



Orthotic Management of Medial Collateral Ligament Injuries

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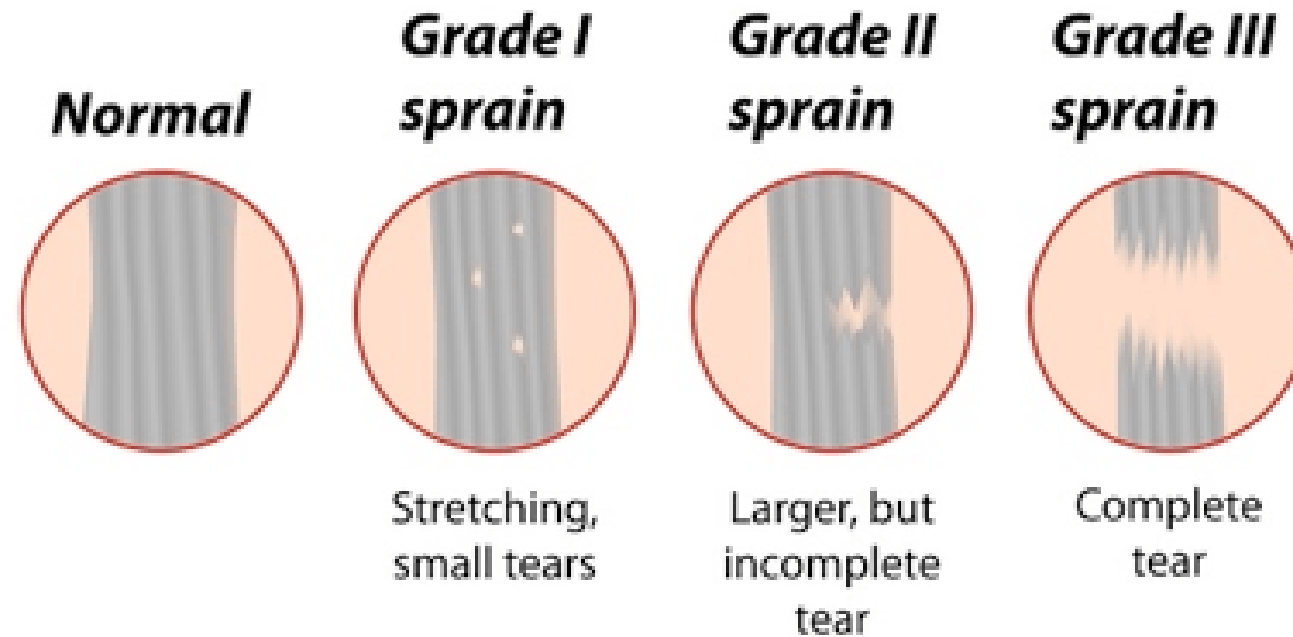
Webinar, October 2018



Aims

- Increase the confidence of clinicians when deciding on an orthotic prescription for an MCL injury
- To discuss current options for orthotic management of acute MCL injuries- Grades 1-3
- Introduce the new Össur Formfit MCL brace and where this brace fits into the range
- Cover a patient's perspective on their MCL injury and bracing
- Briefly discuss multi-ligament orthotic options and definitive orthotic management of MCL injuries

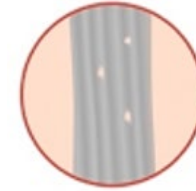
Grades of Ligament Injury



<https://pharmacycanadiangeneric.com/mcl-tear-medial-collateral-ligament-injury-of-the-knee/>

Current Orthotic Options for Acute MCL Injuries

**Grade I
sprain**



Stretching,
small tears

Grade 1 Injury

- Aims- Pain relief, proprioceptive support, reduction of swelling
- To consider- minor structural weakness- minimal medial/lateral support or RoM control generally needed. Most patients won't present to an orthotic clinic for management

Off the shelf sleeve, compression bandage, nil intervention, if desired a hinged knee brace with compression could be considered.

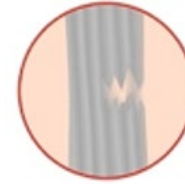


Current Options for Acute MCL Injuries

Grade 2 Injury

- Aims- Pain relief, structural support, RoM control, proprioceptive support, reduction of swelling, encourage protected mobilisation
- To consider- Grade 2 injuries are highly variable. Is it torn 10% or 90%? How much instability? Brace selected will reflect this. Lower grades can be treated similar to a grade 1.

