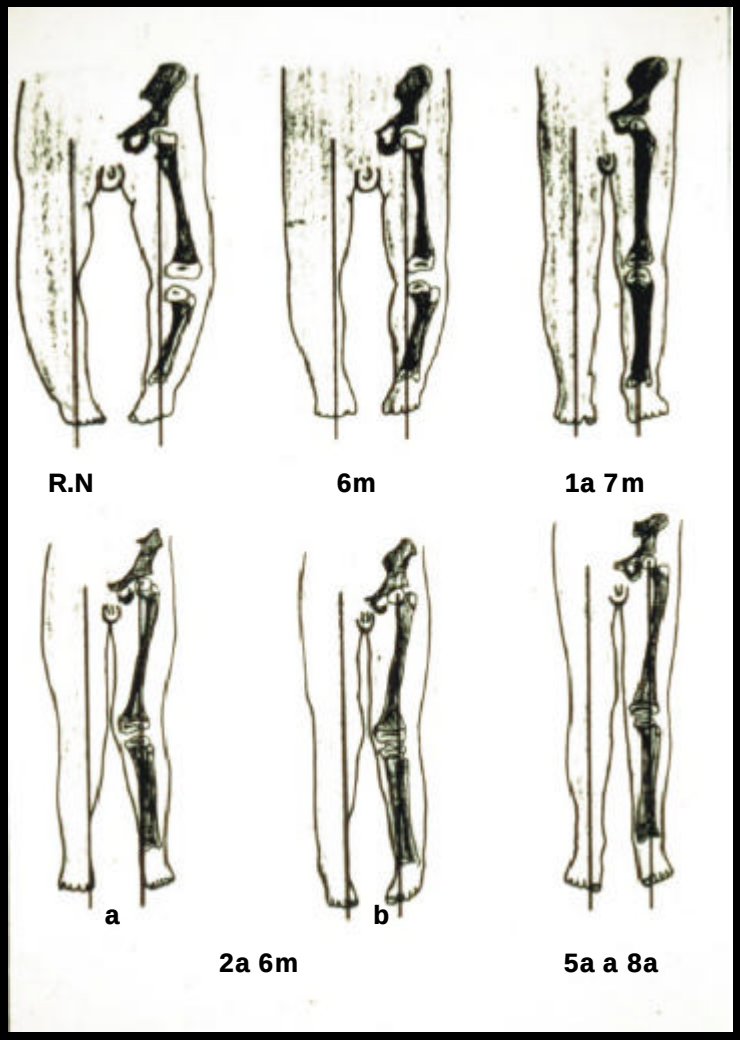
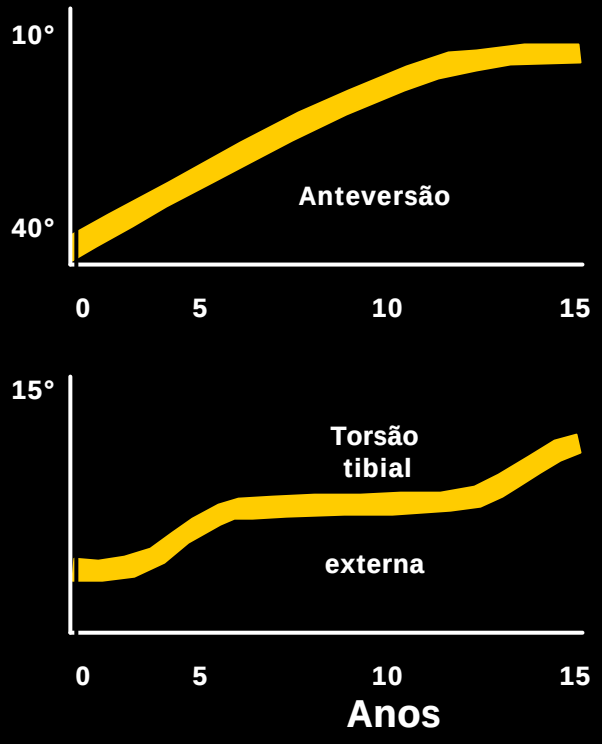


