

Treatment of Patellar dislocation with Fascial Distortion Model

Todd Capistrant DO, MHA
Medical Director 1st Care Tanana Valley Clinic, 1101 Noble Street, Fairbanks, Alaska 99701
Phone 907-459-3500 Fax 907-458-2628 email Todd.capistrant@gmail.com

BACKGROUND -Patellar dislocations occur with significant regularity, particular in young female athletes.[1] These dislocations usually occur from an unusual twisting motion of the knee or via a direct blow. Manual reduction of the patella is required in some circumstances. Surgical intervention is less common. Whichever method of reduction is required to correct the dislocation post reduction rehabilitation is commonly recommend for 8-12 weeks prior to returning to participation.

The Facial Distortion Model (FDM)[2] is an anatomical perspective in which most musculoskeletal injuries and certain medical conditions are envisioned as consisting of one or more of six principal fascial distortion types. In the FDM a patient's body language in conjunction with subjective complaints is used to create a meaningful diagnosis that can then be addressed with manipulative techniques.

METHOD- A 14 year old female ballet dancer stumbles and twists her knee while warming up during a routine stretch. Her supporting leg twisted in an awkward position causing dislocation of her patella. She was unable to reduce the patella and was unable to bend the knee. Emergency Room evaluation was required with manual reduction. Referral to orthopedics was provided. Orthopedic recommendation was for patient to remain on crutches (7-10 days) and begin rehabilitation which was expected to take 3-6 weeks. [3]

RESULTS- Patient seen within 24 hours of injury. Knee ROM was 5 -10 degrees of flexion, extension was zero degrees. Pain was 5/10. Body language included linear sweeping motions along the medial and lateral aspect of the patella indicating diagnosis of triggerband. Patient also pointed to several specific areas on the inferior margin of patella indicating a Continuum distortion. Triggerband and continuum technique utilized. Treatment resulted in full ROM of the knee. Flexion was 100 degrees. Extension was noted to be zero degrees. Total treatment time for 5 minutes. At one week follow up patient reported minor stiffness the following day. Patient was able to dance without discomfort. Follow up one month later indicated patient was without pain or problem related to her knee.

CONCLUSIONS -The Fascial Distortion Model and the distortions identified by a patient's body language and verbal description can direct therapy for immediate, objective, and measurable results. Additional research to investigate the distortions, body language, and the outcomes of various treatments is needed.

[1] Palmu, S., Kallio, P.E., Donell, S.T., Helenius, I., & Nietosvaara, Y. (2008). Acute patellar dislocation in children and adolescents: A randomized clinical trial. *Journal of Bone and Joint Surgery*. **90**: 463-470.

[2] Typaldos, S. (2002) FDM Clinical and Theoretical Application of the Fascial Distortion Model Within the Practice of Medicine and Surgery. Typaldos Publishing Company p 1-5.

[3] Brukner, P., & Khan, K. (2006). *Clinical Sports Medicine* (3rd Edition). Sydney (Australia): McGraw-Hill