ROBERT PETTIT, MD
Restoring Function. Maximizing Performance.
ORTHOPAEDIC SPORTS MEDICINE · BEACON ORTHOPAEDICS & SPORTS MEDICINE
CINCINNATI, OH · FORT THOMAS, KY
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FELLOWSHIP-TRAINED · BOARD CERTIFIED (ABOS) · MAKO ROBOTICS CERTIFIED · CINCINNATI REDS TEAM PHYSICIAN

KNEE CONDITION

LCL Injury

Lateral Collateral Ligament Injury — Patient Condition Guide

Knee collateral ligaments (MCL & LCL); a collateral injury shown in red · for education; your anatomy may differ

OVERVIEW

The lateral collateral ligament (LCL) runs along the outer side of the knee and resists forces that push the knee outward. LCL injuries are less common than MCL injuries and more frequently occur alongside other ligament or posterolateral corner injuries.

ANATOMY

The LCL connects the femur to the fibula on the outside of the knee and works with the posterolateral corner structures to resist varus (outward-bending) stress and rotational forces.

SYMPTOMS

- Pain and tenderness on the outer knee
- A sense of the knee giving way, especially with pivoting
- Numbness or tingling if the nearby peroneal nerve is involved
- Swelling and bruising over the lateral knee

DIAGNOSIS

Exam includes varus stress testing and a careful check of nerve function, since the peroneal nerve runs near the LCL. MRI is important to evaluate for combined cruciate ligament or posterolateral corner injury, which is common.

TREATMENT OPTIONS

Low-grade, isolated LCL injuries are often treated with bracing and therapy. Because LCL injuries frequently occur with other ligament damage, higher-grade or combined injuries typically require surgical reconstruction to restore stability.

RECOVERY TIMELINE

- Weeks 0–6: bracing and protected weight-bearing
- Months 2–4: progressive strengthening

— Months 4–9: sport-specific training if reconstruction was performed

— Nerve symptoms, if present, are monitored closely throughout recovery

FAQS

Q Is an LCL injury more serious than an MCL injury?

LCL injuries more often involve other structures, including the peroneal nerve, so they're evaluated carefully and can require more involved treatment.

Q What if I have numbness with my injury?

Numbness or foot weakness should be reported right away, as it may indicate nerve involvement that needs prompt evaluation.

SCAN FOR THE LATEST VERSION ONLINE

robertpettitmd.com/handouts/lcl-injury.pdf

This handout is for general patient education and does not replace personalized medical advice. Always follow the specific instructions given by Dr. Pettit and your care team.

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HOME EXERCISE PROGRAM

Lcl Injury: Exercises & Strengthening

Early motion and quad activation protect the knee while the ligament heals.

Stop and call the office at (513) 354-3700 if any exercise causes sharp pain, swelling, numbness, or symptoms that worsen into the next day. This general program does not replace an individualized plan from Dr. Pettit or your physical therapist.

Quad Set

10-second holds × 10, 2 sets daily

Sitting or lying with the leg straight, tighten the muscle on top of the thigh, pressing the back of the knee toward the floor. Hold, then relax.

Straight Leg Raise

2 sets of 10, daily

Tighten the thigh, lock the knee straight, and lift the entire leg about 12 inches. Lower slowly with control.

Heel Slides

10 reps, 2–3 times daily

Lying on your back, slowly slide your heel toward your buttock as far as comfortable, then slide back out.

Calf Pumps

10 reps each direction, hourly

Point the foot away from you, then flex it back toward you, keeping the leg straight. Promotes circulation.

Knee Flexion & Extension

10 reps, 2–3 times daily

Seated, slowly bend the knee as far as comfortable, then straighten fully. Move through a pain-free range.