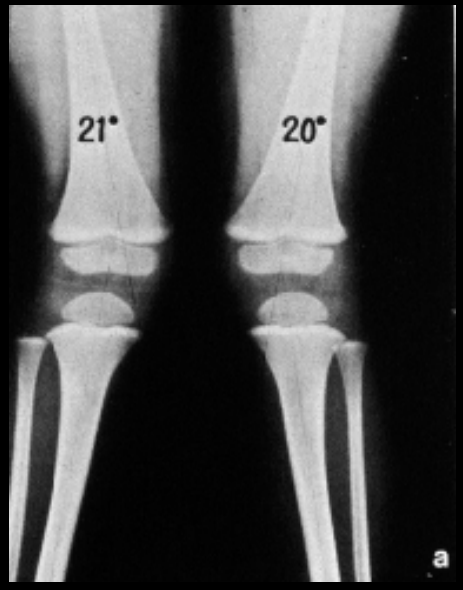


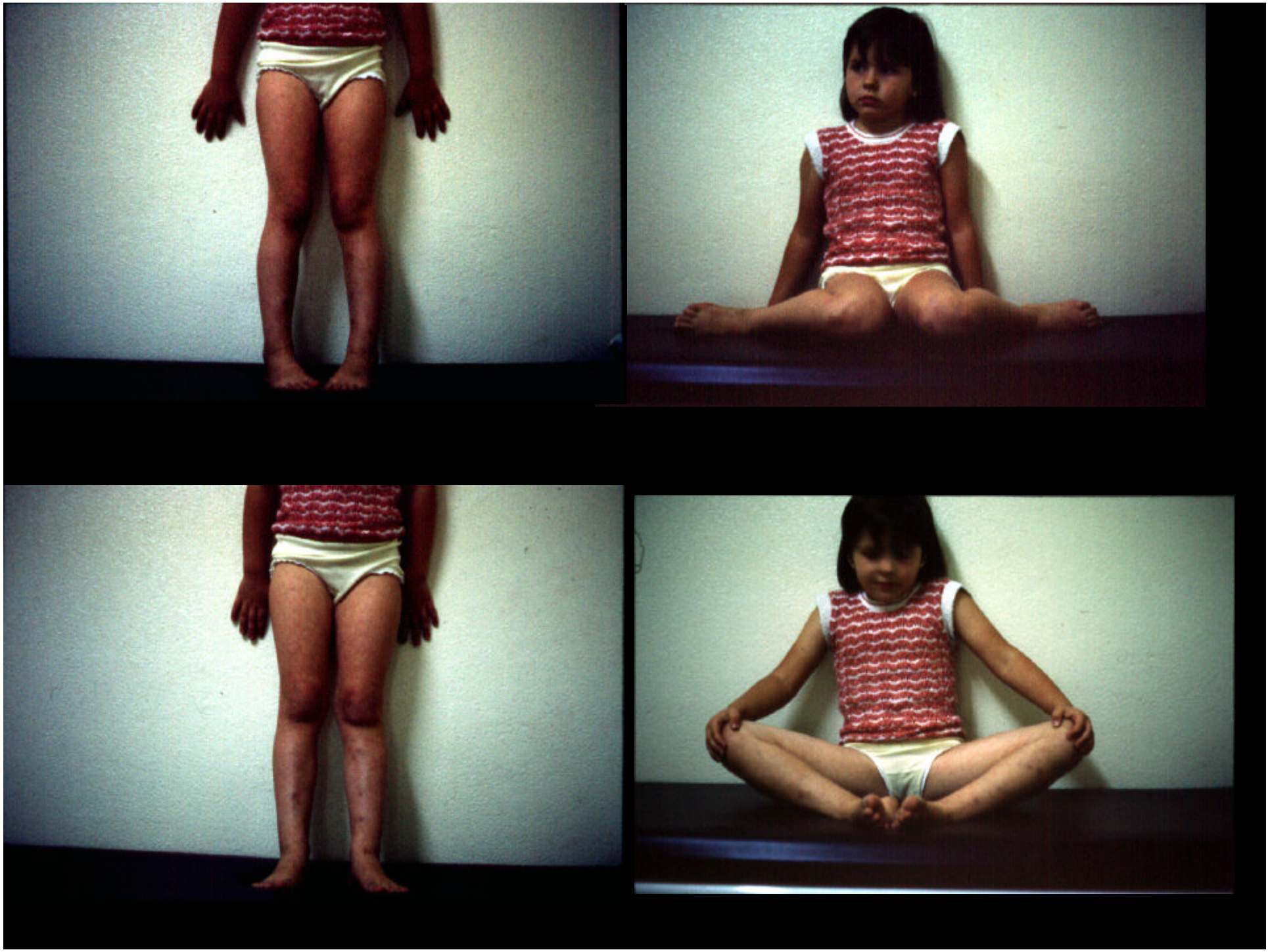
Durante o crescimento, o decréscimo da anteversão femoral e o aumento da rotação externa da tíbia resultam na posição normal do adulto.

