

Posterior Cruciate Injury

This is an injury that affects one of the major ligaments in the knee. The posterior cruciate ligament helps with stability of the knee.

Causes

The mechanism of injury often involves knee hyperextension on a fixed foot or a forceful blow directly to the upper tibia as shown in the rugby tackle below.

It is frequently injured in conjunction with other knee structures such as the anterior cruciate and menisci in major knee trauma.

Diagnosis

Clinical examination is sometimes sufficient to diagnose this condition. Other forms of diagnostic testing may be required to obtain more detailed information and to exclude other pathology

If a posterior cruciate ligament injury is suspected the best form of imaging is an MRI. In a younger patient if an avulsion is suspected in which the attachment is pulled off the bone then an X-ray may be needed. Injuries to the PCL are graded on a scale of 1 – 3

Grade 1 – Sprain of the ligament

Grade 2 – Partial tear of the ligament

Grade 3 – Full rupture/tear of the ligament

Posterior Cruciate Ligament



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Treatment

The treatment regime for a posterior cruciate ligament is best undertaken with a Physiotherapist, unless there is an acute avulsion of the ligament which requires a surgical opinion.

Management would usually involve the following:

- Activity Modification – Whilst the knee settles. Cross training can be implemented to maintain fitness levels.
- Strengthening – A graded lower limb strengthening program will be developed by your physiotherapist to help restore your full function and assist with return to sport.
- High Level Sport Specific Training – If required, a sport specific training program will be developed to help with your return to sporting activities.

Recovery Time

Grade 1 – 3 - 4 weeks

Grade 2 – 6 - 8 weeks

Grade 3 – 10 - 12 weeks