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Restoring Function. Maximizing Performance.

ORTHOPAEDIC SPORTS MEDICINE · BEACON ORTHOPAEDICS & SPORTS MEDICINE

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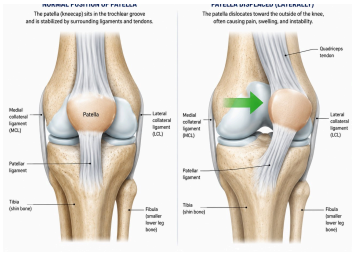
KNEE CONDITION

Patellar Instability

Kneecap Instability — Patient Condition Guide



Normal kneecap position vs. a lateral patellar dislocation · for education; your anatomy may differ

OVERVIEW

Patellar instability occurs when the kneecap slips partially or fully out of its groove on the femur (subluxation or dislocation). It's most common in adolescents and young athletes and often relates to anatomic factors like a shallow groove, ligament laxity, or alignment.

ANATOMY

The patella tracks within the trochlear groove of the femur, held in place by the medial patellofemoral ligament (MPFL), surrounding muscles, and the shape of the groove itself. Instability usually reflects a combination of these factors rather than one single cause.

SYMPTOMS

- A visible or felt shift of the kneecap out of place
- Immediate swelling after a dislocation event
- A sense the kneecap might "give way" with certain movements
- Pain with kneeling or going up/down stairs

DIAGNOSIS

Exam includes assessing kneecap tracking and apprehension with lateral movement. MRI evaluates the MPFL, cartilage surfaces, and underlying anatomic factors such as groove depth and patellar height.

TREATMENT OPTIONS

A first-time dislocation is often treated with bracing and physical therapy focused on strengthening and alignment. Recurrent instability, especially with underlying anatomic risk factors, is treated with MPFL reconstruction, sometimes combined with a bony realignment procedure.

RECOVERY TIMELINE

- Weeks 0–6: bracing and protected weight-bearing after surgery
- Months 2–4: progressive strengthening and motion
- Months 4–8: sport-specific training
- Return to cutting/pivoting sports guided by strength testing

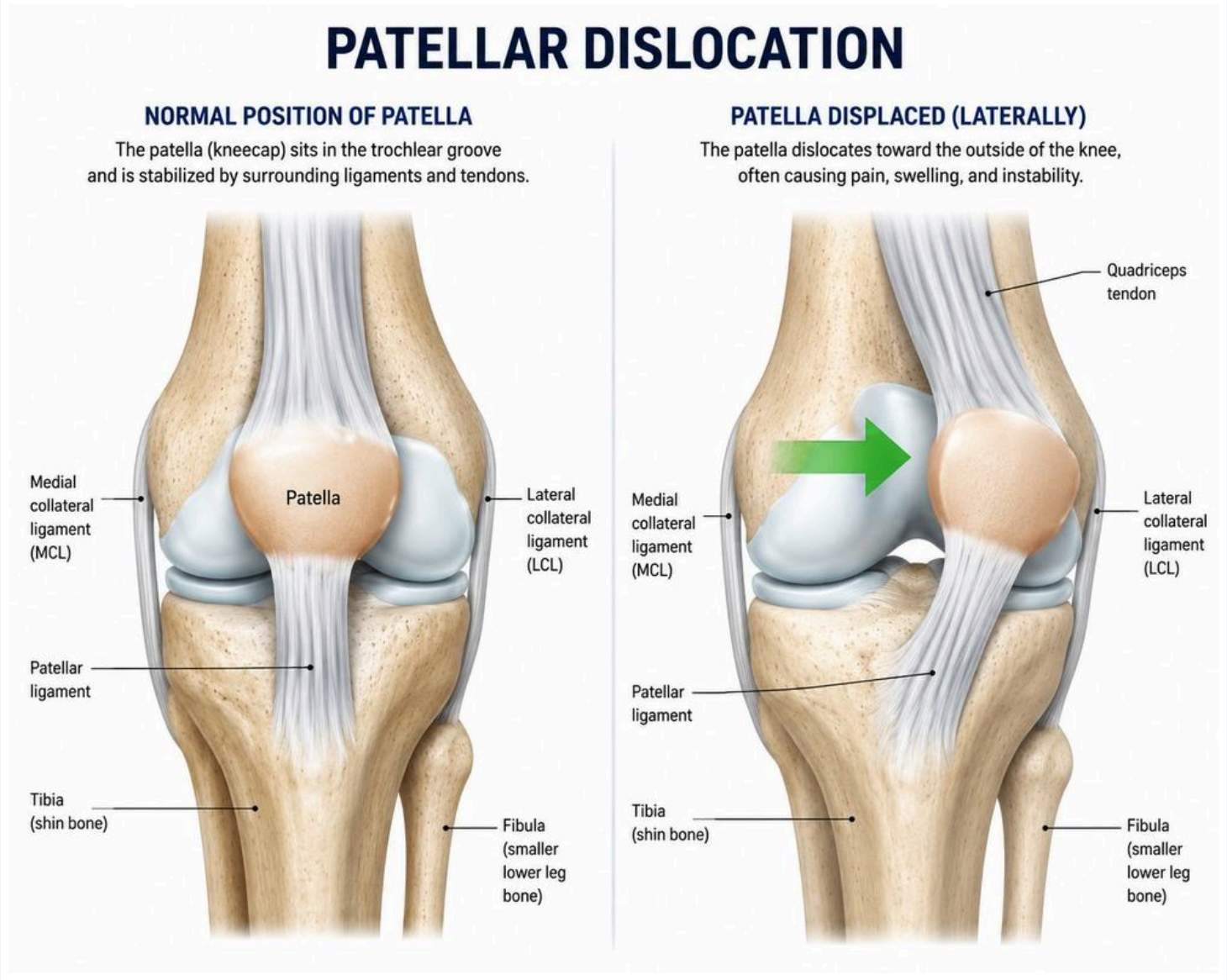
FAQS

Q Will my kneecap dislocate again?
Risk of recurrence is higher after a first dislocation, especially in younger patients, which is why targeted rehab or surgery is often recommended.

Q Do I need surgery after one dislocation?
Not always. Many first-time dislocations are treated non-surgically; surgery is considered for recurrent instability or high-risk anatomy.

SCAN FOR THE LATEST VERSION ONLINE
robertpettitmd.com/handouts/patellar-instability.pdf

This handout is for general patient education and does not replace personalized medical advice. Always follow the specific instructions given by Dr. Pettit and your care team.



For patient education; your anatomy may differ.