

Doctor: UConn's Frazer probably suffering from a sprained MCL

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Knee injuries are a tricky subject. A roll to one side or the other can mean the difference between a short recovery and an extended one.

UConn quarterback Zach Frazer injured his right knee a week ago against North Carolina, and while the Huskies aren't revealing the extent of injury, the two- to three-week time frame for Frazer's return bodes well.

In other words, unless Cody Endres plays exceptionally well, there's no reason to believe Frazer won't be on the field in early October.

For Frazer to return in less than a month he probably sustained a sprained MCL, or medial collateral ligament, said Dr. Ammar Anbari of the Norwich Orthopedic Group in North Franklin. He added that other possible sprains include patella tendinitis or quad tendinitis; those, too, are short-term injuries.

"Whenever somebody is out for a couple of weeks and can get back, it is almost always related to the MCL," Anbari said. "The MCL is a ligament on the inside of our knee. ... So a lot of times, especially in football, you get clipped from the outside and it actually tears a portion to a lot of the MCL."

The MCL, he said, is one of the few ligaments that doesn't require surgery because it heals by itself.

Anbari, the team physician for the WNBA's Connecticut Sun, Norwich Free Academy, and Griswold and Killingly High Schools, has seen the gamut of orthopedic injuries. He also served as the assistant team physician for the Chicago White Sox and Bulls.

Ideally there are two recommended courses of action in getting an athlete back on the field: Rehab and bracing the knee, both of which Frazer is doing. A brace encompassing most of the leg with two steel plates — one on each side of the knee — helps stabilize the knee to prevent any further aggravation.

Frazer's rehab likely included aggressive icing to reduce swelling and using electrodes to stimulate the hamstring and quad muscles, which shut down from the pain generated in the knee, Anbari said.

One of the positives to this sort of injury is that there are little to no long-term concerns associated with it unless there is a history of repeated damage.

"In a way, it does add to the long-term effect of what your knee can do or can't do for you," Anbari said. "Especially if the injury is within the joint, and you had say, a meniscus tear, and you went in and had it repaired and it tears again, the blood supply is not going to be that good for it to be repaired again. So you'll have to take it out, and that leads to some early arthritis."