Correção expontânea

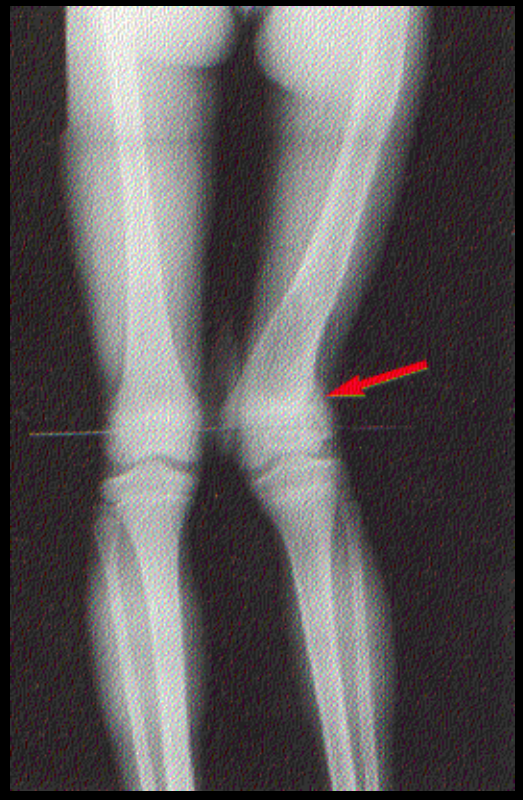
varo

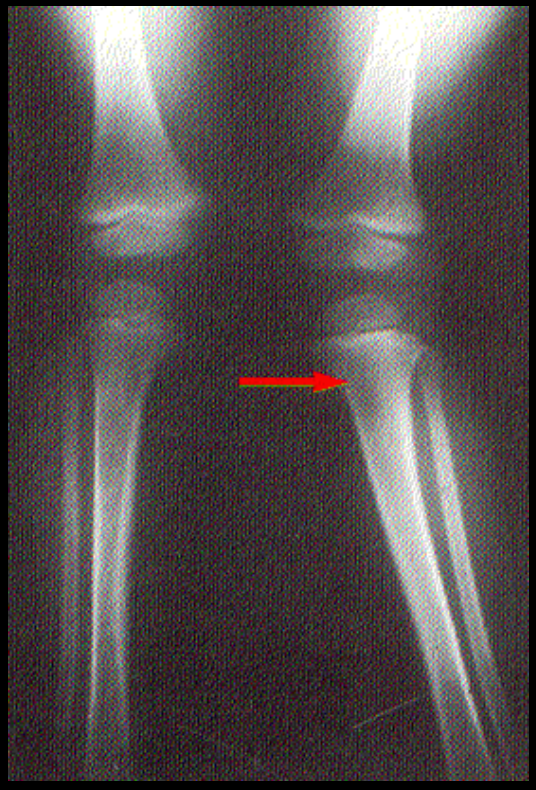
valgo





Joelho valgo traumático

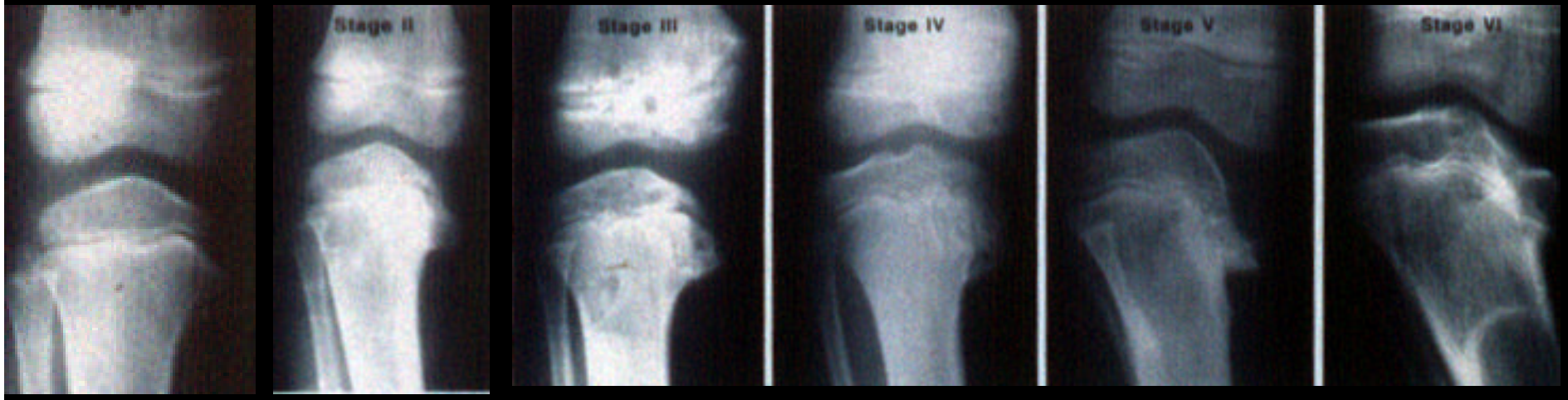


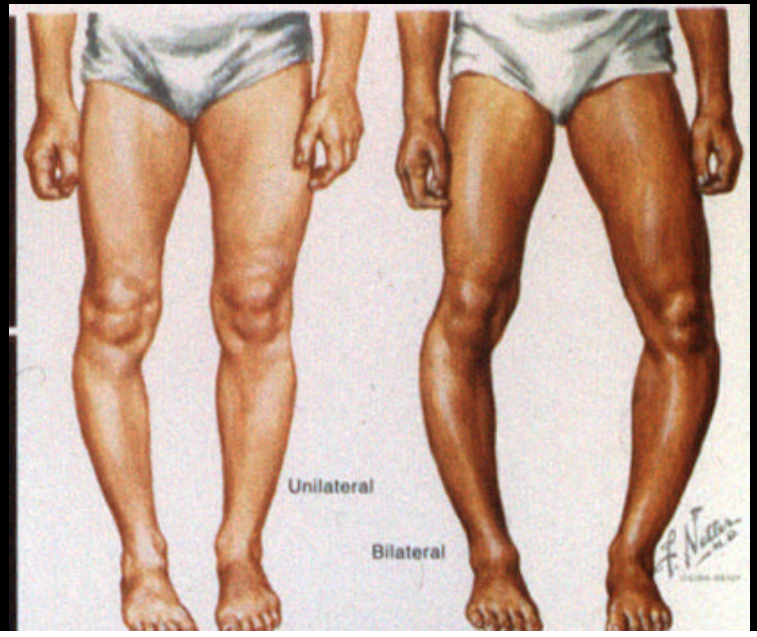


Joelho Varo

Doença de Blount

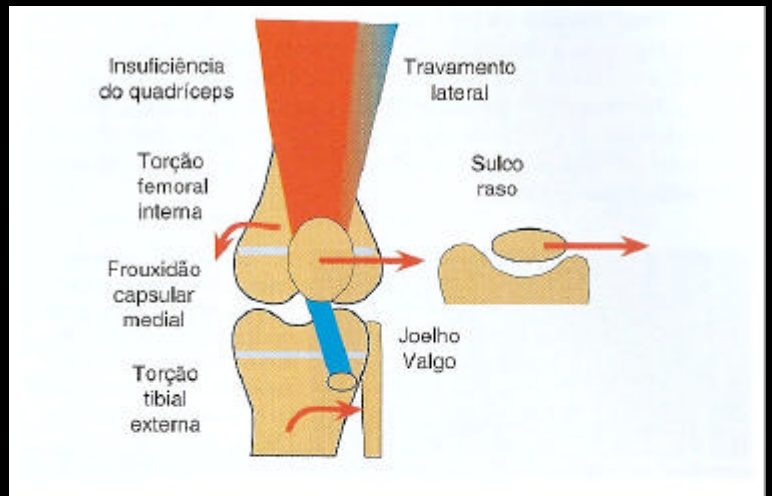
Doença de Blount





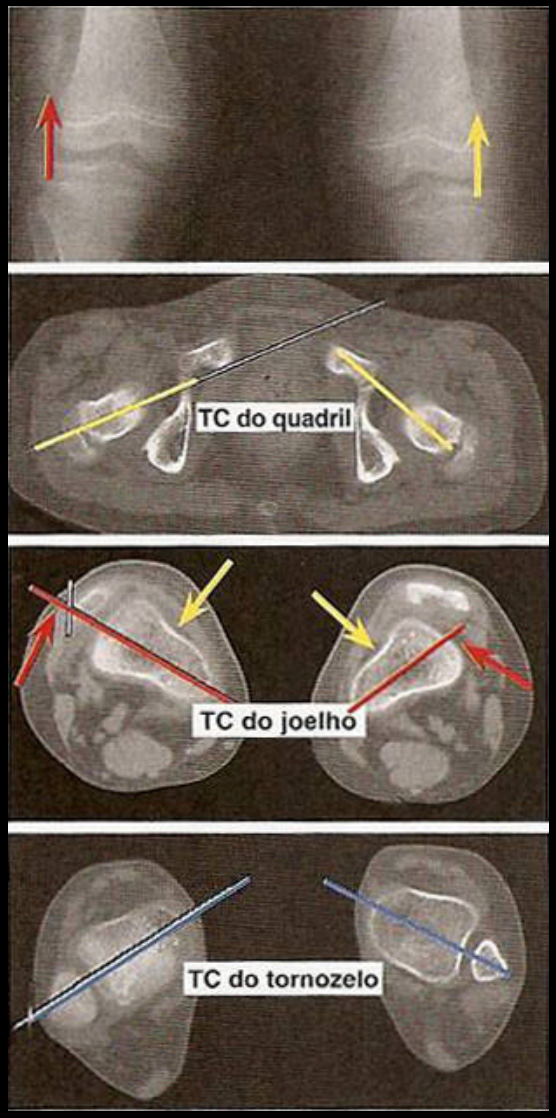
Doença de Blount

Sindrome do Mau Alinhamento Rotacional



