

Isolated Lateral Collateral Ligament Injuries in Elite Athletes do not need Surgery

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Disclosures

- AW Shares / stock in Innovate Orthopaedics, DocComs. Editorial Board Member AJSM. Smith and Nephew: research funding; partfunding salary clinical fellow; lecture fees
- SVB Smith and Nephew: research funding; part-funding salary clinical fellow





PLC Injuries

- usually an absolute <u>indication for repair +/- reconstruction</u> irrespective of which components are injured
- approximately 16% of all knee ligament injuries (LaPrade et al. 2004; Nannaparaju et al. 2018)



isolated LCL Injuries

- approximately 1.1% of all knee ligament injuries (Majewski et al. 2006)
- varus and/or hyperextension trauma (Amis et al. 2003)



Purpose/Hypothesis

- <u>outcome evaluation</u> of non-operative treatment of isolated LCL injuries in elite athletes
 reflected by RTP, performance level, playing rates at 2 and 5 years
- Hypothesis clinical and radiological grading of LCL injuries do not correlate



Material and Methods

- consecutive series of elite athletes with <u>isolated LCL injuries</u> treated by 2 sports knee surgeons between 2015 and 2022
- collected data
 - clinical examination findings
 - radiological findings
 - RTP times
 - performance levels
 - subsequent career longevity





Non-operative Treatment

- Grade I clinical LCL laxity
 - no brace + full weight bearing
- Grade II or III clinical LCL laxity
 - hinge range of motion brace set to block terminal 30° of extension + touch weight bearing for 2 weeks
 - extension to 0° + full weight bearing for 2 weeks
 - free ROM for 2 weeks





Results I

- <u>55</u> elite athletes
- mean age -24.3a (± 4.5a)
- 2 female athletes (3.6%)
- sports
 - soccer/football <u>44 (80%)</u>
 - rugby 10 (18.2%)
 - other 1 (1.8%)
- mean follow-up 5.3a (2-9a)

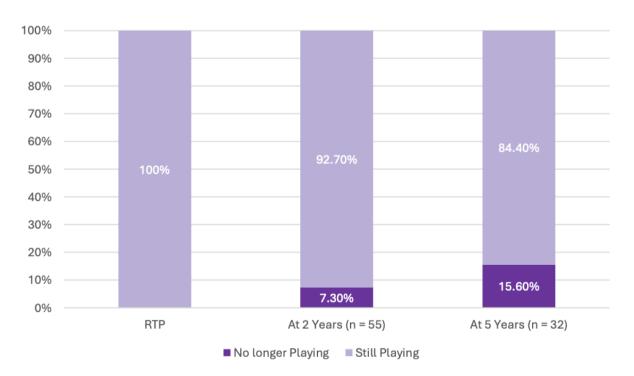




Results II

 100% RTP at a mean of 96.8 (±75.6) days at preinjury level

RTP and playing rates at 2 and 5 years



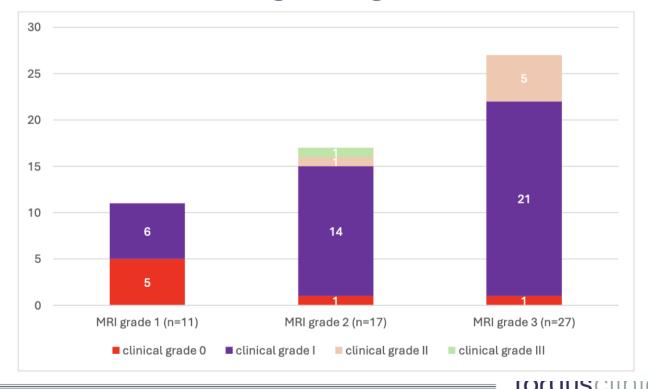




Results III

- low correlation
 - r=0.37
 - p=0.01

Correlation MRI and clinical examination grading





Conclusion

- truly isolated LCL injuries, including high grade lesions seen in MRI, managed with <u>non-operative treatment</u> are associated with <u>excellent</u> <u>outcomes</u> in elite athletes
- 100% RTP at the pre-injury level and preserved career longevity
- low correlation of MRI grade and clinical examination grading



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