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## Patella Dislocation

### Information for patients

#### What is a patella dislocation?

A patella dislocation is a knee injury in which the patella (knee cap) slips out of its normal position. The patella normally sits over a groove at the front of your knee. As you flex and extend the knee it glides within the groove formed at the base of your femur (thigh bone). In a dislocation, the patella is forced outwards (laterally) and often the soft tissues are overstretched and / or torn. Often the patella will relocate quickly following the injury but there are times when it needed to be put back into position (reduced) by a second person.



In the event of being unable to relocate your patella it is necessary to attend A&E in order to have this done for you by a doctor. Prior to doing so, the doctor will give you medication to relax you and help manage the pain. Once back in position, an x-ray is taken to ensure that the joint is in position and assess for any other potential damage, such as fracture.

#### What causes a patella dislocation?

It is often caused by a direct blow to the knee or a sudden change in direction when the foot is planted, such as during dancing or sports.

#### What are the symptoms of a dislocated knee?

Often the knee cap will look out of place and sit towards the outside of the knee and higher than its normal position.

Other symptoms may include:

- A 'popping' sensation
- Immediate knee pain
- Unable to fully straighten the knee
- Sudden swelling of the knee
- Being unable to walk

### What are the treatments options following a dislocation?

Following reduction of your knee and x-ray, your knee will be placed in either a long leg cast or knee brace (immobiliser) to hold it straight to allow the joint to recover.

Once a doctor reviews your images at VFC and is happy that there are no further signs of injury you will be contacted by the nurse working in clinic and advised as to when the brace should be removed. At this stage you are often discharged from orthopaedics and referred to physiotherapy.

While you await your physiotherapy appointment you can begin to move your knee again in order to restore your knee range of movement and to increase your mobility. Below are a few simple exercises aimed at increasing your knee flexion and improve muscle (quadriceps) strength. It is also important to allow your knee to bend during walking and progress from crutches to independently mobile as pain allows.



Tighten your top thigh muscle as you attempt to press the back of your knee downward towards the table.



Place a small towel / roll under your knee: tighten your top thigh muscle to press the back of your knee downward while pressing on the towel. (Your heel should lift off the bed),



While lying or sitting with a small towel roll under your ankle, tighten your top thigh muscle to press the back of your knee downward towards the ground.





#### STRAIGHT LEG RAISE - SLR EXTERNAL ROTATION

While lying or sitting, raise up your leg with a straight knee and your toes pointed outward



While lying on your back, raise up your leg with a straight knee. Keep the opposite knee bent with the foot planted on the ground.



#### KNEE FLEXION STRETCH - SELF ASSISTED

While seated in a chair, use your unaffected leg to bend your affected knee until a stretch is felt.



Lying on your back with knees straight, slide the affected heel towards your buttock as you bend your knee. Use the unaffected leg to assist the bending.



Hold a gentle stretch in this position and then return to original position.

You are advised to continue with these exercises until you are contacted by your local physiotherapy department for follow-up. Many people improve in the first few weeks out of cast / brace and are able to progress to walking independently by the time they attend their first appointment.

#### Follow-up care:

This will involve an assessment with your physiotherapist who will work with you to regain full range of movement at your knee and progress your walking if you are not already back to baseline. The main stay of treatment will then be to regain the muscle strength around your knee in order to reduce the potential for any dislocations in the future. This will require you to carry out exercises

aimed at increasing quadriceps strength to help stabilise the knee during daily activities and with time, return to sport if desired.

### What is the potential for re-injury?

Many people dislocate their knee due to trauma and therefore have no further episodes in the future provided they work hard to fully recover after their initial injury. If there are any ongoing issues concerning stability as you attend physiotherapy then there may be a need for re-referral to an orthopaedic clinic for assessment by a doctor. The decision to refer will be based on your progress following rehab and can be arranged via your treating therapist.

### Who can I contact for more information?

If you require any further information you can contact us on the details below:

Fracture clinic (Clinic 3)

Outpatient department

Altnagelvin Hospital

Tel: 02871 345171      Ext: 213637

Physiotherapy Department

South Wing

Altnagelvin Hospital

Telephone: 71611426