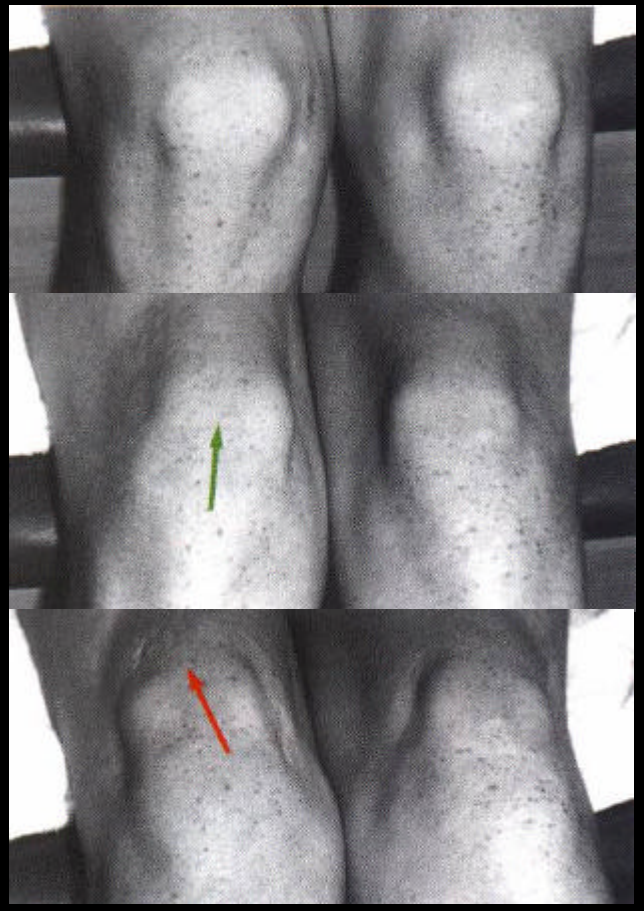
Condição	Efeito
Torção femoral e tibial	Aumento do ângulo Q Alinhamento geral do membro
Joelho valgo	Aumento do ângulo Q
Hipoplasia condilar	Promoção de subluxação ou deslocamento lateral
Patela alta	Menos estabilidade lateral
Insuficiência do quadríceps	Desequilíbrio no quadríceps
Frouxidão capsular medial	Tenodese medial inadequada
Contratura do músculo vasto lateral	Travamento lateral da patela