**Grade II
sprain**



Larger, but
incomplete
tear



Structural weakness present- medial/lateral support required. RoM control generally desired for pain relief and functional healing, often depends on doctors referral. Patients highly likely to present for orthotic management. Mobilisation during healing helps collagen fibres align; therefore less likely to have chronic issues later, bracing can help facilitate this.

FORM FIT® KNEE IMMOBILIZER

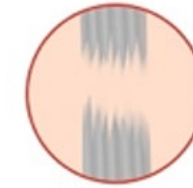


Current Options for Acute MCL Injuries

Grade 3 Injury

- Aims- Pain relief, structural support, RoM control, proprioceptive support, reduction of swelling
- To consider- Grade 3 injuries can be highly unstable. Are there other structures damaged such as the medial meniscus? Extent of instability? Surgery may be appropriate.

**Grade III
sprain**



Complete
tear

Structural weakness present- anti-valgus support required. RoM control generally desired for pain relief and functional healing, often depends on doctors referral. Patients highly likely to present for orthotic management.

Provide support preventing valgus, consider reducing extension and flexion



New Orthotic Option for MCL Injuries



FORMFIT[®] MCL

THE CHOICE OF EXPERTS



Indications

- Medial ligament injuries or injuries where valgus preventing support is required



FORMFIT® MCL

THE CHOICE OF EXPERTS

Features

- Super rigid lateral steel upright
- Dynamic force strap to resist valgus forces and induce varus at knee extension
- Extension stop at 0° or 20° (optional)
- Flexion stop at 70° (optional)
- Hybrid design with sleeve outer for comfort and compression and rigid structure internally for strength and support



New Orthotic Option for MCL Injuries

 ÖSSUR®

FORMFIT® MCL

THE CHOICE OF EXPERTS



Potential Uses

- Specifically designed for grade I and II injuries
- MCL injuries or injuries where valgus support is required
- Where the brace referral stipulates 20-70° RoM is suitable or no limit to extension is required
- Brace can be worn from acute phase of injury, through rehab and during return to sport/activity
- If medial meniscus involvement, brace may not be suitable

Bracing Options for Acute MCL Injuries

Grade One



Nil orthotic intervention may be required for grade one injury

Grade Two



Grade Three

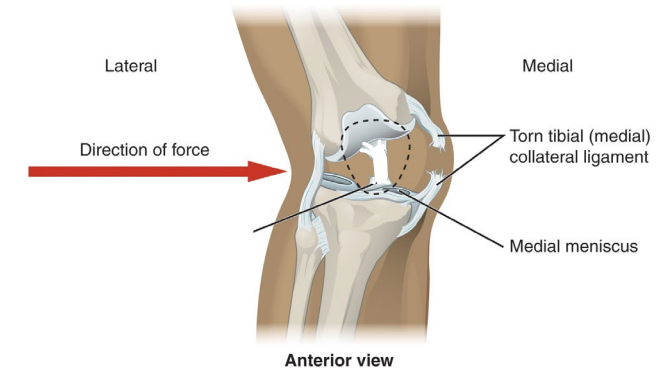


Transition from RoM brace to MCL brace feasible at clinician's discretion. Medial meniscus involvement is a contraindication for Formfit MCL Brace use



Patient Experience- Young Footballer

- 23 y.o male, amateur footballer and tradesman
- Valgus knee injury after player contacted lateral knee. Pain ↑
- Tried to return to field (player puts this down to adrenaline) but buckling at knee, presented to emergency room for scans. Grade 3 MCL injury and torn medial meniscus confirmed.
- Provided with Össur RoM Knee
- “My knee was completely weak and unstable, giving way when pressure was put on it, this continued for 2 weeks afterwards”
- “Couldn’t speak highly enough of the knee brace, felt very confident with it on and gave me excellent stability”
- Wore brace full time for 7 weeks, 24/7 except showers



Multi-ligament Injuries

- Often found in active patients- most wish to maintain or return to this level
- MCL injuries are often combined with ACL and/or PCL
- Generally surgeon lead decision making
- May let MCL heal conservatively then attempt surgery on ACL/PCL. RoM knee most likely worn during this phase
- Rebound PCL (pictured left) can be locked in full extension and has variable RoM adjustment, rigid uprights support MCL while healing
- Rigid braces such as CTi (pictured right) support against valgus, anterior drawer and hyperextension with correct strap set-up once past acute phase





Contact us!



For enquires please contact us using the details below and the enquiry will be passed on to the relevant representative in your state

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