

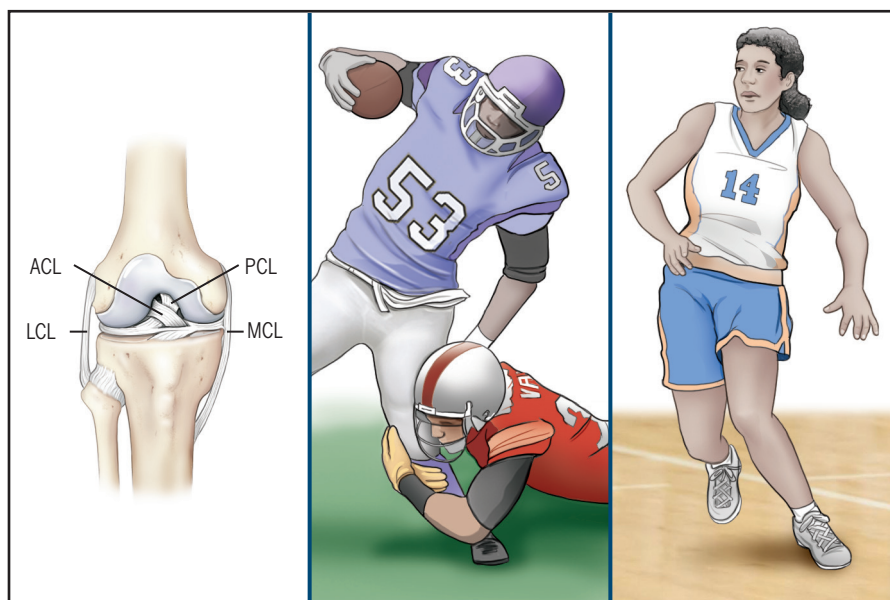
Knee Ligament Sprains and Tears

Clinical Practice Guidelines—Ensuring Best Care

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Knee injuries can sideline anyone. Physical therapists are leading the way to ensure that people with knee ligament injuries, including competitive and recreational athletes, receive the best care to optimize their recovery. *JOSPT* and the Orthopaedic Section of the American Physical Therapy Association first published

clinical practice guidelines about knee ligament sprains in 2010. Now, revised guidelines in *JOSPT*'s November 2017 issue provide updated recommendations based on best practices for evaluating, diagnosing, and treating knee ligament injuries. They also suggest how to determine when patients are ready to return to activities after injury.



WHAT CAUSES A KNEE LIGAMENT INJURY? There are 4 main ligaments in your knee: (A) anterior cruciate ligament (ACL), posterior cruciate ligament (PCL), medial collateral ligament (MCL), and lateral collateral ligament (LCL). Injuries to these ligaments can occur during sport, work, or leisure activities due to trauma, such as a collision (B), or an uncontrolled knee movement related to jumping, landing, or quickly changing direction to turn or pivot (C).

This *JOSPT* Perspectives for Patients is based on guidelines by Logerstedt et al, titled “Knee Stability and Movement Coordination Impairments: Knee Ligament Sprain Revision 2017” (*J Orthop Sports Phys Ther* 2017;47(11):A1-A47. doi:10.2519/jospt.20170303).

This Perspectives article was written by a team of *JOSPT*'s editorial board and staff. Deydre S. Teyhen, PT, PhD, Editor, and Jeanne Robertson, Illustrator.

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NEW INSIGHTS

Expert clinicians and researchers reviewed research published from 2008 to 2016 to update the earlier guidelines. The authors focused on finding the best evidence to help decrease pain, improve function, and return patients to activities after a knee ligament sprain or tear. They also found that most of the published research in this area concentrates on recovery after an anterior cruciate ligament injury and surgical reconstruction.

PRACTICAL ADVICE

Knee ligament injuries can result from contact or faulty movement when playing sports, but may also happen during leisure and work activities. Overall, the revised guidelines indicate that early movement, cryotherapy (ice), and supervised rehabilitation that includes therapeutic exercise and neuromuscular stimulation offer the strongest evidence for treating these injuries. *What does this mean for you?* Your recovery should include both in-clinic treatment and at-home exercises. Early on, your therapist will show you how to improve your range of motion to reduce joint pain and fully straighten your knee. Ice and other types of cryotherapy may help decrease swelling and pain. Your therapist will prescribe exercises to activate and strengthen the muscles that support the knee and will progress these exercises for 6 to 10 months after injury, and particularly following knee surgery. The therapist also may add neuromuscular stimulation for 6 to 8 weeks to improve strength and function. Exercises that improve coordination and confidence in movement, stability, power, and function (often called neuromuscular re-education) can also help you return to activities and sport. The findings further support the use of early weight bearing. However, the evidence for bracing is uncertain; the guidelines recommend that you speak with your surgeon and therapist to determine whether a functional knee brace will help you.



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