PATELLAR DISLOCATION

Decision Making

Assessment

Imaging

Case

Mr Joyti Saksena

TOTAL ORTHOPAEDICS

History

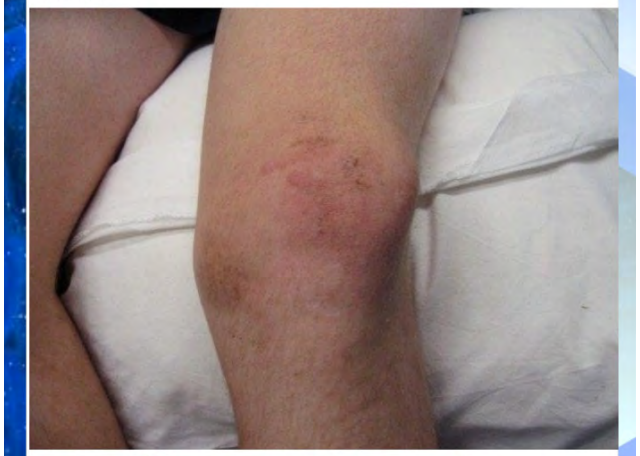
18M
College
Skate Boarder

Twists whilst turning
Immediate Pain
Abnormal appearance
Unable to bear Weight
ED

Immediate management?

History

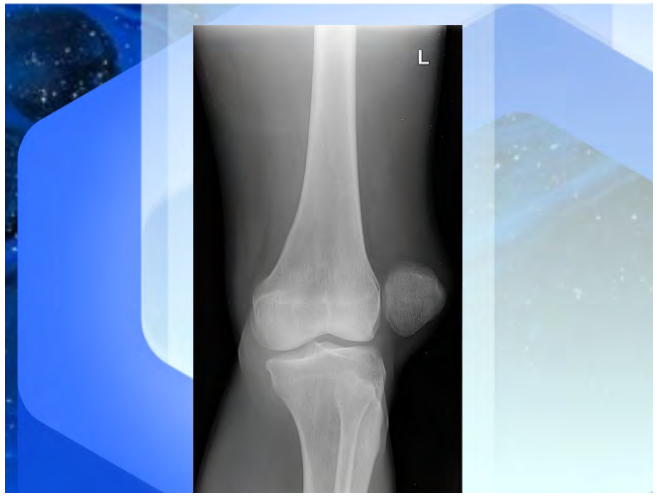
18M



Immediate management?

