



Shelbourne Knee Center
at Methodist Hospital
Specialized Care for Knee Injuries

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Treatment of Combined Anterior Cruciate Ligament and Medial Collateral Ligament Injuries. Shelbourne KD, Baele JR: *Am J Knee Surg* 1:56-58, 1988.

Abstract: Twenty-seven patients (23 men, 4 women; average age, 21 years) with combined anterior cruciate ligament and medial collateral ligament injuries were treated by the same surgical team between the 1983 and 1986. Thirteen patients (group I) had repair of the MCL and the patella tendon graft reconstruction of the ACL. The other 14 patients (group II) had ACL reconstruction only. Follow-up time after surgical repair averaged 33 months. None of the patients in either group demonstrated either functional or objective instability at the follow-up evaluation. Patients in group I had difficulty regaining motion. Six of the 13 patients had residual stiffness at follow-up evaluation. Patients in group II had equal stability, but regained range of motion and strength more rapidly postoperative than patients in group I. At follow-up, one patient in group II had residual stiffness. The evidence, as observed in this study, leads to the conclusion that: 1) repair of the MCL is not necessary in combined ACL-MCL injuries; 2) reconstruction of the ACL with the patellar tendon graft is sufficient for restoration of stability; and 3) limited surgery may facilitate functional rehabilitation, whereby repair of the MCL, as well as the ACL, may be detrimental to regaining full range of motion postoperatively.