**Long term outcome**

- Most patella dislocations have a very good long-term outcome.
- Regularly doing the exercises your physiotherapist recommends can help strengthen the tissues that hold the kneecap in place and reduce the risk of dislocating it again.
- Occasionally patella dislocations will recur. It is essential that you restart your physiotherapy exercises as soon as possible following a re-dislocation.
- Surgery may occasionally be needed if the kneecap keeps dislocating. If this is the case a referral to paediatric orthopaedics will be made.
- It is important that you continue with your exercises to develop good muscle strength and restore function in your knee even if you are going to have surgery.

**Gluteal Muscles**

It is very important to strengthen your gluteal (bottom) muscles as these muscles also help to provide stability to the leg. Whilst standing, sitting or lying practice squeezing your buttocks and feel yourself rising off the surface. Hold for 5 seconds, repeat 10 times, 3 times a day.

**VMO Straight Leg Raise**

In lying or sitting, turn your foot out to the side. Push your knee down and squeeze your knee straight. Lift your leg off the bed high enough so that your calf is not touching the bed. Hold for 5 seconds, repeat 10 times, 3 times a day.

**Contact Details**

For further information and advice please visit our Website:-

[www.poole.nhs.uk/physio](http://www.poole.nhs.uk/physio) and find ‘childrens physiotherapy’

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Information and advice following your Patella Dislocation

What is Patella dislocation?

- The knee cap (patella) is a small round bone situated at the front of the knee. It lies in a groove between your thigh (femur) and shin (tibia) bones. When the knee bends and straightens the patella moves up and down.
- Due to direct trauma or a twisting movement the patella can be pushed out of this groove to the outside of the knee. This can be partial (subluxation) or full (dislocation). The knee cap can relocate on its own very quickly however in some cases it may require medical assistance. Patella subluxations and dislocations can be painful and may be associated with swelling and loss of knee movement.

Immediately post injury

- Once the kneecap is back in place, you may have an X-ray to check the bones are in the correct position and there’s no other damage.
- If this is the first time the patella has dislocated, a brace or plaster cast may be applied whilst your injury settles. There will be guidance for how long this needs to be worn, however it is usually up to six weeks. The brace is worn all the time but can be removed for hygiene purposes.

- During the first few days, you can help reduce swelling by keeping your leg elevated when sitting and icing your knee for 10-15 minutes every few hours.
- Crutches may be given for a short period of time to assist with walking. It is important to try to walk with a normal pattern to help the healing process and prevent muscles from weakening.
- If this is not the first time the patella has dislocated the initial management may be different. A brace or cast may not be applied.

Physiotherapy exercises

Following a patella dislocation you will be referred to physiotherapy however it is important to get started immediately with exercises to strengthen your knee.

Muscles that are extremely important to strengthen are;

- The vastus medialis oblique (VMO) muscle, situated on the inside of the thigh, which helps to stabilise your patella and prevent further dislocation.
- Your gluteal and core muscles, which help to control and stabilise your leg from a more central point in the body.

Ankle pumps
Lying or sitting, pump ankles towards you and away from you. You can do this both feet together or alternately. Complete 20 pumps, 3 times a day.

VMO contraction
In lying or sitting, squeeze your thigh muscle particularly on the inner side, pushing your knee down into the bed and try to get your heel to lift. Your knee cap should lift slightly and your thigh muscle should tense. Hold for 5 seconds, repeat 10 times, 3 times a day.