

Treatment Usually Involves:

- Muscle release of tighter muscles (particularly ITB or TFL), which can pull the knee-cap outwards. This is usually via dry needling or deep tissue massage and reinforced by home releases with a trigger ball or foam roller.
- In some cases (especially if the client has a shallow groove or patella that sits in an abnormal position) surgery may be required to prevent repetitive dislocations. This is where a referral to a sports physician and/or

orthopaedic surgeon is made. Surgery could involve a lateral retinaculum release or tibial tuberosity transfer, but is up to the Surgeons discretion.



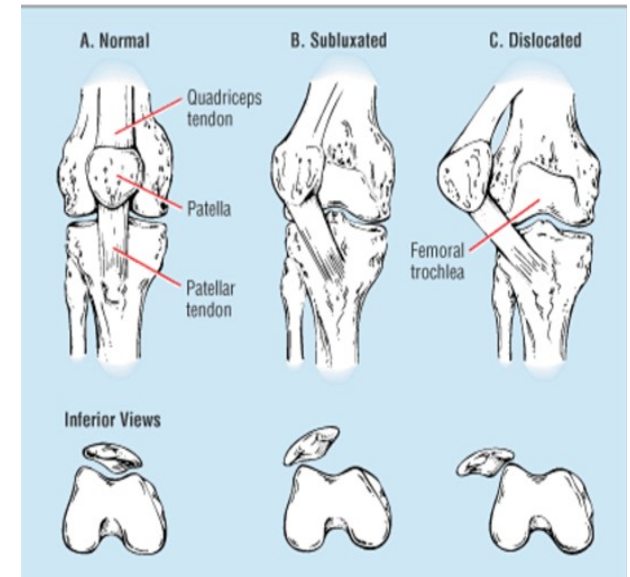
Embodiment Physiotherapy and Pilates

29 Murray Street
Como WA 6152

6110 3331
info@embodimentpp.com.au
www.embodimentphysiopilates.com.au



Patellar Instability/ Dislocation



CLIENT HANDOUT

Patellar Instability/ Dislocation

'Dislocation' of the patella (knee cap) often involves a traumatic incident where there is a powerful force to the kneecap, or a powerful quadriceps contraction. This causes the kneecap to move out of its usual position within the groove of the knee, usually moving to the outer side. 'Patellar instability' can occur after a dislocation, or if a client has risk factors that make them more susceptible (such as hypermobility, a high rising patella called 'patella alta', a shallow trochlear or groove). Patellar instability means the kneecap is less stable and more susceptible to dislocate.

Typically a client will present with:

- If an acute injury – can see the kneecap displaced to the side. Rapid swelling, bruising and pain can follow.
- Tenderness around the kneecap.
- Apprehensive to move knee – feelings of instability, or like the kneecap is going to pop out of place.
- Muscle imbalance – tight outer leg muscles, weaker inner leg muscles (especially a quadriceps muscle called VMO).

Treatment Usually Involves

- In the case of a dislocation, spontaneous reduction of the patella is common (where it goes back into place by itself).
- A physiotherapist will often recommend R.I.C.E (rest, ice, compression, elevation) immediately post injury.
- Rehabilitation is recommended to regain full knee range of motion and strengthen weaker muscles (particularly VMO and hip control).