50 Years Ago in CORR

Recurrent Dislocating Patella: A Long-Term Follow-up Study

James B. Jones, MD, Kenneth C. Francis, MD, John R. Mahoney, MD CORR 1961;20:230–240

Dislocation of the patella has been long recognized, although recurrent dislocation more recently so. Hippocrates appears not to have mentioned recurrent dislocations [10, 11]. A number of mid-19th century surgeons described patellar dislocation [2, 7, 15], but not those that were recurrent. Goldthwait [6], in 1896, briefly described one patient with long-standing bilateral recurrent dislocation in whom he performed lateral release and medial reefing. The minutes of a meeting of the orthopaedic subsection of the Royal College of Medicine in discussion, held in March 1921, noted that Bristow briefly mentioned a procedure in which the tibial tubercle was transplanted medially [1]. “He would suggest that transplantation of the tubercle with the tendon attached was a better procedure than transplanting the tendon alone, the union of bone to bone being better able to combat strain.” Hauser reviewed six types of procedures used by various authors to treat recurrent dislocation of the patella, then provided a detailed description of his procedure to transfer the tibial tubercle medially [8, 9]. He appeared to have been unaware of the brief note of the earlier suggestion by Bristow. In the first edition of his classic textbook, Campbell detailed many varieties of operations and their variations [3]. Clearly, the recurrent dislocation was well recognized by the

1930s with a profusion of surgical alternatives.

Jones and his colleagues [12], in 1961, reported the findings in patients with an average of 11.5 years followup (up to 15 years). At this time, such longer-term followup studies were relatively infrequent in orthopaedic surgery. Few authors provided more than qualitative observations, and those that did typically developed their own categorical rating system (see Table 6 for that of Jones et al. [12]). (These physician-generated categorical ratings have been largely abandoned

Table 6 Results (Reprinted with permission and © Lippincott Williams & Wilkins, from Jones JB, Francis KC, Mahoney JR. Recurrent dislocating patella: a long-term follow-up study. *Clin Orthop*. 1961;20:230–240.)

Excellent	12
No recurrence, no pain	
Good	6
No recurrence but mild pain or lack of confidence	
Fair	0
No recurrence but some disability—Chondromalacia	
Poor	1
Recurrence

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because they are neither particularly reliable nor, from a patient viewpoint, valid.) Using a modification of the Hauser technique (Fig. 3), Jones et al. found 18 of their 19 patients had “excellent” or “good” function at last followup.

Subsequent authors, including Southwick [16], Maquet [13], and Fulkerson [5], described refinements of the tibial tubercle transfer, all seemingly offering a high chance of eliminating the dislocations. The benefits have continued for some decades, and there appears to be minimal risk of long-term degeneration [4, 14] as a result of the procedures.

Richard A. Brand MD
Editor-in-Chief
Clinical Orthopaedics
and Related Research

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