Fatores de instabilidade



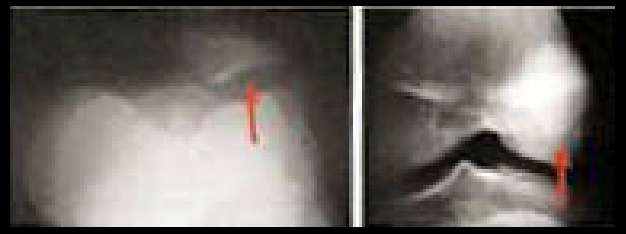
Distúrbios Patelofemurais

Hipoplasia do VMO



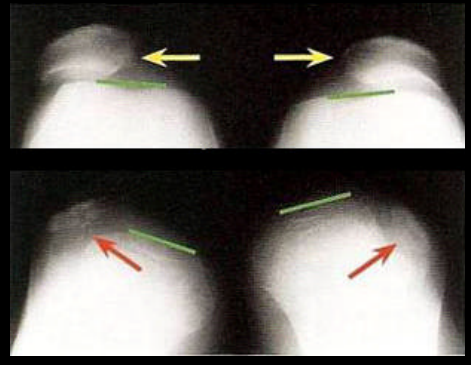
Contratura do VL

Hipoplasia patelar



Hipoplasia do quadríceps

RX axial das patelas



Subluxação e luxação

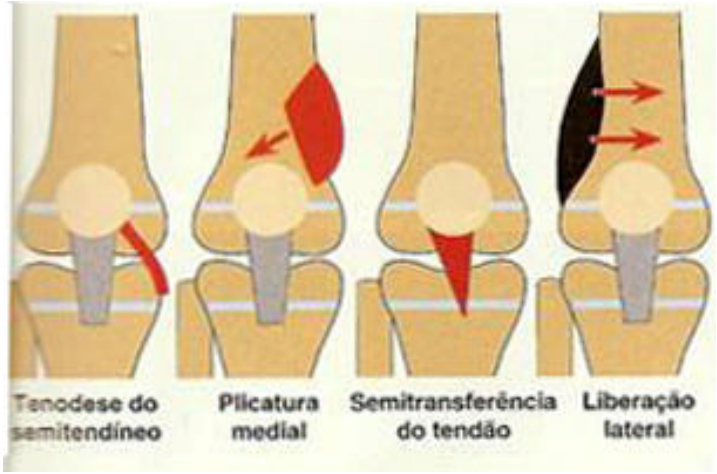
TRATAMENTO

1. Fisioterapia. Exercícios Isométricos para o Quádricipes e Vasto Medial.
2. Se a instabilidade persiste,

Cirurgia de Realinhamento do Mecanismo Extensor.

a) **Secção das Aletas Laterais**, release lateral, e **Plástica do Vasto Medial Oblíquo**, nas crianças em crescimento.
b) **Liberação do Vasto Externo**, apenas nos casos de sub ou luxação permanente da patela.
c) **Medialização do Tendão Patelar**, sempre que for nescessário corrigir o ângulo Q. Durante o crescimento indica-se a **Hemitransferência do Tendão Patelar**. Após o crescimento completo, a **Medialização do Tendão Patelar**, juntamente com um fragmento ósseo da TAT, fixando-o com parafuso;

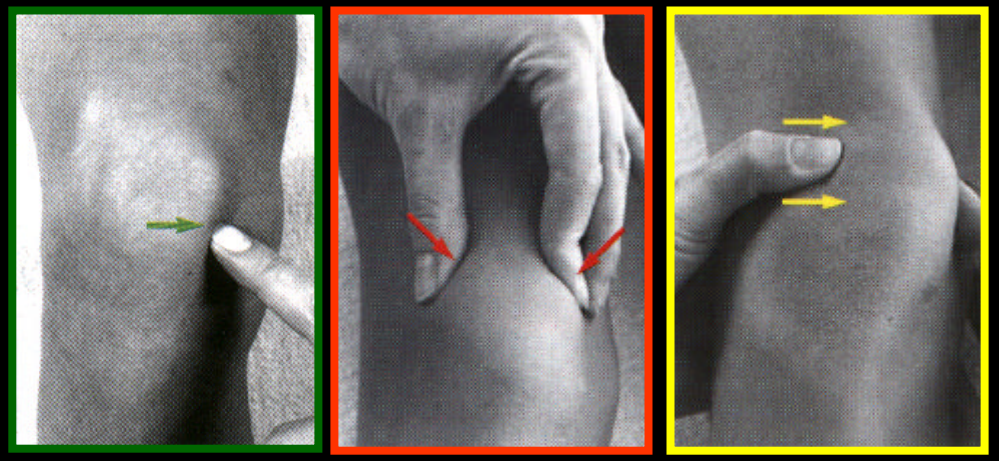
Reparo Cirúrgico
Posicionamento patela



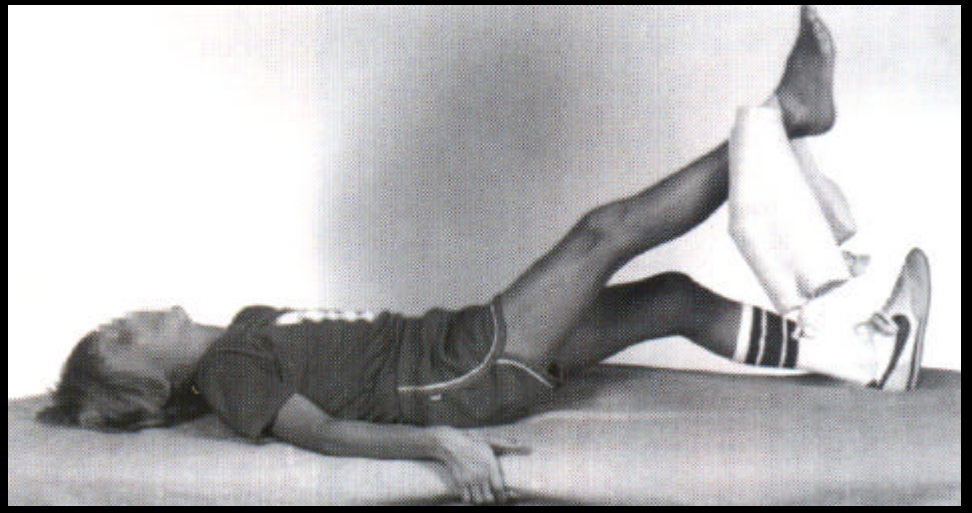
S. Down

CONDROMALÁCIA

Ocorre por disfunção e uso excessivo; na adolescência, com dor que se agrava com as atividades em flexão do joelho.



