

INFORMATION FOR PATIENTS

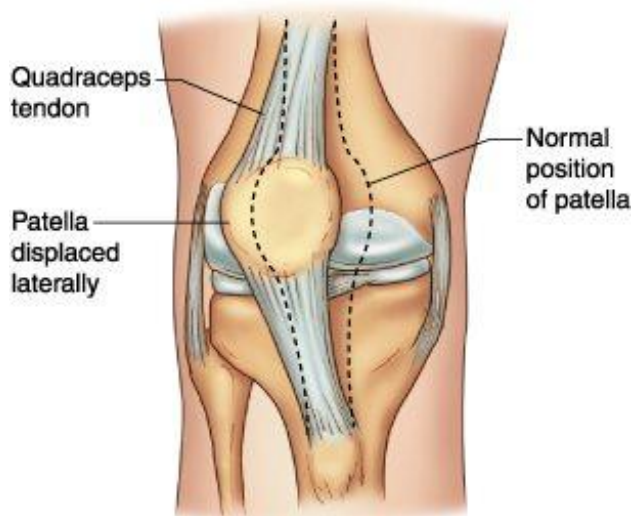
Patella (kneecap) dislocation

This leaflet has been provided to help you on the management of your patella (kneecap) dislocation.

If you require further information or have any questions while you are waiting for your physiotherapy appointment, please contact us – details are at the end of this leaflet.

What is it?

A dislocated kneecap (patella) is a common injury. The kneecap sits at the front of the knee and runs over a groove in the joint when you bend and straighten your knee. When the kneecap dislocates it comes out of this groove. This most commonly happens towards the outside of the knee as shown in the picture below.



Often the kneecap will pop back into place by itself. Sometimes if it has not popped back in by itself, it may be necessary to put it back into place at the hospital. This is known as a reduction. It may be necessary to have an x-ray at this time to make sure the kneecap is in the correct position. Other tests may be required to decide if any other structures, such as ligaments, have been injured or if you have dislocated your kneecap in the past. The orthopaedic consultant may discuss this with you.

Symptoms of patella dislocation

These vary from person to person. The kneecap often looks to be out of position or at an unusual angle. Often the kneecap will pop back into place quickly afterwards. You may have felt a popping sensation or been unable to straighten your leg after your injury. You may have been unable to walk after your injury. Often the knee is painful and swollen.

Why does this happen?

This can happen due to a direct blow or a sudden change of direction while the foot is planted on the floor. It can also be due to a variety of other factors such as weakness of leg muscles, joint laxity (loose joints) and different types of kneecaps (small, high riding etc.).

How is it treated?

If this is the first time your kneecap has dislocated, you may be placed in a knee brace while your knee settles down.

Guidance on the length of time you wear the brace and how much movement you are allowed, will be decided by your consultant, and discussed with the physiotherapist.

It usually takes 6 to 12 weeks to return to normal activities of daily living and up to 12-24 weeks to return to full sporting activities. Often, no surgery is needed following this injury. If other structures have been injured or if the kneecap continues to dislocate, it may be necessary to consider surgery. This will be discussed with the orthopaedic consultant.

Normal symptoms:

- **Pain or discomfort**

It is normal to get some pain and discomfort after your injury, especially when you start to get the knee moving within the limits of a brace and after it has been removed. Over-the-counter analgesia, such as paracetamol and ibuprofen, will help to reduce your symptoms. If you require further information on pain relief, speak to your GP or pharmacist.

- **Swelling**

It is normal for your knee to swell after this injury. Swelling can reduce your ability to move your knee and make it uncomfortable.

Try the following to minimise the swelling:

- When you are resting, sit with your leg up to elevate your foot.
- At night rest your foot on some pillows so that it is above the level of your heart.
- You may also wish to use ice to help manage your pain and swelling:
 - Application of ice - place a wet tea towel directly over your skin, and then place a bag of frozen peas on top of the towel.
 - Keep the peas in place for 10-15 minutes, checking to make sure that your skin has not become very red; repeat this up to three times a day.

