

Patella Dislocation

This injury results in the patella (knee cap) moving outside of its natural groove in the joint and dislocating to the outside of the knee. The injury can either be traumatic with a history of trauma, or non-traumatic or spontaneous occurring in individuals who are generally lax (or hypermobile) throughout the body.

Traumatic

Usually occurs with a twisting or jumping incident often in which the knee will feel as though it has given way. Frequently the knee will relocate spontaneously but in some cases will require medical assistance.

Non-traumatic

This most commonly occurs with adolescent younger females who are often hyper-mobile (or loose) throughout the rest of their joints. It is still usually associated with a twisting incident to the knee.

What Structures can be Injured?

- Patella and femur joint surfaces
- Medial retinaculum, medial patella-femoral ligament

Factors that Predispose to Dislocation

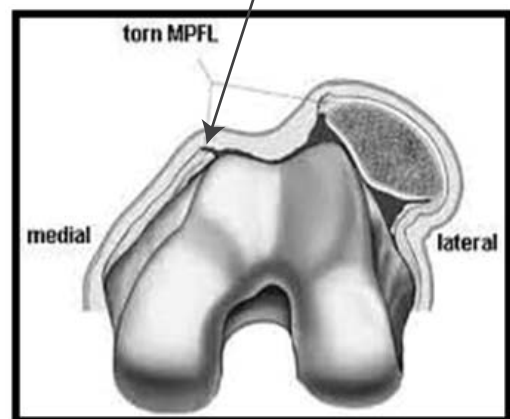
- Shape of patella and femoral groove
- Weak connective tissue
- Poor lower limb strength/control
- Poor lower limb biomechanics
- Previous dislocation or history of subluxation
- Age and gender. This is particularly common in teenage girls

Medial retinaculum



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medial patella-femoral ligament



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Pain and Symptoms

- With the traumatic injuries there is often quite a large effusion (swelling).
- Feeling of something going out of place
- Obvious dislocation of the patella sitting laterally
- Pain

Diagnosis

Often a dislocation can be confirmed with history and clinical examination. An x-ray is usually performed to rule out any fracture or other injury. MRI is frequently used to further assess the knee.

Surgical

Surgery is usually only required if there is a history of recurrent dislocation with the role of the surgery to stabilise the patella femoral joint.

Recovery Time

Compliance with your rehabilitation program is essential in achieving a good result following this injury.

It can take 3 – 6 months to regain normal function.

Treatment

Treatment regime for patella dislocation for the first time will usually consist of a Physiotherapy prescribed and supervised exercise program. If a recurrent dislocation has occurred then a review with an orthopaedic surgeon is advised.

Physiotherapy would usually involve the following:

- Activity Modification – To help protect the knee and allow the un-injured tissues of the knee to settle. Appropriate cross training can be implemented to maintain fitness levels.
- Exercise – A thorough graded lower limb strengthening program will be developed by your physiotherapist to help restore your full function and assist with return to pre-injury activity. The program should also include a balance and proprioceptive component and finally an injury prevention component.