

Learnt something new at work!

Congenital KNEE dislocation?? What's the referral pathway?!

Mostly both knees and can occur in non-breech babies too. Usually due to a displaced tibia.



Things to check: surrounding muscle consistency, sulcus on the knee, lax joint with hyper extension, with or without loss of active and passive flexion, signs of trauma. Check for dysmorphism!



Investigations: Immediate X-ray to rule out breaks, which orthopaedics recommends but can be discretionary. Senior review. Automatic routine hip scan referral in clinically stable babies.



Call Limb reconstruction and mention their involvement in USS order. Add knees to the hip USS order. Meanwhile, don't bend the knee backwards to check or demonstrate!

