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

MCL Injury

Medial 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 medial collateral ligament (MCL) runs along the inner side of the knee and resists forces that push the knee inward. It is commonly injured by a direct blow to the outside of the knee, as seen in contact sports, or by a sudden twisting motion.

ANATOMY

The MCL connects the femur to the tibia along the inside of the joint, providing the primary restraint against valgus (inward-bending) stress and contributing to rotational stability.

SYMPTOMS

- Pain and tenderness along the inner knee
- Swelling localized to the medial side
- A feeling of looseness when the knee is stressed inward
- Bruising that may appear a day or two after injury

DIAGNOSIS

Physical exam with valgus stress testing at 0 and 30 degrees of flexion grades the injury (I–III). MRI is used when a combined ligament, meniscus, or cartilage injury is suspected, or when the diagnosis is uncertain.

TREATMENT OPTIONS

The great majority of isolated MCL injuries heal without surgery, using a hinged brace, activity modification, and physical therapy. Surgery is reserved for high-grade tears with combined instability or injuries that fail to heal properly (chronic laxity).

RECOVERY TIMELINE

- Grade I: 1–3 weeks
- Grade II: 3–6 weeks with bracing

- Grade III: 6–12 weeks, occasionally longer if combined with other ligament injury
- Return to sport guided by strength, brace tolerance, and pain-free stability testing

FAQS

Q Will I need surgery for my MCL injury?
Most MCL injuries, even complete tears, heal well without surgery when isolated.

Q Can I still walk on an MCL injury?
Most patients can bear weight, though a brace and crutches are often used early on for comfort and protection.

SCAN FOR THE LATEST VERSION ONLINE
robertpettitmd.com/handouts/mcl-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

MCL & LCL Collateral Ligament Tears: 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.