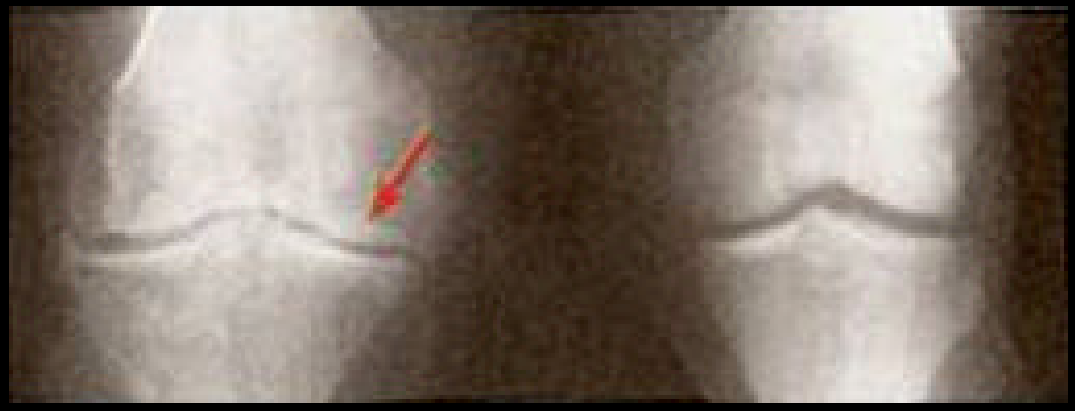
- Dor à palpação da face interna da Patela.
- Compressão da bolsa suprapatelar.
- O teste de inibição Patelar, geralmente é positivo.



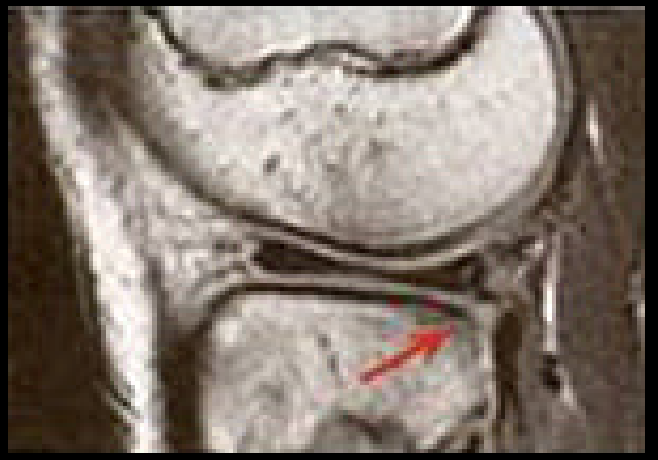
Evitar atividades que causam dor, principalmente em flexão; gelo, analgésicos, exercícios isométricos de reforço do quadríceps e VMO.

