

Medial Knee Injuries Conservative Management Protocol (Grade 2 and 3)

- Goals:**
- Control swelling.
 - Initiate quadriceps re-activation.
 - Early, pain-free full range of movement.
 - Encourage mechanotransduction (healing stimulus).
 - Avoid re-testing valgus stress until 3-4 weeks post-injury.**

1-2 weeks:

- POLICE protocol.
- Long lever brace fitted 0-90°.
- Crutches: TTWB → PWB (40% body weight) → 1 crutch (opposite side) → FWB (if no limp) as able.
- SQ's (30 reps x 10 daily), SLR if no lag (if lag: perform with brace locked at 0°).
- Stationary bike ASAP (10-20 mins): increase time and resistance as tolerated.
- Hip maintenance exercises: (Sitting flexion, Side-lying abduction, standing extension).
- Standing hamstring curls if no pain.

3-4 weeks:

- Continue with ROM ex's and brace.
- Gently re-assess stability to check healing (valgus laxity at 20° and 0° knee flexion).
- Start weighted exercises (knee ext, hamstring curls, leg press) between 0-90° in brace.
- Stationary bike for 20 minutes: increase resistance as tolerated.
- Step ups

5 weeks:

- Re-assess stability to confirm healing (i.e. no valgus laxity at 20° and 0° knee flexion).
- Aim for full symmetrical ROM.
- Open brace fully as per quadriceps control on weights machine.
- Progress walk to run as tolerated in brace.
- Start proprioceptive and balance work once knee stabilised clinically.

6 weeks +

- Remove brace for walking if normal gait: use brace outdoors as required.
- Continue exercise bike until 12 weeks (at least 20 minutes per day).
- Progress sports specific exercises.
- For grade 3 injuries wear brace for competition for at least 3 months post-injury.
- AP Lateral x-rays to rule out Pelligrini-Stieda lesion. If seen, slow mobilization and refer to Mr McNicholas

8 weeks +

- If knee remains unstable refer to Mr McNicholas with covering letter including attendance and compliance scores .

References

LaPrade, R.F., Wijdicks, C. A. (2012) The Management of Injuries to the Medial Side of the Knee, *Journal of Orthopaedic & Sports Physical Therapy*. Vol: 42 (3), pp 221-233.

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Date last reviewed: October 2020