
**Anterior Cruciate Ligament-Medial Collateral Ligament Injury: Nonoperative Management of Medial Collateral Ligament Tears with Anterior Cruciate Ligament Reconstruction. Shelbourne KD, Porter DA: *Am J Sports Med* 20: 283-286, 1992**

**ABSTRACT:** We present the results of a series of patients who had nonoperative management of the medial collateral ligament with anterior cruciate ligament reconstruction. From February 1983 through December 1989, 84 of 90 consecutive patients were available for followup (minimum, 1 year; mean, 3.1 years) with a combined anterior cruciate ligament-medial collateral ligament injury (anterior cruciate ligament rupture and medial collateral ligament tear) received surgical management by the same physician. The last 68 of these 84 patients who met the inclusion criteria underwent patellar tendon graft for anterior cruciate ligament reconstruction, with concomitant nonoperative management of medial collateral ligament tears. Follow-up evaluation consisted of physical examination for medial laxity, range of motion, and isokinetic and KT-1000 testing. Brace use and postoperative level of competition were also recorded. In addition, the patients completed a subjective assessment questionnaire rating pain, swelling, and stability. They also rated overall activity level, and any changes in their ability to do the activities tested: walk, climb stairs, run, jump, or twist. Our results indicate that proper reconstruction of the anterior cruciate ligament, in conjunction with nonoperative management of tears of the medial collateral ligament in combined anterior cruciate ligament-medial collateral ligament injuries, can give excellent stability and good to excellent functional outcome in patients with combined anterior cruciate ligament-medial collateral ligament injuries.