Distúrbios intra-articulares

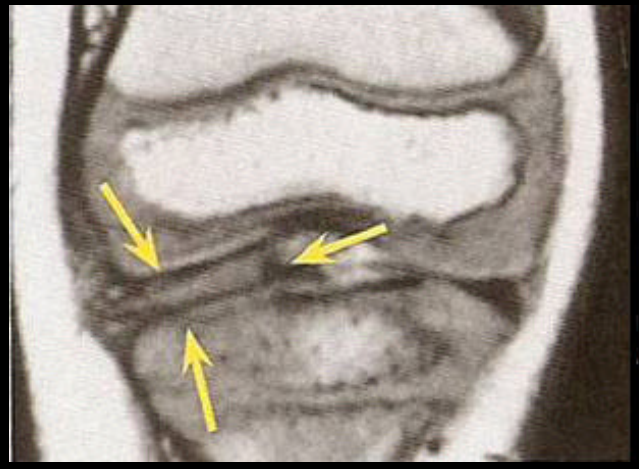
Efeito meniscectomia aos 13 anos



Ruptura do menisco



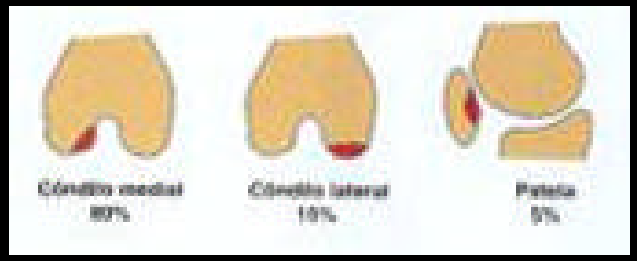
Menisco discóide



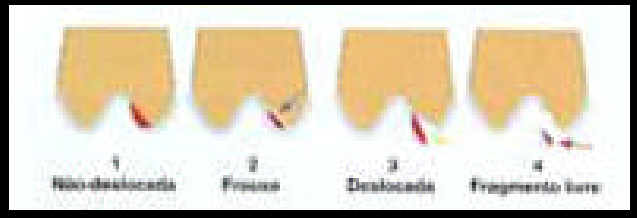
Ruptura LCA adolescente

Osteocondrite dissecante

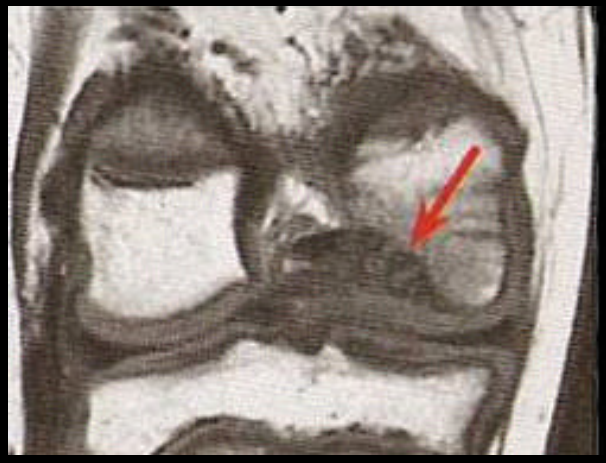
Localização



Classificação

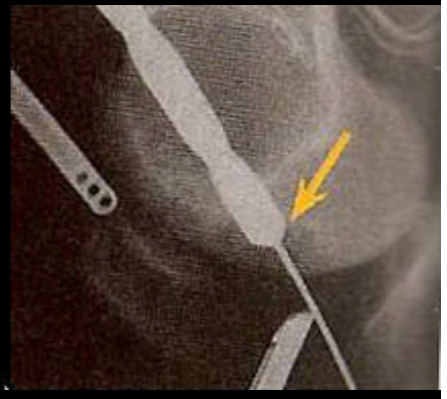


RNM

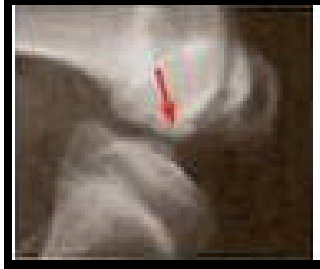


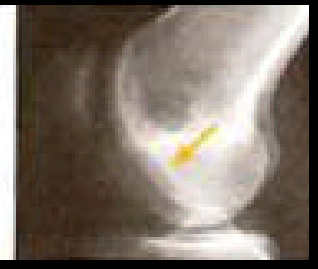
Artroscopia

Cirurgia



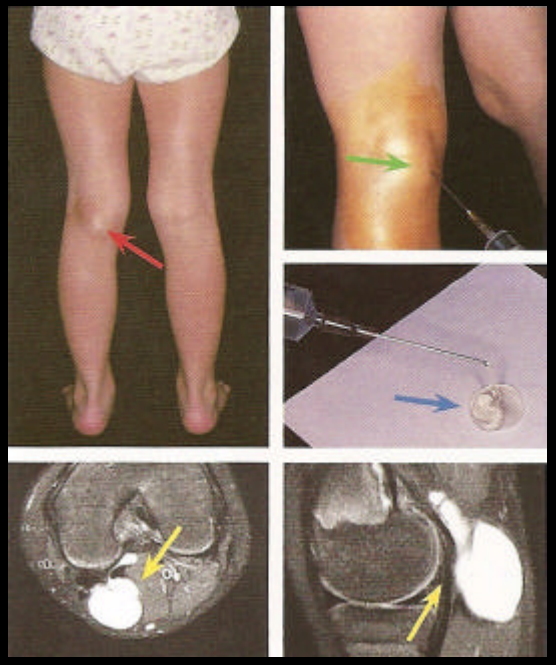
Radiografia



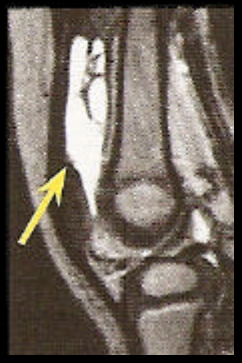


