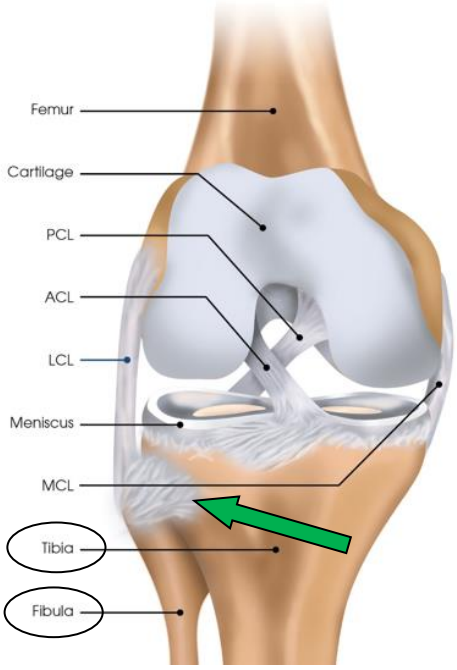
STEVEN CHUDIK MD
SHOULDER, KNEE & SPORTS MEDICINE

Proximal Tibiofibular Joint Dislocation

Proximal tibiofibular joint dislocation is an uncommon injury to a joint at the outer knee where adjoining tibia and fibula bones are displaced from their normal position and the joint surfaces no longer touch each other. The joint is separate from the knee and involves the tibia and fibula (two bones of the lower leg). These bones also make the upper part of the ankle joint. Proximal tibiofibular joint dislocations can occur in isolation or along with acute injuries, tibiofibular fractures, or ankle fractures.



Injury occurs when the head of fibula is separated from the tibia and the tibiofibular ligaments (green arrow) are torn

Frequent Signs and Symptoms

- Pain in the outer knee and occasionally in the ankle
- Pain that may be severe with standing on or moving the affected leg or knee; may just be an ache
- Giving way or buckling
- Locking or catching of the knee
- Often an obvious bump on the outer side of the knee, with tenderness, mild swelling over the outer knee, and bruising at the injury site
- Occasionally, increased pain at the knee with ankle motion (moving it up and down)

630-324-0402 ● **contactus@chudikmd.com**
stevenchudikmd.com

Schedule online now

- Numbness or paralysis below the dislocation from stretching injury to the nerves (uncommon)

Etiology (Causes)

Some causes of this uncommon injury include direct blow to a bent knee, twisting injury, ankle fracture-dislocation, infection, growth disturbance, and other non–sports-related causes including congenital problems (you are born with it). One of the most common causes is falling in the "hurdler's" position. It may occur without injury in people with loose joints.

Risk Factors

- Sports in which one may fall in a hurdler's position (sliding in baseball, sliding tackle in soccer); These injuries are also seen in wrestling, football, jet ski racing, skiing, gymnastics, broad jumping, basketball, parachute jumping, horseback riding, rugby, and judo
- Congenitally loose ligaments "double jointed"
- Direct trauma such as with horseback riding

Prevention

Use proper technique when falling and landing, as well as proper technique for sliding in baseball and slide tackles in soccer. Avoid playing sports on irregular surfaces.

Outcomes

Reduction (repositioning of the joint) often requires surgery and a prolonged recovery

Potential Complications

- Damage to nearby nerves due to stretching with the dislocation (the nerve wraps around the fibula and may be stretched with the dislocation)
- Associated fracture or joint cartilage injury due to the dislocation or reduction of the dislocation
- Prolonged healing or recurrent dislocation if activity is resumed too soon
- Recurrent dislocations
- Arthritic joint following repeated injury or delayed treatment
- Ankle pain

630-324-0402 ● contactus@chudikmd.com
stevenchudikmd.com

Treatment Considerations

After immediate reduction (repositioning of the bones of the joint) by trained medical personnel, treatment consists of ice and medications to relieve pain. Although reduction can be performed without surgery, surgery is often necessary to restore the joint to its normal position by repairing the ligaments. Elevating the injured foot and ankle (at or above heart level) helps in reducing swelling. Immobilization by splinting, casting, or bracing for 2 to 8 weeks may be recommended to protect the joint while the ligaments heal. Although in many cases, surgery to fix the torn ligaments and hold the joint in place is necessary. After immobilization or surgery, strengthening and stretching of the injured and weakened joint and surrounding muscle are necessary. These may be done with or without the assistance of a physical therapist or athletic trainer. Surgery is usually only needed if the dislocation cannot be reduced or if there are recurrent dislocations. Full recovery may take up to 4-6 months

Possible Medications

- General anesthesia or muscle relaxants may be used to help make the joint repositioning possible
- Nonsteroidal anti-inflammatory medications, such as aspirin and ibuprofen (do not take within 7 days before surgery), or other minor pain relievers, such as acetaminophen, are often recommended. Take these as directed by your physician. Contact your physician immediately if any bleeding, stomach upset, or signs of an allergic reaction occur.
- Strong pain relievers may be prescribed as necessary. Use only as directed and only as much as you need.

Modalities (Heat and Cold)

- Cold is used to relieve pain and reduce inflammation. Cold should be applied for 10 to 15 minutes every two to three hours for inflammation and pain and immediately after any activity that aggravates your symptoms. Use ice packs or an ice massage with a cloth between the ice and your skin to prevent burning /freezing your skin.
- Heat may be used before performing stretching and strengthening activities prescribed by your physician, physical therapist, or athletic trainer. Use a heat pack or a warm soak.

Notify My Office If Symptoms Worsen

630-324-0402 ● **contactus@chudikmd.com**
stevenchudikmd.com

Schedule online now