



Acute Patellar Dislocation

ROSENBERG COOLEY METCALF
THE ORTHOPEDIC CLINIC AT PARK CITY
www.rcmclinic.com

DIAGNOSIS: Your **diagnosis** is an acute patellar dislocation/subluxation.

INJURY or CONDITION: This **condition** happens when the patella is forced out of its natural place located in the trochlear groove of the femur. As this happens, articular cartilage behind the knee cap can be damaged, and the soft tissue that holds the patella in its correct position can be stretched or torn. Initial dislocations typically occur due to a trauma, but may occur atraumatically as some people are physiologically prone to dislocation. The chance of recurrent dislocations may increase after the initial dislocation.

CAUSE: There are many **causes** of patellar dislocation. Typically, traits that make an individual prone to dislocations are inherited. These developmental traits include a knee cap that sits too high in the trochlear groove, a trochlear groove that is too shallow, a valgus (knock-knee) leg alignment, and/or tight lateral ligaments. However, a patellar dislocation can also happen as a result of a severe trauma when these developmental traits are not present. The knee cap may return to its normal position (reduce) by itself, or it may need to be reduced manually.

SYMPTOMS: Typical **symptoms** include severe swelling, pain around the knee cap, and/or a feeling like dislocation may happen again. Knee flexion activities such as normal walking, stair climbing and descending may be very difficult.

TREATMENT: Our standard **treatment** usually includes:

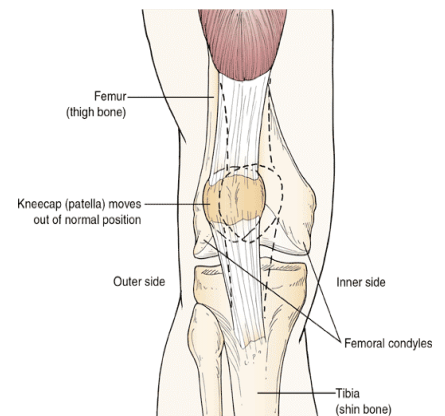
1. X-ray to determine the extent of soft tissue damage.
2. Physical therapy to reduce swelling, regain full range of motion, and strengthen muscles.
3. Anti-inflammatory medication for 1-2 months.
4. Modification of exercises.
5. Cartilage and bone nutrients like glucosamine, chondroitin, calcium and vitamin K twice per day.
6. Bracing once swelling has subsided in order to prevent future dislocations during recovery.
7. Arthroscopic surgery may be necessary if dislocation, swelling, clicking and catching subsist. If the patella (kneecap) is not tracking properly, surgery should be considered to achieve optimal patellar balance.

PRECAUTIONS: Important **precautions:**

1. Try to follow most, if not all, recommendations. It is very important that future dislocations do not occur.
2. Anti-inflammatory medication should be taken with food.
3. Comply with physical therapy instructions as this can help to prevent future dislocations.
4. Unfortunately, this condition often presents in both knees (unless strictly due to a trauma).
5. If arthroscopic centralization of the patella (kneecap) is indicated, this is optimally achieved before extensive cartilage damage is present.

RECOVERY: Complete **recovery** can be achieved if there is no articular damage and dislocation does not happen again. However, with greater damage and a greater likelihood of recurrence, the need for more aggressive treatment options increases, thus preventing the condition from worsening rapidly. In cases treated by surgery, recovery takes 1-6 months depending on the extent of cartilage damage, and the repair needed.

Subluxing Patella



Front view of knee

Copyright © 2005 McKesson Health Solutions LLC. All rights reserved.