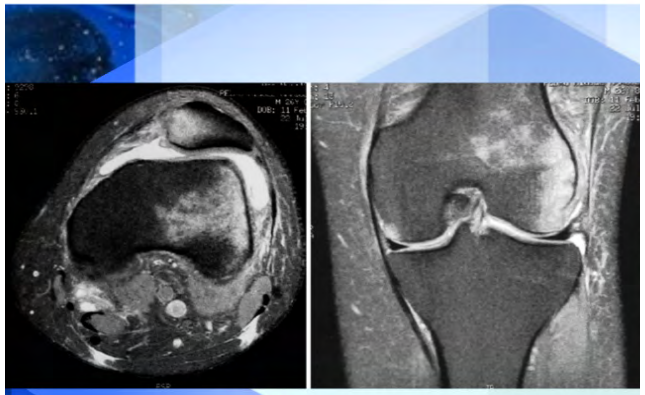
Imaging

Assessment



Imaging

Assessment



Assessment of Patella Instability

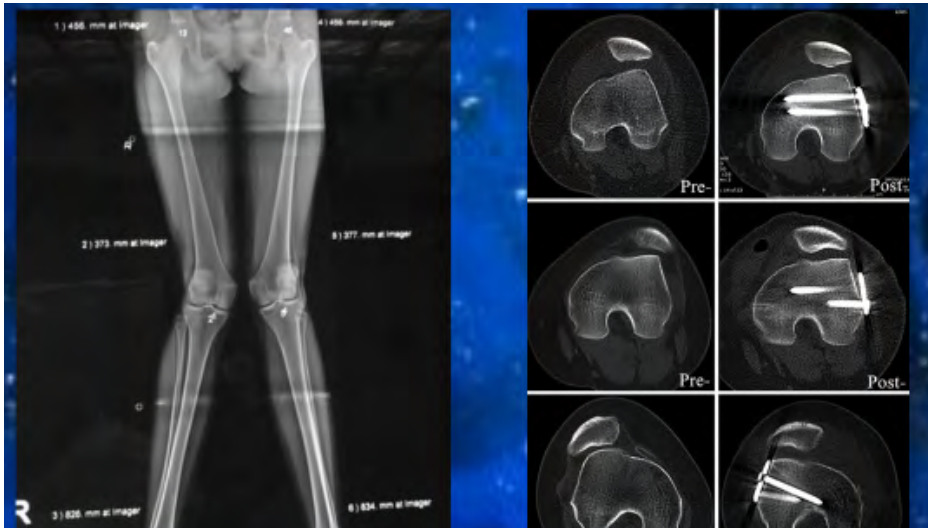
1. Malalignment
2. Patella Alta
3. Trochlea Dysplasia
4. TT:TG
5. Lateral retinacular tightness
6. Patella Articular surface

