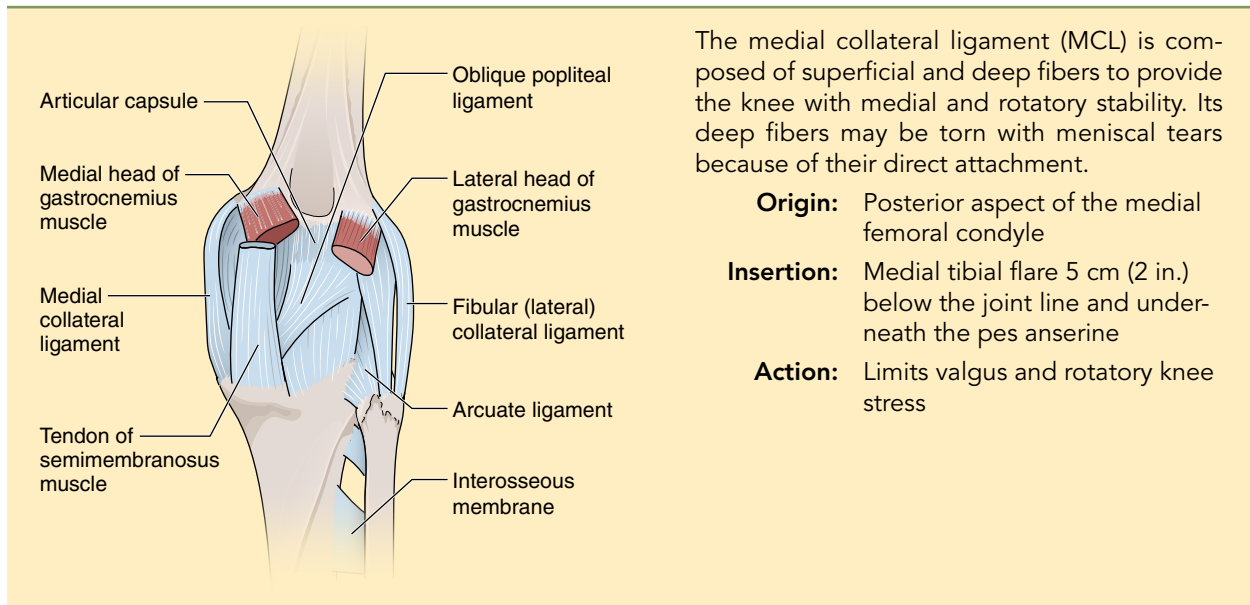


Medial Collateral Ligament



The medial collateral ligament (MCL) is composed of superficial and deep fibers to provide the knee with medial and rotatory stability. Its deep fibers may be torn with meniscal tears because of their direct attachment.

Origin: Posterior aspect of the medial femoral condyle

Insertion: Medial tibial flare 5 cm (2 in.) below the joint line and underneath the pes anserine

Action: Limits valgus and rotatory knee stress

Palpation Procedure

- Place the patient in a knee-flexed seated position to move the iliotibial band posteriorly.
- Move medially off the patellar tendon and toward the medial joint line.
- Strum over the joint line, and then palpate lightly up and down onto the femoral and tibial condyles.
- Note the location of any tender points or fasciculatory response of the ligament and its origin and insertions.
- Once you have determined the most dominant tender point or fasciculation (or both), maintain light pressure with the pad(s) of the finger(s) at the location throughout the PRT treatment procedure until reassessment has occurred.

PRT Clinician Procedure

- The patient is supine.
- Place the patient's knee over your thigh to position it at approximately 30° of flexion.
- Apply a varus force at the knee using your far hand at the ankle.
- Apply marked ankle inversion with your far hand.
- Internally rotate and compress the tibia upward to fine-tune with your far hand.
- Corollary tissues treated: Knee capsule, patellar tendon

 See video 6.3 for the MCL PRT procedure.



MCL palpation procedure.



MCL PRT clinician procedure.