



Shelbourne Knee Center
at Methodist Hospital
Specialized Care for Knee Injuries

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Management of Combined Injuries of the Anterior Cruciate and Medial Collateral Ligaments. Shelbourne KD, Patel DV: *J Bone Joint Surg* 77-A:800-806, 1995

ABSTRACT: The literature contains conflicting recommendations with regard to the treatment of combined injuries of the anterior cruciate and medial collateral ligaments. O'Donoghue as well as Larson suggested that the acute treatment of such injuries should include the repair of all damaged structures. However, acute surgical treatment of both components of the combined injury can result in an unacceptably high prevalence of postoperative stiffness of the knee. Because of this problem, our treatment of such injuries has changed; our present approach for patients who are athletically active is to treat the injury of the medial collateral ligament (MCL) nonsurgically and to perform a delayed reconstruction of the anterior cruciate ligament (ACL).

The results of several studies have provided us with a basis for nonsurgical treatment of acute injury of the MCL. In reviewing the records of 163 patients who were managed by us during a 12-year period, we found that the best results were obtained when the injury of the MCL had been treated nonsurgically and the ACL had been reconstructed later with use of an autogenous graft harvested from the central third of the patellar tendon.

The purpose of this chapter is to suggest guidelines for the treatment of combined injuries of the ACL and MCL that will provide the best chance of obtaining a stable, fully functional knee without postoperative stiffness or residual laxity of the MCL.