Malalignment

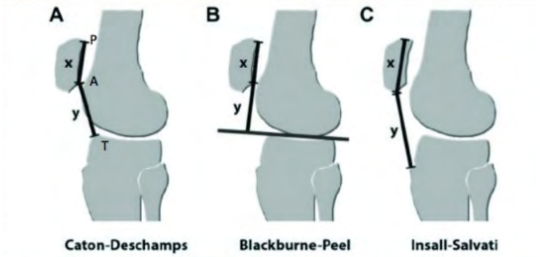
Coronal - Genu Valgum

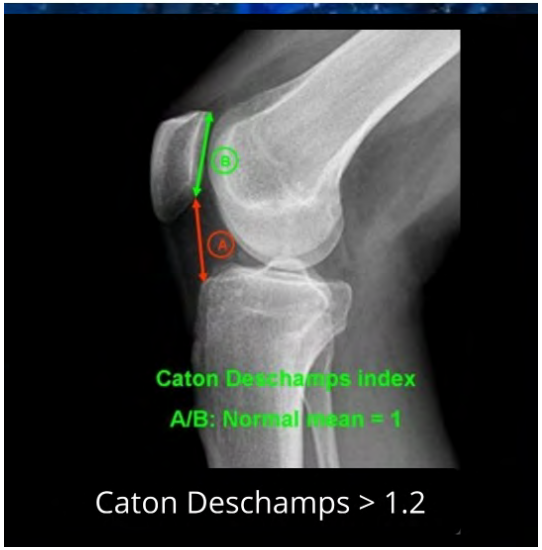
Rotational

Femoral Anteversion
Distal femoral intosion
Tibial extorsion



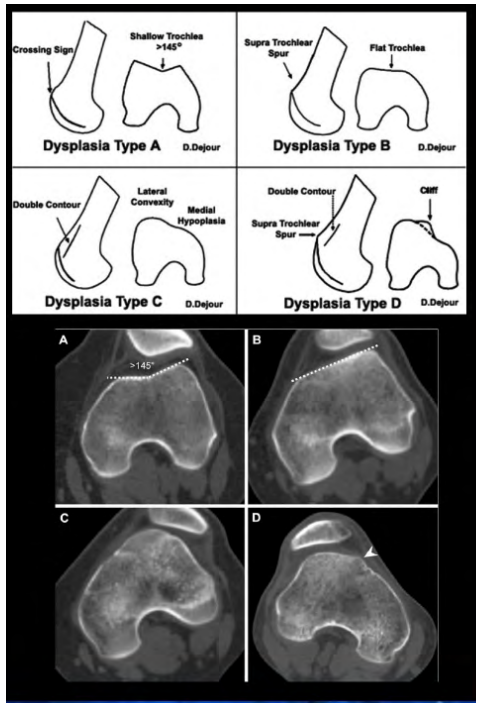
Patella Alta





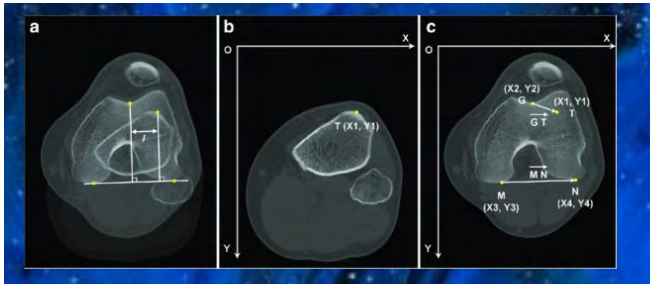
Trochlear Dysplacia

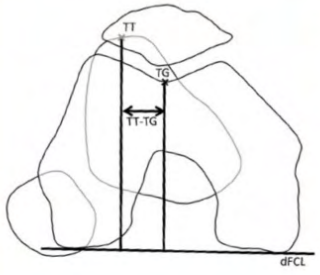
Dejour classification



Tibial Tuberosity - Trochlear Groove Distance

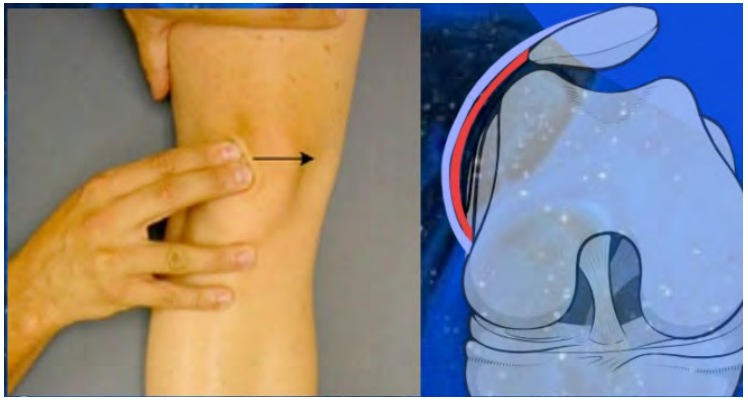
Increased TT:TG
Tibial tubercle lateralisation (>20mm)
Increased Q angle





Lateral Retinacular Tightness

Medialpatellar glide <1 quadrant



Decision Making

When to rehab? - When to refer?

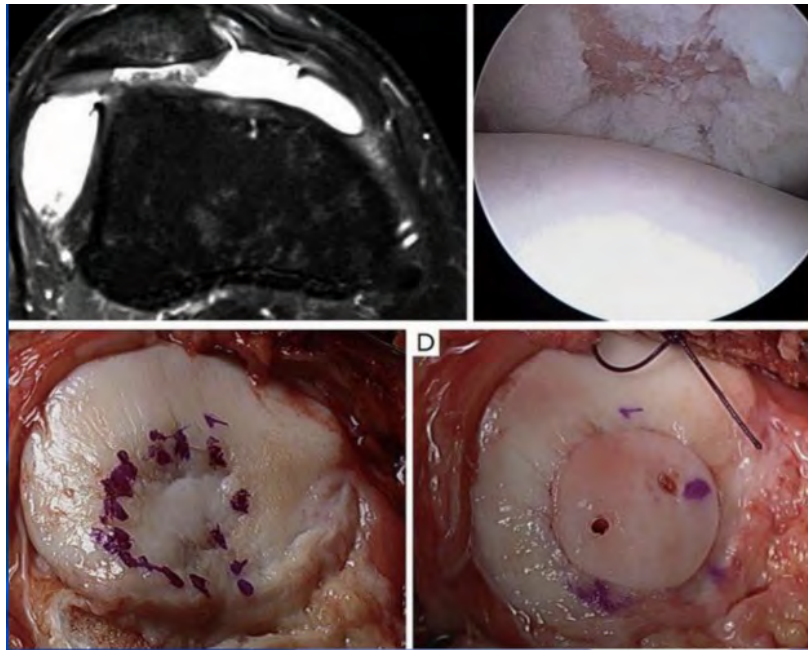
Assessment of the 6 variables

If the anatomy is normal- Rehab
(Wt bear, ROM, brace, VMO)
*Art Cartilage

If anatomy is abnormal - Rehab & Refer
(Articular cartilage damage
TTO - Trochlea - MPFL - LRL)

