



West Hertfordshire
Teaching Hospitals
NHS Trust



A guide to...

Patella Dislocation

Patient Information

Watford General Hospital
Hemel Hempstead Hospital
St Albans City Hospital
West Hertfordshire Therapy Unit

Knee Anatomy



The knee joint is formed by the articulation between the thigh bone (femur), shin bone (tibia) and kneecap (patella). The knee is a hinge joint that allows bending (flexion) and straightening (extension) at the joint. The kneecap normally sits over the front of the knee and glides over a groove in the joint when you bend or straighten your leg.

A dislocated kneecap is a common injury that normally takes about six weeks to heal. A dislocated kneecap can be caused by a sudden change in direction when the foot is planted on the ground, or by a direct impact to the knee. When the kneecap dislocates, it comes out of this groove and the supporting tissues can be stretched.

Once the kneecap is back in place, you may have an x-ray to check the bones are in the correct place and there is no other damage. You may be given a cricket pad splint to wear while your injury settles.

Frequently Asked Questions

When can I drive?

This varies from patient to patient and the type of car you have. We advise you not to drive until you are safe to control the car in an emergency situation. You must check that you can use all the controls, and may start with short journeys initially. You may need to inform your insurance company of your injury.

When can I return to work?

This will depend on your job. You may not be able to work for several weeks. However, if you are involved in manual work then this may be longer. You can discuss return to work with your physiotherapist, consultant or GP. If you need to be signed off, this will need to be done by the doctor. You will need to discuss with your employer regarding an individual work based risk assessment prior to returning.

When can I participate in my leisure activities?

Your ability to start these activities will depend on your pain, range of movement and the strength that you have in your lower limb. Usually you can return to normal daily activities within six to twelve weeks, except high impact tasks like running. Sports may not be played for at least 12 weeks as advised by your physiotherapist. Please discuss your desired activities with your physiotherapist, so that advice and exercises can be tailored to your individual needs.

Exercise Advice

- Use pain-killers and/ or heat/ice packs to reduce the pain before you exercise.
- It is normal that you can feel aching, discomfort or stretching when you have completed exercise.
- If you experience pain that persists (e.g. more than 30 minutes), or increases in intensity, it is an indication to change the exercise by doing it less forcefully or less often. If this does not help then please discuss this with your physiotherapist.
- Do short frequent sessions (e.g. 5-10 minutes, four times a day) rather than one long session.
- Gradually increase the number of repetitions that you do but aim for the number of repetitions your physiotherapist advises (the numbers given in this booklet are rough guidelines).
- Fit them into your daily routine! Make it a habit.

If you experience any of the following symptoms please inform doctors at Fracture Clinic or your physiotherapist so they can explore this further:

- Pins and needles or numbness down your leg.
- If you are struggling to move your leg at all.
- If you are experiencing pain symptoms anywhere other than at the site of the original injury or surrounding area.

Knee Exercises

Hold each exercise for two to three seconds and repeat 10 times, three times a day. You can watch these videos by scanning or clicking on this QR code:



Assisted Knee Flexion:

- Lie on your back or sat upright with your leg straight. Place a towel around your foot.
- Bend your knee as far as possible whilst pulling the towel to bend the knee even more on your injured leg.



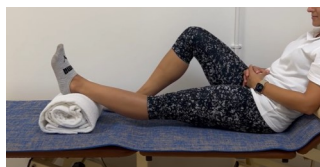
Active Knee Flexion:

- Lie on your back or sat upright with your leg straight.
- Slide your heel to your bottom by bending your knee as far as possible on your injured leg.
- Slowly return to the starting position.



Knee Extension Stretch:

- Place a rolled towel under your ankle of the injured leg.
- Straighten your knee by tightening your thigh muscles.



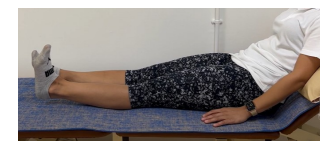
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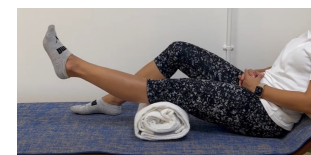
Static Quads:

- Lie on your back or sit upright with your injured leg straight.
- Bend the ankle towards you and push your knee into the surface, contracting the muscles of your front thigh.



Inner Range Quads:

- Lie on your back or sit upright with your injured leg straight. Place a towel roll under the injured knee.
- Straighten the operated knee using your front thigh muscles and lift the lower half of the leg up.
- Keep the back of your knee against the towel roll.



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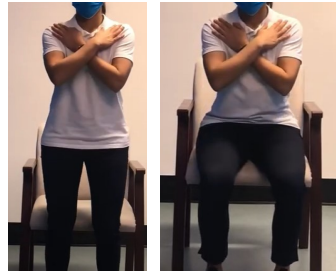
Straight Leg Raise:

- Lie on your back or sit upright with your injured leg straight. Activate your thigh muscles as in the exercise static quads.
- Lift the leg off the floor keeping the leg straight.



Sit to Stand:

- Place a chair against a wall to avoid it moving backwards.
- Stand in front of the chair and then slowly lower yourself into the chair.
- Stand back up from the chair in a controlled manner.



If you are unsure about any advice or information, please arrange to contact fracture clinic or contact the Physiotherapy department using the below contact details.

How to contact us

West Hertfordshire Therapy Unit
Jacketts Field
Abbots Langley
Hertfordshire
WD5 0PA

Tel: 01923 378130

Email: westherts.opphysioadvice@nhs.net

Website: www.westhertshospitals.nhs.uk/physiotherapy

If you need this leaflet in another language, large print, Braille or audio version, please call **01923 217187** or email **westherts.pals@nhs.net**



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