Knee Dislocation

Knee dislocations are rare and they are a serious injury. They occur when the shinbone and thigh bone fall out of contact with one another. Often, these injuries are the direct result of some high-energy trauma to the knee. It could be from a car accident, sports injury or a severe high-level fall. Most of the time, this condition is often confused with that of subluxation, but they aren't the same thing. Subluxations are only partial dislocations, such as that of when the knee goes out on you from damage to the ligament.

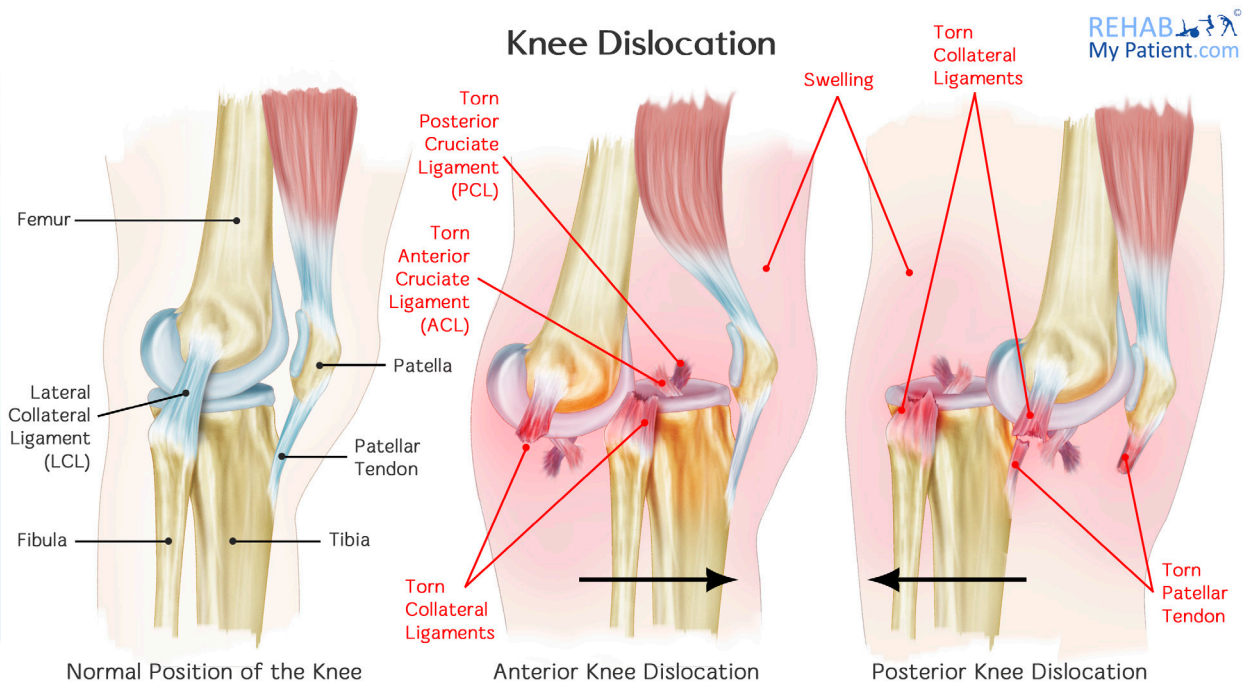
Knee dislocations are far more serious in that the end of the thigh bone has completely lost contact with the top part of the shinbone. Once the knee becomes dislocated, it has to be reset to its proper position, while a subluxation will end up slipping back into place.

Often a knee dislocation occurs with either a fracture, torn cartilage, torn meniscus, or ruptured ligaments around the knee.

Knee Dislocation Anatomy

The knee is a strong hinge joint. It is formed where the femur (thigh bone) and tibia (shin bone) meet. There are other joints too, such as the articulation between the patella (kneecap) and the femur. Also there is a joint where the fibula meets the tibia.

When a knee dislocation occurs, there is significant trauma and rupture to the surrounding ligaments. Some or all of the ligaments of the knee can be ruptured. Dislocations can be anterior (the femur moves forwards on the tibia), posterior (the femur moves backwards on the tibia), or lateral (the femur moves to the side of the tibia).



When the knee dislocates, it most often spontaneously relocates without intervention. However, this is not the end of the problems, as the ligament damage is significant and will take months to heal. And surgery is often required.

Knee dislocations are different to patella (kneecap) dislocations, where the patella moves out of the joint surface of the knee. Patella dislocations are more frequent and less common, and tend to re-occur without serious issues.

How to Treat a Knee Dislocation:

Surgery

In the early stages of a dislocation, the main priority is addressing the treatment of any nerve or vascular injuries. Once it has been determined that these structures are healthy, the attention is then focused to the ligaments, meniscus and cartilage damage that happened during the dislocation.

It is often necessary to reconstruct any damaged ligaments surgically. Most of the time, there are multiple ligaments that have to be reconstructed. The ACL and PCL are the two most common ligaments that have to be reconstructed after the dislocation. Other areas of cartilage damage are also repaired. Meniscus tears are either repaired or cleaned up.

Tips:

- Do not try to move the leg.
- Call for help. Get yourself an ambulance.
- Following surgery, keep the leg elevated to reduce swelling, and encourage gentle mobility.
- Follow the guidance of your physiotherapist.
- Wearing a knee brace for a couple weeks following the dislocation will help keep the joint stable. Avoid placing a lot of stress on the knee in the first few weeks following the injury.
- Follow a thorough rehabilitation with your therapist to ensure you regain as much strength as possible to your leg.