

Knee braces fall into four general categories: Prophylactic Braces, Functional Braces, Rehabilitative Braces and Unloader Braces. There is also a fifth type of knee called a Knee Sleeve, which technically is not a brace but which is sometimes referred to as one.

Regardless of which type of knee brace you choose, it should not interfere with normal knee function or increase the risk of injury to any other part of the lower body or to other players.

1. **Prophylactic Braces Best for:** Sports injuries, protecting the [MCL](#), reducing knee stiffness, and supporting the [ACL](#), [PCL](#), and [LCL](#).

Prophylactic braces are constructed of bars, hinges, and adhesive straps and designed to protect against damage that can occur during contact sports such as football, basketball, and hockey. More specifically, they are intended to help prevent [injury to the MCL](#). (Duffy) At least one study shows they can provide a 20 to 30 percent reduction in MCL strain relief and knee stiffness. (Brown) They can also protect against re-injury after previous [MCL](#) injury by supporting cruciate ligaments during rotational stresses.

Two large studies have evaluated injury rates related to use of prophylactic knee braces. A West Point study of football players found that cadets who did not wear a prophylactic knee brace had more than a twofold increase in MCL injuries compared with cadets who did wear the brace. (Sitler) In a Big Ten Conference study, the results showed that players at increased risk of MCL injury, including linebackers and tight ends, had a reduced injury rate when they wore a prophylactic knee brace. (Albright)

2. **Functional Braces Best for:** Sports injuries, rehabilitation, after surgery, and following [ACL surgery](#)

Functional braces are used after a [knee injury](#) and provides support while the knee injury is healing. The type of brace you need is determined by the type of injury, and there are functional knee braces to treat [MCL](#), [ACL](#) and combination injuries. In each case, there are specific functional knee braces that apply the appropriate support to the affected ligament.

After an injury, your doctor may prescribe a knee brace as part of your rehabilitation program. A functional brace comes in several types, and your doctor will prescribe the one that matches the severity of your injury. **For moderate collateral ligament injuries, the most common style is made of stretchy neoprene material with metal hinges on either side of the knee. For more severe injuries, a knee brace that uses a rigid frame may be necessary.** In many cases, an off-the-shelf brace can be used as long as the proper measurements are taken unless your doctor recommends a custom fit model.

Functional knee braces are designed to reduce knee instability after an injury and are usually recommended for people who participate in jumping, twisting, pivoting, or cutting activities. In addition to providing better stability, functional knee braces may also reduce the risk of injuring other parts of the knee. After [ACL reconstruction](#), a functional knee brace can be used for 6 to 12 months to reduce strain on an ACL graft.

Depending on the type of functional knee brace selected, some patients say they are uncomfortable and the material (neoprene) irritates the skin. (There are substitutes for neoprene.) For people who have a very unstable knee or who have other significant ligament injuries, these knee braces may not be helpful. Functional knee braces do not provide normal stability to the knee, so the knee may still feel unstable when exposed to high force. However, when a knee brace is fitted properly and used as part of a general knee rehabilitation program, it can benefit people recovering from knee injuries or [knee surgery](#).

3. Rehabilitative Braces Best for: Sports injuries, rehabilitation, after surgery, and movement control

Rehabilitative knee braces are designed to limit movement of the knee while it is healing after an injury or surgery. They can protect injured ligaments and control knee movement during rehabilitation for an injured [ACL](#), [PCL](#), [MCL](#)

or [meniscus](#). These knee braces are typically used for only two to eight weeks while using crutches immediately after injury or surgery. They are more rehabilitative than a splint or cast because they allow space for swelling, allow the user to remove the brace to examine the knee, and the ability to move in a controlled range of motion.

Rehabilitative braces typically consist of foam liners that surround the calf, thigh, and knee, along with rigid bars on both sides with hinges at the knee that are adjustable. A total of six to eight straps hold the brace in place. Rehabilitative braces are usually off-the-shelf and adjustable in size.

4. **Unloader Braces Best for:** [Knee osteoarthritis](#), [knee pain](#), *rheumatoid arthritis, stability*

Unloader braces are usually prescribed for people who have medial (inner part of the knee) compartment [osteoarthritis](#). These knee braces unload stress from the affected joint by placing pressure on the thigh bone to bend away from the painful area. **The braces are custom-designed and made of molded plastic and foam to limit movement from side to side.** They can be helpful for people who are waiting to have knee replacement surgery.

5. **Knee Sleeves Best for:** *Knee pain, stability, reduce knee strain.*

Although technically not a knee brace, a knee sleeve is the most common type of knee support worn by athletes and more casual exercisers, including tennis players, joggers, and walkers. They provide compressive support to the knee joint and some knee stability. **Knee sleeves are typically made of material such as neoprene, dry-fit, or Polartec** and are the least expensive type of knee support. Although you can buy knee sleeves off the shelf at a pharmacy, you should still check with your doctor before using one.

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Based on the above, my recommendation would be as follows:

If the device being worn has any of the following components: strap, hole, hinges or some (any) RIGID material (plastic, metal, leather, fiber, or composite material) acting as a support, and it is clearly a brace device, CONSIDER IT A BRACE.

If none of those characteristics are obvious by visual inspection, CONSIDER THE ITEM(S) a SLEEVE and it must conform to color restriction prescribed by the NFHS in Rule 3-5-3. Further, as KNEE BRACES DO NOT meet the criteria of a brace, consider them sleeves and enforce color restrictions accordingly.

If at any point a player or coach states that a device in question is, in fact, being worn for a medical purpose, consider the device a BRACE regardless of the characteristics of the device.

NFHS RULE 3-5-3...Arm sleeves, knee sleeves, lower leg sleeves, compression shorts and tights are permissible:

- a. Anything worn on the arm and/or leg is a sleeve, EXCEPT A BRACE

shall meet the color restrictions.

NOTE: A brace is defined as anything worn for a medical purpose to increase stability. It is made of neoprene or elastic knit with an insert embedded to support the joint. It may have a hinge and/or straps or an opening over the knee cap.