

The Knee Journey: Experiences With Recurrent Patellar Dislocation

A Jornada do Joelho: Experiências Acerca da Luxação Recidivante da Patela

La Jornada de la Rodilla: Experiencias sobre la Luxación Recidivante de la Rótula

RESUMO

A luxação recidivante da patela representa um desafio clínico significativo, especialmente entre adolescentes e adultos jovens. As mulheres apresentam um risco cerca de 33% superior ao dos homens para esse tipo de lesão. A escolha do tema se justifica pela experiência vivida e acompanhada por uma paciente com essa condição que apresenta uma complexidade envolvida em sua abordagem, que exige não apenas conhecimento técnico, mas também empatia e comunicação eficaz com o paciente. Trata-se de um estudo descritivo, de abordagem qualitativa, baseado na vivência da autora. A prática clínica nos convida diariamente a lidar com desafios que vão além da técnica: ela exige sensibilidade, escuta ativa e adaptação constante. Por fim, são analisadas as consequências funcionais e emocionais da instabilidade patelar, evidenciando a importância de uma abordagem individualizada e multidisciplinar para melhorar a qualidade de vida dos pacientes.

DESCRIPTORIOS: Patela; Articulação patelofemoral; Instabilidade articular; Luxação patelar; Traumatismos do Joelho; Ligamento Patelar.

ABSTRACT

Recurrent patellar dislocation represents a significant clinical challenge, especially among adolescents and young adults. Women are approximately 33% more likely than men to suffer this type of injury. The choice of topic is justified by the author's experience with a patient with this condition, which presents a complex approach that requires not only technical knowledge, but also empathy and effective communication with the patient. This is a descriptive study with a qualitative approach, based on the author's experience. Clinical practice invites us daily to deal with challenges that go beyond technique: it requires sensitivity, active listening, and constant adaptation. Finally, the functional and emotional consequences of patellar instability are analyzed, highlighting the importance of an individualized and multidisciplinary approach to improve patients' quality of life.

DESCRIPTORS: Patella; Patellofemoral joint; Joint instability; Patellar dislocation; Knee trauma; Patellar ligament.

RESUMEN

La luxación recidivante de la rótula representa un desafío clínico significativo, especialmente entre adolescentes y adultos jóvenes. Las mujeres presentan un riesgo aproximadamente 33% mayor que los hombres para este tipo de lesión. La elección del tema se justifica por la experiencia vivida y acompañada por una paciente con esta condición, que implica una complejidad en su abordaje y exige no solo conocimiento técnico, sino también empatía y comunicación eficaz con el paciente. Se trata de un estudio descriptivo, de enfoque cualitativo, basado en la vivencia de la autora. La práctica clínica nos invita diariamente a enfrentar desafíos que van más allá de la técnica: exige sensibilidad, escucha activa y adaptación constante. Finalmente, se analizan las consecuencias funcionales y emocionales de la inestabilidad rotuliana, evidenciando la importancia de un abordaje individualizado y multidisciplinario para mejorar la calidad de vida de los pacientes.

DESCRIPTORIOS: Rótula; Articulación patelofemoral; Inestabilidad articular; Luxación rotuliana; Traumatismos de la rodilla; Ligamento rotuliano.

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Introduction

The patella is a sesamoid bone located within the quadriceps tendon, articulating posteriorly with the trochlear groove of the femur. Its main function is to enhance the mechanical efficiency of the quadriceps during knee extension. The quadriceps tendon continues as the patellar tendon, which inserts into the tibial tubercle. The medial and lateral patellar retinacula, originating from the vastus medialis and vastus lateralis muscles, respectively, integrate the joint capsule at the mar-

gins of the patella¹.

During leg extension, the knee extensor muscles, including the quadriceps femoris, vastus medialis, vastus intermedius, and vastus lateralis, exert an oblique force on the patella, favoring its lateral deviation. This displacement vector becomes even more pronounced during knee flexion. The primary resistance to this force is provided by the medial patellofemoral ligament, which connects the medial femoral epicondyle to the medial portion of the patella, together with the vastus medialis obliquus. Both play a key role in maintaining proper alignment of the patella within the trochlear groove of the femur. Changes or impairments in these structures can significantly increase the risk of patellar dislocation².

Recurrent patellar dislocation is defined by repeated loss of alignment between the patella and the femoral trochlea, with predominant lateral displacement. This condition is often seen in adolescents and young adults, especially in those with predisposing anatomical changes or a history of knee joint trauma³.

Although recurrent patellar dislocation is widely addressed from anatomical and biomechanical perspectives, it presents relevant particularities when analyzed from a professional experience standpoint. The purpose of this report is to present experiences acquired in the follow-up of patients with patellofemoral instability, highlighting the obstacles faced, the approaches adopted, and the knowledge developed throughout this trajectory.