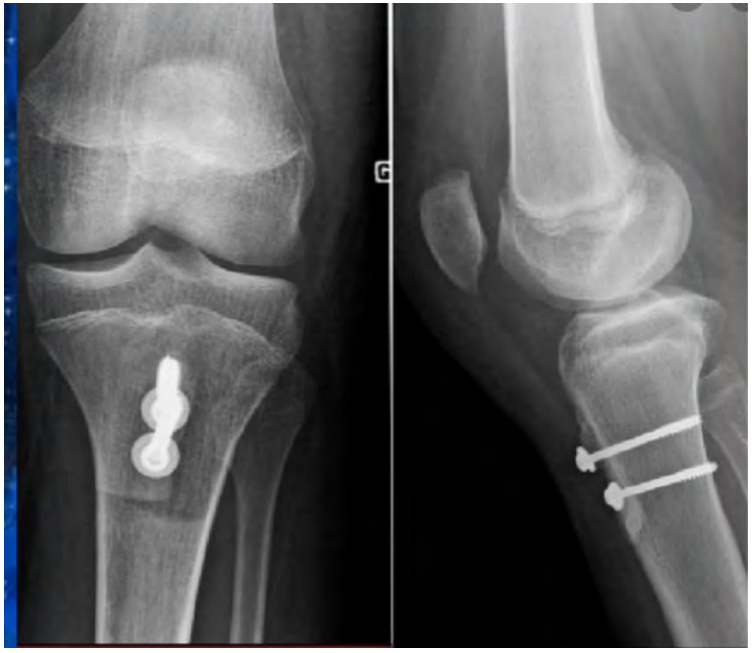
Patella Articular Cartilage

Chondral Grafting



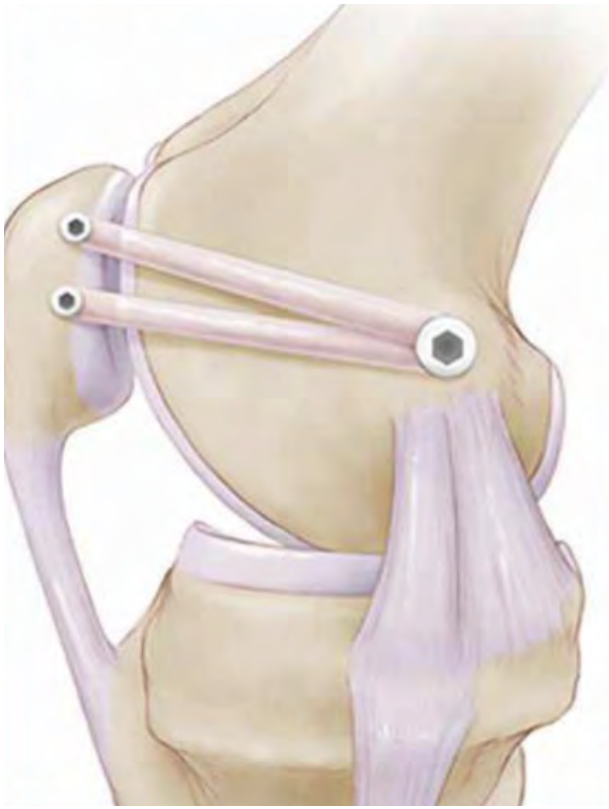
Tibial Tuberosity Osteotomy

Distalisation/Medialisation



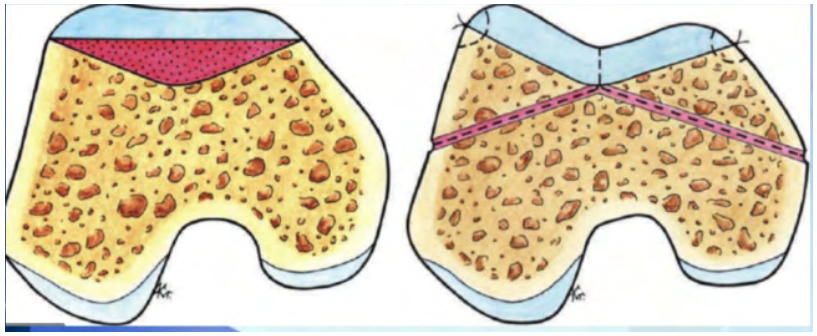
MPFL Reconstruction

Hamstring Graft



Trochleoplasty

Deepen the groove



Please feel free to email any questions or referrals to:
saksena@totalorthopaedics.london

Mr Saksena is happy to undertake virtual consultations, provide a 2nd opinion or offer telephone advice