Debilitating Orthopedic Injury Sampler #4

The Knee: Medial Collateral Ligament Injuries

Presented by Dr. Ben Benjamin

Instructor: Ben Benjamin, Ph.D.
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Webinar Goal

Explore the assessment and treatment of one of the most common and misunderstood knee injuries.
Things to think about

1. Do you understand how the medial collateral ligament is connected to the joint capsule?

2. Do you know about its relationship to the coronary ligament?

3. Do you know how you test if it’s sprained?

4. Do you know why the knee cannot be bent fully when a ligament is injured?

5. Do you know how to find the medial collateral ligament with your finger?

Anatomy
Anatomy

- One of four major ligaments of the knee
- Also known as tibial collateral ligament, or MCL
- Stabilizes the medial knee
- Resists Valgus Force

Anatomy

- Contiguous with joint capsule of the knee and coronary ligament
- Superficial and deep segments have differing power
- Provides 60-70% restraining force depending on the flexion angle of the knee
Assessment

Make sure your client sees a physician
Capsular Pattern

• A characteristic pattern of limitation of a specific joint when it is inflamed
• Pattern for the knee: More limitation of flexion than of extension.

More limitation of flexion than of extension.
Passive Flexion
(Pain and Limitation)

Passive Extension
(Pain & Limitation)
Valgus Test
(Pain)

Self Test
Heat Test
(Heat)

Palpation Testing
Theory

Assessment Test Results for MCL Sprains

- Valgus is painful
- Flexion is limited and painful
- Extension is slightly limited and painful
Causes of Knee Pain

- Valgus stress in life
- Poor knee alignment
- Pronated feet
- Agonist antagonist imbalance

Treatment
Treatment

- Friction Therapy
- Myofascial Therapy
- Exercise Therapy

Friction Therapy

The video will be available on the webinar link.
Myofascial Therapy

© Thrive healing massage

Exercise Therapy

Valgus Test

Self-Strengthening
Exercise Therapy

AIS Adductor Strength  AIS Side-lying Rotations

Questions

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Dr. Ben Benjamin
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