Studies indicate that more than 60% of patellar dislocation episodes are associated with physical activity. Women have a risk approximately 33% higher than men for this type of injury. Age is also an important risk factor, with most acute patellar dislocations occurring in adolescents and young adults, especially between the ages of 10 and 17⁴.

The recurrence of patellar disloca-

tion has been analyzed through prospective cohort studies, which revealed a cumulative ipsilateral recurrence rate ranging from 36% to 54% over 15 to 20 years. This risk is considerably higher in individuals who suffered their first dislocation before the age of 18, as well as in the presence of trochlear dysplasia, high patella, and increased distance between the tibial tuberosity and the trochlear groove (TA-GT)⁵.

The presence of high patella, trochlear dysplasia, increased Q angle, and ligament laxity are factors closely linked to patellar dislocation recurrence. This condition is especially prevalent in patients under 15 years of age, with recurrence rates reaching up to 60% after the first episode. In addition, inappropriate approaches to the treatment of dislocation can result in chronic patellar instability, persistent knee pain, and, in more advanced cases, progression to patellofemoral osteoarthritis⁶.

According to the Brazilian Society of Orthopedics and Traumatology (SBOT), the diagnosis of patellar dislocation should be based on the analysis of clinical history, physical evaluation, and the use of imaging tests, such as X-rays and magnetic resonance imaging. The patellar apprehension test is an effective tool for identifying signs of instability. Imaging methods are essential both for guiding clinical management and for making a differential diagnosis, including conventional radiography, magnetic resonance imaging (MRI), computed tomography (CT), and ultrasonography (US)⁷.

The management of patellar instability and dislocation remains a challenge for surgeons due to the complexity involved in the procedures and the frequency of suboptimal results. Traditionally, a conservative approach including medication, physical therapy, and immobilization has been recommended as the first line of treatment for cases of primary patellar dislocation, except in situations where there are associated

osteochondral fractures.

Initial treatment of patellar dislocation may involve physical therapy aimed at strengthening the vastus medialis oblique muscle, proprioceptive reeducation, and the use of orthoses. However, in the face of recurrent episodes, surgical intervention becomes a frequently recommended alternative. Medial patellofemoral ligament (MPFL) reconstruction has shown good clinical results. In the long term, primary acute patellar dislocation can lead to complications such as new dislocations, joint instability, cartilage damage, persistent pain, restrictions in daily activities, and the development of secondary patellofemoral osteoarthritis. It is worth noting that the risk of recurrence is up to six times higher in patients with a history of contralateral patellar dislocation⁸.

The choice of topic is justified by the experience of a patient with this condition, which presents a complexity in its approach that requires not only technical knowledge but also empathy and effective communication with the patient. In narrating this journey, we seek to contribute reflections that can enrich the practice of other health professionals, promoting more humanized and effective care.

In view of these issues, the following question arises: What are the impacts of the lack of interdisciplinary and humanized care in the rehabilitation of patients with recurrent patellar dislocation?

METHODOLOGY

This is a descriptive study with a qualitative approach, based on the author's experience in a specific professional or academic context. According to Daltro and Faria (2019), the experience report encourages the researcher to challenge their skills of translation, perception, and interpretation of reality through the theoretical articulation of their knowledge. The report is reflective

in nature and does not intend to generalize results, but rather to share lessons learned and challenges experienced.

The study participant was patient M.L.F., female, currently 33 years old, who has a history of recurrent patella dislocation associated with multiple surgical interventions and traumatic episodes since childhood.

The experience was recorded through personal notes, direct observations, and reflections made during and after the period of practice. Aspects such as challenges faced, strategies adopted, results observed, and feelings involved were considered. The analysis was done in a narrative form, highlighting the main lessons learned and implications for professional practice.

Experience

This report refers to the clinical trajectory of patient M.L.F. The first significant occurrence took place at the age of 12, when the patient fell from her own height during the Carnival period. Due to the unavailability of emergency services at the time, her guardians chose to wait a few days before seeking medical attention. After five days, the patient was taken to the hospital, where she was diagnosed with joint effusion in her left knee. The puncture procedure was performed without anesthesia, causing a strong emotional impact.

About a year after this episode, the patient suffered another fall, with recurrence of joint effusion, and underwent another puncture, also without anesthesia. The following year, although there were no further falls, the patient began to experience frequent episodes of patella dislocation, accompanied by edema and pain. Faced with the recurrence and physical and emotional suffering, her mother sought specialized orthopedic care, where significant injuries to the left knee were identified, indicating the need for surgical intervention.

In 2007, the first arthroscopy was performed, with an approach to the

posterior cruciate ligament. After the procedure, the patient began postoperative physical therapy about 30 days later, with a complete physical therapy evaluation, including medical history, lifestyle habits, vital signs, and clinical history. In the first few months, she reported difficulty walking, but as rehabilitation progressed, she was able to gradually resume her daily activities.

