

# Patellofemoral joint dislocation

## Summary Points to Remember

- Early weight bearing is safe and recommended after a patellofemoral joint dislocation
- Use an ice pack regularly for at least **10 days** after injury

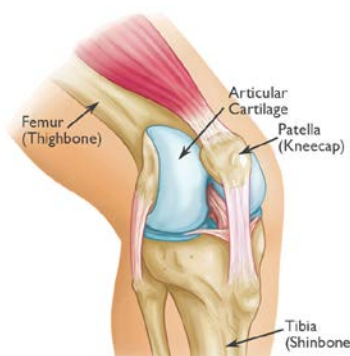
## Virtual Fracture Clinic

Your Emergency Department doctor has referred you to the Virtual Fracture Clinic. This allows fast access to a specialist opinion without having to visit the hospital in person. A Specialist Orthopaedic Surgeon will review your case, then a staff member will contact you by telephone to discuss your management plan.

## Your diagnosis is: Patellofemoral joint dislocation (dislocated kneecap)

The patella (knee cap) is a small bone at the front of your knee. When the knee bends, the patella slides up and down in a groove on the femur (thigh bone).

If the knee cap moves out of the groove it is called a dislocation. Sometimes dislocations are caused by a sporting injury or fall. In some people with a shallow groove a dislocation can happen without a specific injury for example when getting up from a chair.



[www.orthoinfo.aaos.org](http://www.orthoinfo.aaos.org)

## Early Management: 0-72 hours after the injury

It is normal for your knee to become bruised and swollen. This will settle over a few weeks. Follow the 'RICE' guidelines to help pain and swelling:

### Rest

Spend most of your time lying down, resting. Avoid any activity that increases pain such as long walks or standing for a long time

### Ice

Ice the knee for **20 minutes every 1-2 hours**. Use crushed ice in a damp towel or an ice pack (do not place ice directly on the skin). Continue this for **3-10 days** after your injury

### Compression

You can wear a compression bandage or Tubigrip (elastic stocking you can buy at the pharmacy) on the knee. If you experience pins and needles, numbness, or colour changes in the leg, loosen the compression as it may be too tight

### Elevation

Position your knee above the level of your heart (i.e: put the leg up on a few pillows)

## Brace:

- You may be fitted with a knee brace (Zimmer Knee Splint)
- Wear the brace when walking for up to **2 weeks**
- Remove the brace for showers and when resting/sleeping



Wear your brace as shown in this picture – your knee cap should sit in the hole in the middle.

## Walking:

It is safe to put full weight on your knee (the medical term for this is ‘weight bear as tolerated’). Use crutches to help reduce your pain or assist your balance if needed.

## Medication:

Simple medication such as paracetamol or anti-inflammatories may help to control your pain. Speak with your local doctor (GP) or pharmacist about your medication options.

## Smoking:

Research shows that smoking increases the risk of poor healing after an injury.

Stopping smoking will improve the chance of a good outcome.

For further information on quitting smoking visit [www.quitnow.gov.au](http://www.quitnow.gov.au) or speak with your GP.

## Rehabilitation: After 48-72 hours

### Exercises:

Gently perform the following exercises **4 times a day**:

- Point your foot up and down within a comfortable range of movement – repeat 10 times



- With the leg straight gently tense the muscle at the front of the thigh and try to straighten the knee further - hold for 10 seconds - repeat 10 times



- Bend and straighten the injured leg by sliding the foot up and down as far as comfortable – repeat 10 times



- Bend and straighten the knee while sitting. Hold in each position for 5-10 seconds – repeat 10 times each direction



### After 1 week/when comfortable:

- Stand near the back of a chair or bench (something stable). Try to balance with all of your weight on the injured leg – hold for 30 seconds, repeat 5 times  
To make the exercise harder close your eyes when balancing



## Physiotherapy:

Most patients would benefit from physiotherapy treatment following a knee injury.

- Speak with your local doctor (GP) about physiotherapy options in your area **or**;
- Contact the Virtual Fracture Clinic to arrange physiotherapy at the hospital (Medicare bulk billed)

## Expected return to daily activities

It is important to note that different people recover from injuries at different rates.

## Driving:

You can return to driving:

- Automatic car: If your **left** knee is injured: immediately. If your **right** knee is injured: when you no longer need to wear the brace AND the right leg has enough strength to perform an emergency stop.
- Manual car - When you no longer need to wear the brace AND the right leg has enough strength to perform an emergency stop.

## Return to work:

The amount of time you will need off work relates to the severity of your injury and your work requirements.

Discuss your return to work plan with your local doctor and employer.

As a guide:

- Manual workers - If you need to walk on uneven ground or climb it may take up to **6-8 weeks** to return to normal duties.
- Desk workers - you can return as soon as your pain allows.

## Return to sport:

It is recommended that you see a physiotherapist for a guided return to sport program.

## Longer term recovery and expectations

Most people achieve a normal function after this injury. It is possible that you could have mild ongoing discomfort or feeling of instability.

If you still have significant pain or limitation 3-6 months after your injury despite physiotherapy and rehabilitation you may need to see an orthopaedic specialist. Discuss this with your local doctor.

## When to contact the Virtual Fracture Clinic

- **If you have not heard from us TWO working days after your Emergency Department visit**
- If your pain is so bad that medication and RICE (rest, ice, compression and elevation) do not help
- If you notice increasing pain without a cause after it was improving
- If you notice major numbness, pins and needles, or changes in circulation in your leg
- If your symptoms are still bad after 6 weeks

This brochure provides some information to assist with management and rehabilitation of your injury. While it contains the recommended information, it does not contain all available information about your injury and is not a substitute for specific advice from the Virtual Fracture Clinic in respect of your injury.

All treatment options have risks and benefits. This advice is of a general nature and is appropriate for the majority of patients with this condition. However, it may not apply your specific injury and circumstances.

If you have any concerns about progress of your rehabilitation, contact the Virtual Fracture Clinic promptly.

Do not continue the exercises in the brochure if:

- You experience increasing pain (some discomfort is common)
- Your condition has deteriorated in any way since you last consulted the Virtual Fracture Clinic
- You have a new injury or condition and have not consulted the Virtual Fracture Clinic about it

This information is only designed for patients who are currently being treated by the Virtual Fracture Clinic at The Royal Melbourne Hospital. If you do not understand the information seek clarification from the Virtual Fracture Clinic.

Patients should be aware that the suggested management is not guaranteed to provide any improvement in your condition.

Keep this brochure as you may need to read it again.

If you have any questions or concerns please contact  
the Virtual Fracture Clinic

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