- **Stiffness**

Stiffness is normal after removal of your knee brace.

Physiotherapy

After the initial injury and early management, your physiotherapist will provide you with a targeted rehabilitation programme that can assist you as you go through the different stages of recovery.

Physiotherapy exercises will help to reduce strain through the knee by strengthening your muscles and stretching tight structures, all helping to improve your movement control and maximise your function.

Depending on individual circumstances each person will have a level of activity or load that they can tolerate. Physiotherapy exercises will help to strengthen the muscle and assist in regaining your load tolerance which in turn may help with reducing your pain.

Sometimes you may experience an increase in your pain, with or without warning - we call this a flare up. If you experience this, you may need to reduce your day-to-day activities and frequency/intensity of your exercises. Most people recover quickly from a flare up by pacing and modifying their activity and perhaps taking appropriate over the counter pain relief.

Aims of initial management:

- Minimise pain and swelling.
- Maximise movement (initially within limits of brace).
- Activate quadriceps (muscles at front of thigh).
- Early hip and gluteal (bottom) muscle exercises.
- Normalise your walking pattern.

Early exercises

You may be asked to complete the following exercises by the physiotherapist while you are in your knee brace.

Inner range quadriceps



Long sitting with a rolled up towel under your knee. Tense your thigh muscle and push the knee into the towel, lifting your heel off the bed/floor. Hold for three seconds. Slowly lower



the heel and relax your thigh. Repeat 10 times.

Straight leg raises

Lying on your back or in long sitting. Tense your thigh muscle.



Keeping the leg straight all the way through the exercise, lift your leg off the bed/floor. Hold for 3 seconds. Slowly lower. Repeat 10 times.

Knee bending within the limit of your brace

Lying on your back or in sitting, bend your knee to the limit of the brace as guided by your orthopaedic consultant or physiotherapist



Clam



Lying on your side with heels in line with your bottom and the side of your hip is facing the ceiling. Slowly lift your top knee up towards the ceiling, keeping your feet together. Hold for three

seconds at tension without rolling your pelvis backwards. Slowly lower. Repeat 10 times. This can be done within the limits of your knee brace.

Bridge

Lying on your back with feet on floor. Bend the affected leg to the limit of the brace. Lift your pelvis and lower back off the floor. Aim to hold the position for 5 to 10 seconds. Lower down slowly.



Bracing instructions

Please add below any instructions for bracing below if appropriate:

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Please contact the physiotherapy team or your GP immediately if you experience any of the following symptoms:

- Inability or acute pain while weight bearing.
- Throbbing pain when walking and weight bearing, calf swelling, skin changes of the calf or entire leg (swelling, redness or warmth).
- Severe acute worsening of knee pain and increased temperature.
- Continual, severe night pain and severe sleep disturbance.

Contact details

Physiotherapy Department
Kings Mill Hospital
Clinic 10, Physiotherapy Department,
Telephone 01623 672384.

Further sources of information

- NHS Choices: www.nhs.uk/conditions
- Our website: www.sfh-tr.nhs.uk

- Managing your bone, joint or muscle pain:
www.csp.org.uk/conditions/managing-your-bone-joint-or-muscle-pain

Patient Experience Team (PET)

PET is available to help with any of your compliments, concerns or complaints, and will ensure a prompt and efficient service.

King's Mill Hospital: 01623 672222

Newark Hospital: 01636 685692

Email: sfh-tr.PET@nhs.net

If you would like this information in an alternative format, for example large print or easy read, or if you need help with communicating with us, for example because you use British Sign Language, please let us know. You can call the Patient Experience Team on 01623 672222 or email sfh-tr.PET@nhs.net.

This document is intended for information purposes only and should not replace advice that your relevant health professional would give you.

External websites may be referred to in specific cases. Any external websites are provided for your information and convenience. We cannot accept responsibility for the information found on them.

If you require a full list of references for this leaflet (if relevant) please email sfh-tr.patientinformation@nhs.net or telephone 01623 622515, extension 6927.

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