At age 24, the patient suffered another fall, with worsening symptoms. After imaging tests, a new arthroscopy was indicated. Initially resistant to the procedure, she sought a second medical opinion, which confirmed the need for surgery. The second arthroscopy was performed in 2017 and was described by the patient as the most painful postoperative experience she had ever had. The lack of early mobilization of the leg compromised her recovery, and even after six months of physical therapy, the results were unsatisfactory.

In 2018, arthrolysis due to arthrofibrosis was indicated and performed, with the aim of releasing adhesions between the skin and muscles. The procedure was successful, allowing the patient to resume her activities. In 2019, she underwent hyaluronic acid infiltration for joint lubrication and symptom relief. Despite partial improvement, instability persisted, resulting in further falls, although without serious injury.

From that period on, the patient began psychological counseling, recognizing the emotional impact of physical limitations and invasive procedures. In 2024, she began to experience similar symptoms in her right knee, including clicking and pain, and was referred for CT and MRI scans. In 2025, she began treatment sessions for both knees, given the suspicion of bilateral patellar instability.

Currently, the patient reports functional limitations such as difficulty sitting down and getting up from the floor, running, jumping, as well as sensitivity to cold and pain after long periods of

standing. At times, her left leg suddenly locks up. In a recent medical evaluation, quadriceps hypotrophy and patellar instability were observed, with significant limitation of range of motion.

The patient developed osteoarthritis and chondromalacia grades III and IV. Given this situation, she is currently undergoing an assessment to be classified as a person with a disability (PCD), in accordance with the criteria established by current legislation.

Challenges Faced

Delayed access to specialized care and the initial delay in seeking medical help after the first trauma compromised early diagnosis and appropriate intervention. Invasive procedures without anesthesia, with joint punctures performed without analgesia, caused physical and psychological suffering, contributing to the development of emotional trauma.

The recurrence of falls and instability led to repeated episodes of dislocation and joint effusion, hindering functional recovery and increasing the risk of secondary injuries. Painful and complicated post-operative periods, for example, the second arthroscopy was marked by intense pain and low adherence to early mobilization, resulting in arthrofibrosis.

The emotional and psychological impact on the patient, who developed fear, insecurity, and frustration, requiring psychological counseling to deal with the subjective effects of the condition. Persistent functional limitations, as even after multiple interventions, the patient still has difficulties with basic activities such as sitting, standing up, running, and standing for long periods.

Strategies Adopted

The search for specialized care allowed for the identification of the injuries and the appropriate surgical indication. Two arthroscopies and one arthrolysis for arthrofibrosis were per-

formed, with the aim of restoring joint function and reducing pain. The patient underwent rehabilitation protocols focused on muscle strengthening, range of motion gain, and proprioception.

Hyaluronic acid injections were used as a complementary strategy for joint lubrication and symptom relief. Psychological follow-up is essential for coping with the traumas experienced and for rebuilding body confidence. Tomography and magnetic resonance imaging allowed the evolution of the condition to be assessed and compromise in the contralateral knee to be identified.

Reflections

The patient's trajectory shows that healthcare goes beyond technique: it is necessary to acknowledge suffering, listen to the patient's story, and adapt approaches to each individual's reality. The emotional impact of a chronic and painful condition such as recurrent patellar dislocation requires multidisciplinary attention, with integration between orthopedics, physical therapy,

and psychology.

Adherence to treatment is directly related to the quality of communication between professional and patient, empathy, and the construction of a therapeutic bond. The experience reinforces the importance of early mobilization in the postoperative period, health education, and continuity of care to avoid complications such as arthrofibrosis. Finally, the patient's case reveals that, even in the face of persistent limitations, it is possible to promote autonomy, functionality, and quality of life with a person-centered approach.

During the patient's therapeutic journey, it was observed that the nursing team's performance was restricted to the immediate pre- and post-operative moments, with a focus on basic care and medication administration. However, throughout the rehabilitation and outpatient follow-up process, there was no continuity in nursing support, which limited a more comprehensive and humanized approach. Regular clinical follow-up was conducted predominantly

by physical therapists and the orthopedist in charge, who took the lead in managing the case. This gap highlights the importance of the active presence of nursing in longitudinal care, especially in situations involving chronic pain, functional limitations, and emotional impact.

FINAL CONSIDERATIONS

The patient's journey reveals the multiple challenges faced by individuals affected by recurrent patellar dislocation. The succession of falls, surgical interventions, and functional limitations compromised not only her physical integrity but also her emotional health.

This report invites health professionals to reflect on the complexity of care in cases of patellar instability, highlighting the importance of qualified listening, interdisciplinary action, and continuity of care. A commitment to ethical, empathetic, and evidence-based care is what transforms painful experiences into possible paths to overcoming them.

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