

Acute Knee Injury Bracing Recommendations

Whistler Orthopaedic Sport Medicine Working Group
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INJURY	FINDINGS	BRACE
MCL Grade 1	Tenderness over epicondyle or pes anserine No valgus instability at 30deg	Hinged knee sleeve for significant quads inhibition or for travel
MCL Grade 2	Tenderness over epicondyle or pes anserine Instability on valgus(<10mm) with endpoint	Hinged knee sleeve
MCL Grade 3	Tenderness over epicondyle or pes anserine Instability on valgus (>10mm) with no endpoint	Hinged rehab brace Restrict ROM to 10-90 degrees
LCL – any grade	Tenderness over LCL or proximal fibula	Hinged rehab brace and urgent orthopaedic referral
ACL	Effusion Positive anterior drawer/Lachman/Pivot	Hinged knee sleeve for significant quads inhibition or for travel
ACL/MCL	Effusion Medial tenderness Instability on valgus at 30 and 0 deg Positive anterior drawer/Lachman	Hinged knee sleeve
1/2 Ligament injury NYD	Large effusion Guarding, difficult exam	Hinged rehab brace
3/4 Ligament injury (*functional knee dislocation*)	*careful vascular and neurologic assessment	Hinged rehab brace *emergent orthopaedic referral
Patella Fracture	Positive XR	Hinged rehab braced locked in full extension
Patellofemoral instability	Positive apprehension	Hinged rehab brace locked in full extension
Ankle sprain Grade 2/3	Tenderness medial and/or lateral Any instability	Air cast

** All patients with acute injuries should know that they are likely to require a 2nd brace during the course of their treatment

** Avoid anti-inflammatories to optimize healing of bones and ligaments