

# Patellofemoral joint dislocation



## Summary points to remember:

- The patella (knee cap) is a small bone at the front of your knee. If the patella moves out of the groove it is called a dislocation
- Early weight-bearing is safe and recommended after a patellofemoral joint dislocation
- You will be fitted with a knee brace for support while walking
- This brochure provides some information to assist with the 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
- If you have any concerns about the 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 (RMH)
- 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

## Virtual Fracture Clinic

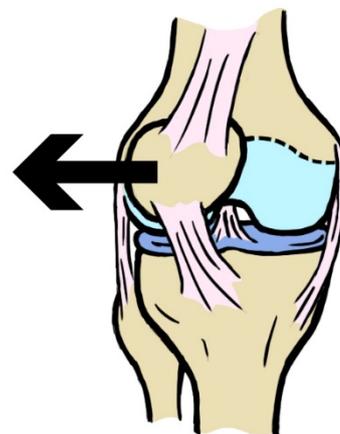
The Virtual Fracture Clinic gives fast access to a specialist orthopaedic opinion without having to visit the RMH in person.

An orthopaedic surgeon will review your case and a staff member will contact you 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 patella 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.



### Early management: the first 72 hours

It is normal for your knee to become bruised and swollen. This will settle over a few weeks. Follow the RICE (rest, ice, compression, elevation) guidelines to help pain and swelling:

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

**Ice:** Ice your knee for **20 minutes every one to two hours**. Use an ice pack, bag of frozen vegetables or crushed ice wrapped in a towel. Do not place ice directly on your skin. Continue for **three to 10 days** after your injury.

**Compression:** Wear a compression bandage or Tubigrip (an elastic stocking you can buy at the pharmacy) on your knee. If you experience pins and needles, numbness or skin colour changes, loosen the compression as it may be too tight.

**Elevation:** Position your knee higher than your heart.

### Splint / brace

You will be fitted with a Zimmer Knee Splint (knee brace) for support while walking. Wear the splint for **up to two weeks**.

Remove the splint for showers and when resting/sleeping.

Wear your splint as shown in this picture – your kneecap should sit in the hole in the middle.



## Walking

It is safe to put your full weight on your leg while wearing the brace (the medical term for this is 'weight bear as tolerated').

Use crutches to reduce your pain or assist your balance, if needed.

## Medication

Simple medication such as paracetamol or NSAIDs (non-steroidal anti-inflammatory drugs) may help to control your pain.

Speak with your General Practitioner (GP, also called your local doctor or family doctor) or pharmacist about 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 [quitnow.gov.au](http://quitnow.gov.au) or speak with your GP.

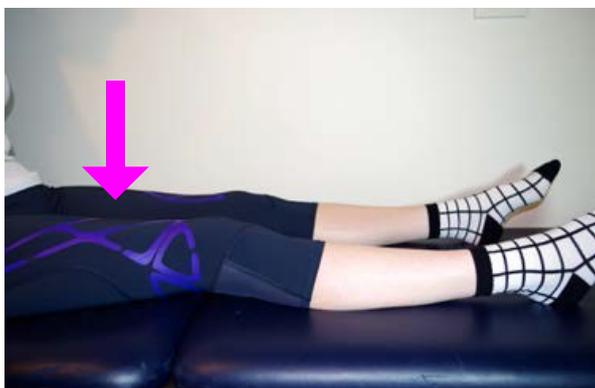
## Rehabilitation exercises: after 48-72 hours

Remove your splint and perform these exercises **four times a day**:

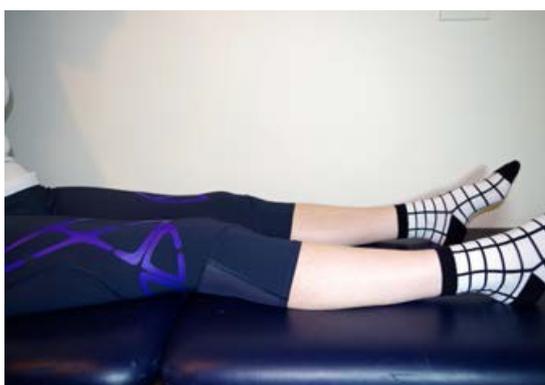
- Point your foot up and then down. Repeat 10 times



- Tense the muscle at the front of the thigh to push the knee into the bed. Hold for 10 seconds. Repeat 10 times



- Bend and straighten the injured leg by sliding your foot up and down as far as comfortable. Repeat 10 times



- Sit in a chair. Bend and straighten your knee. Hold for three seconds in each position. Repeat 10 times



### After one week, add this exercise

- Stand near something stable (like the back of a chair or bench). Try to balance with all of your weight on the injured leg. Hold for 30 seconds. Repeat five times. To make the exercise harder close your eyes



## Physiotherapy

Most patients will benefit from physiotherapy treatment following a knee injury. Speak with your GP about physiotherapy options in your area, or contact the Virtual Fracture Clinic to arrange physiotherapy at the RMH.

## Expected return to daily activities

Different people recover from injuries at different rates.

### Return to driving

- Automatic car
  - If your **left** knee is injured you may return to driving immediately
  - If your **right** knee is injured you may return to driving after two weeks when you no longer need the splint **and** your right leg has enough strength to perform an emergency stop
- Manual car
  - You may return to driving after two weeks when you no longer need the splint **and** your 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 work requirements. Discuss your return-to-work plan with your GP and employer. As a guide:

- Manual workers: If you need to walk on uneven ground or climb it may take three to four 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, a limp or a feeling of instability in the knee.

## Future Appointments

You will have a review in the fracture clinic after two weeks. **Please contact us if you do not receive notification of this appointment.**

## Contact

Contact the Virtual Fracture Clinic if:

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

### Contact

**Virtual Fracture Clinic**  
0427 892 421

### Practitioner / Patient notes

