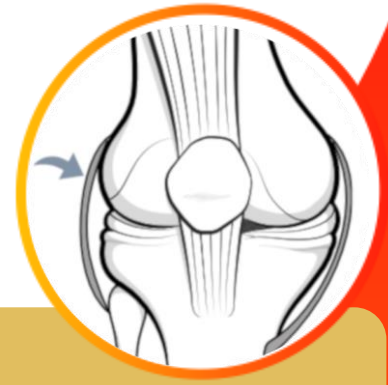


Lateral Collateral Ligament (LCL) Injury



Key Points

- LCL injuries in isolation are somewhat uncommon
- The LCL provides stability against stress to the outside of the knee
- Most injuries occur with trauma from an anterolateral blow to the knee
- The physician must rule out injuries to other structures of the knee (ACL, PCL, etc)

Condition

- High risk sports: tennis, soccer and skiing/snowboarding
- LCL injuries are graded depending on laxity on examination
- Graded 1 (5 mm of laxity), grade 2 (6 - 10 mm), grade 3 (> than 10 mm)
- Most common etiology is an anterolateral blow of the knee

Symptoms

- Classically presents as pain in the lateral knee and fibular head
- Pain may make it difficult to walk immediately
- Pain usually localized to the injury but swelling in the area may occur
- Instability may occur with running and cutting or with planting/twisting with walking

Treatment

- Treatment depends on grading
- Nonoperative management most common with grade I and grade II injuries
- Grade I and II injuries are treated with early mobilization and physical therapy/rehabilitation
- Grade III injuries are most frequently treated surgically with LCL reconstruction

