



Recurrent Patellar Dislocations

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DIAGNOSIS: Your **diagnosis** is recurrent patellar (kneecap) dislocations/subluxations.

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. Dislocations become easier and occur more frequently after the initial dislocation.

CAUSE: There are many **causes** of recurrent 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. Each time the knee cap dislocates, it stretches the soft tissues making it easier to recur.

SYMPTOMS: Typical **symptoms** can include severe swelling, pain around the knee cap, and/or a feeling like dislocation may happen again. However, pain and swelling may not accompany dislocations if they occur easily and the cartilage is not damaged.

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

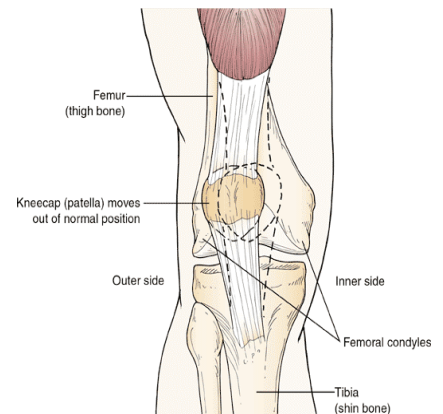
1. X-ray to determine the extent of soft tissue damage.
2. Physical therapy to reduce swelling, regain full range of motion, and strengthen muscles.
3. Anti-inflammatory medication for 1-2 months.
4. Modification of exercises.
5. Cartilage and bone nutrients like glucosamine, chondroitin, calcium and vitamin K twice per day.
6. Bracing once swelling has subsided in order to prevent future dislocations during recovery.
7. Surgery to stop the dislocations. This surgery includes lengthening the tight ligaments and tightening the overstretched ligaments that surround the kneecap. If a more aggressive approach is needed, moving the patellar tendon medially will help the knee cap to track in a straight line. The extent of the surgical procedure is determined by the surgeon during the procedure. It is necessary to be aggressive enough to avoid future dislocations, but conservative enough to minimize your recovery.

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, and dislocations can be prevented. However, it may require surgery. 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

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