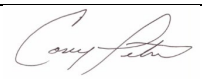
PATELLAR REDUCTION

Document Owner: M. James	**Program/Service Area**: Centre for Prehospital Care	**Issue Date:** September 2010
Review Date: December 2025	**Revision Date:** December 2025	
Approval: Corey Petrie, Interim Regional Manager, Centre for Prehospital Care & Trauma Services	**Frequency:** In accordance with the Medical Directive that requires a patellar reduction	
Signature: 		

Purpose: To ensure a consistent standardized practice when reducing a patellar dislocation

	Content (Task / Activity)	Details
1	Ensure the patient qualifies for the appropriate medical directive, or contact a Base Hospital Physician (BHP) for further direction.	
2	Communicates the need for reduction and its effects to the patient and/or family members whenever possible. Obtain consent.	
3	Assess distal neurovascular status and pain pre and post procedure as per the BLS standards.	Including the following as per BLSPCS: • distal pulses, • circulation, sensation and movement, • skin color, temperature and condition, • swelling, deformity and tenderness
4	Over approximately 2-3 seconds, gently lift the patella & apply firm medial pressure while slowly & gently extending the lower leg.	
5	Stop if encountering significant resistance or the patient's pain is unmanageable and interfering with treatment. Consider analgesia or alternate provider prior to second attempt. Max 2 attempts	If the treatment cannot continue, splint in place & transport.
6	Continue to assess distal neurovascular status and pain.	
7	Splint the leg in position of comfort & continue to treat as an unstable joint injury.	
8	Document the procedure on the Ambulance Call Report as per the MoH Ambulance Documentation Standards and your Service Provider's policy	Use code 933.64 to document patellar reduction attempts. .

Expected Outcome: Safely perform a patellar reduction.