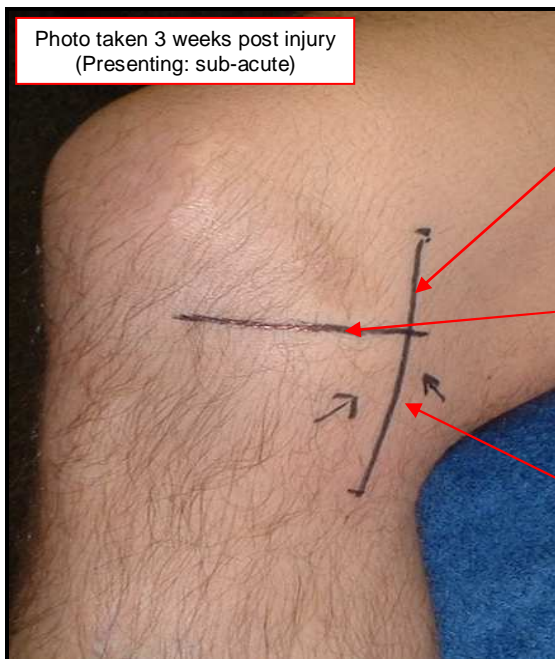




CASE STUDY - *For more details contact Nick Dinsdale as above.*

Name of Patient:	Male
Age:	43 years old
Sport:	Competitive - amateur footballer
Level of Activity:	Between 1-2 games per week during season, plus training.
Condition:	MCL damage with possible Cruciate ligament damage (Right Knee) – presenting sub-acute

Medial Collateral Ligament (MCL) damage - November 2004



Medial Collateral Ligament (MCL)

Medial Joint Line

Localised swelling associated with MCL damage

History:

The above patient first contacted me November 2004, three weeks after sustaining the @ knee injury whilst 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 with the knee flexed whilst off the ground and sustained an impact on the lateral aspect of the right knee, causing 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 appear 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, PCL – 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

Following 5 treatments the patient had made good progress where the swelling had been eliminated, full flexion restored. However, instability existed and the patient was referred for further investigative tests.

Outcome:

Following investigative tests, my examination findings were confirmed and the patient now awaits surgery on his MCL and articular surfaces with the possibility of surgery on the Cruciate ligaments.