Tumores no joelho

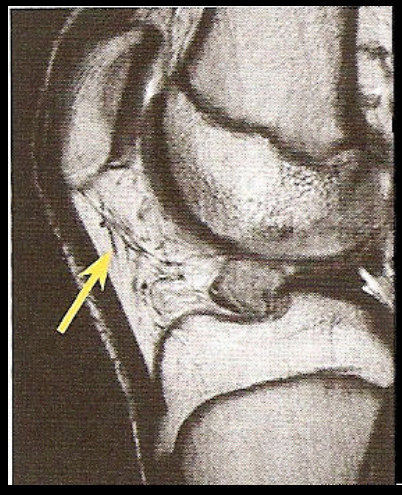
Sisto poplíteo



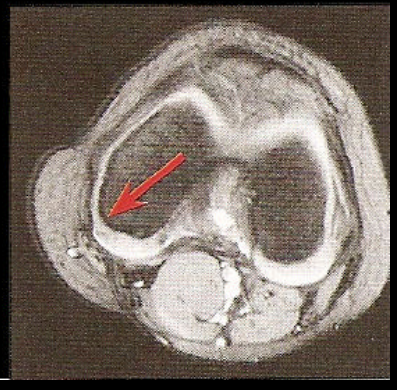
Hemangioma



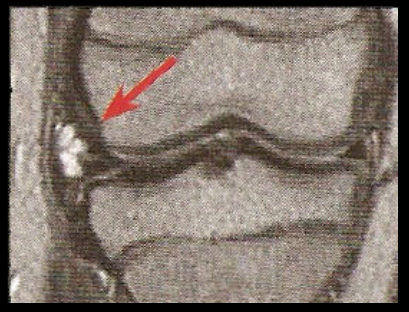
Sinovite Vilonodular Pigmentar



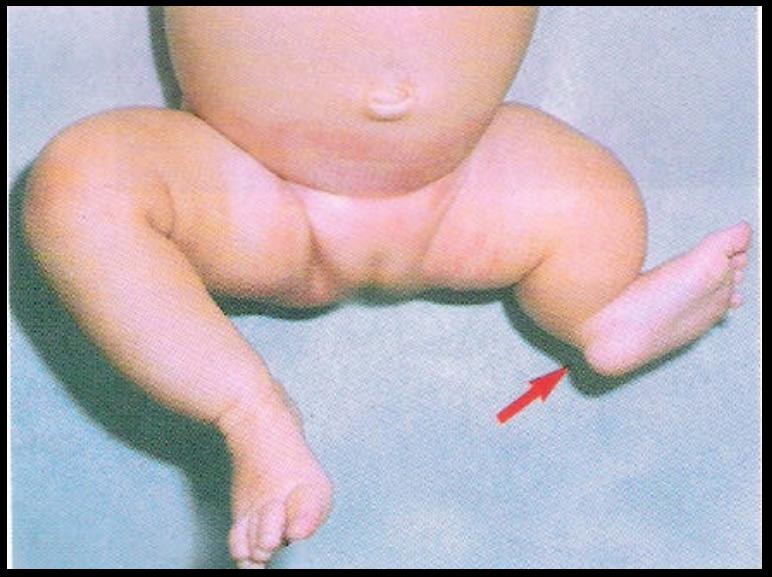
Lipoma



Cisto de menisco



Malformações congênitas



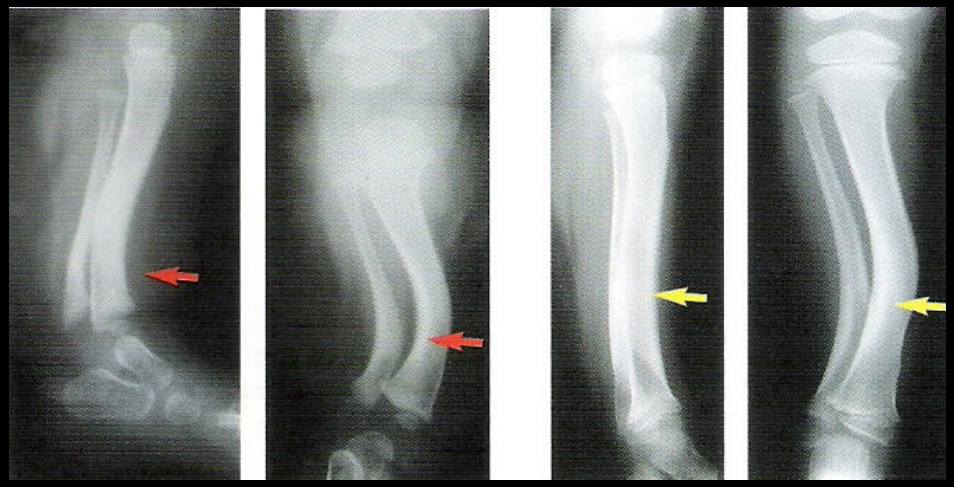
Deficiência fibular

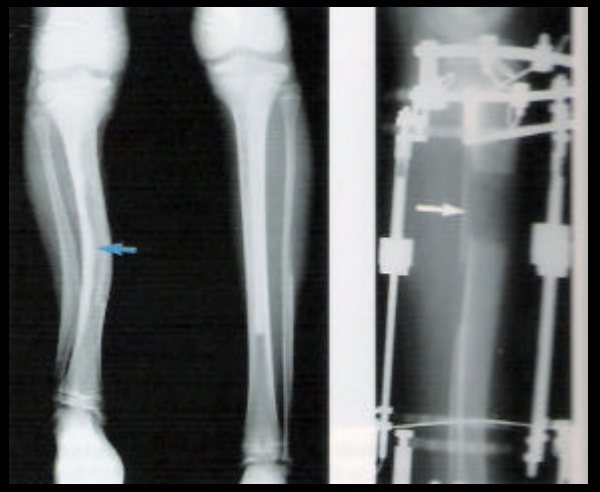
Hemimelia fibular

Deficiência tibial

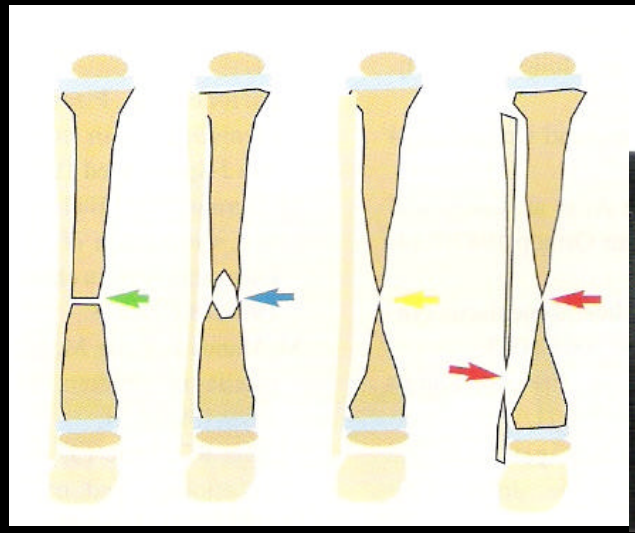
Hemimelia tibial

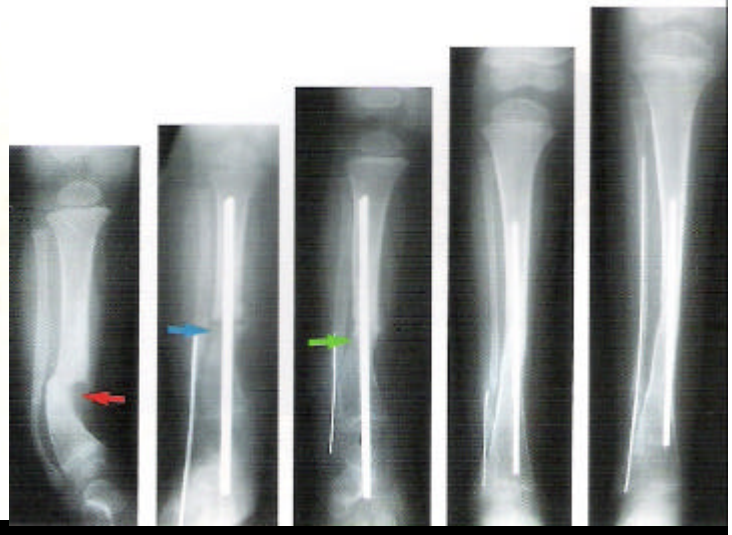
Deformidade Posteromedial da tíbia



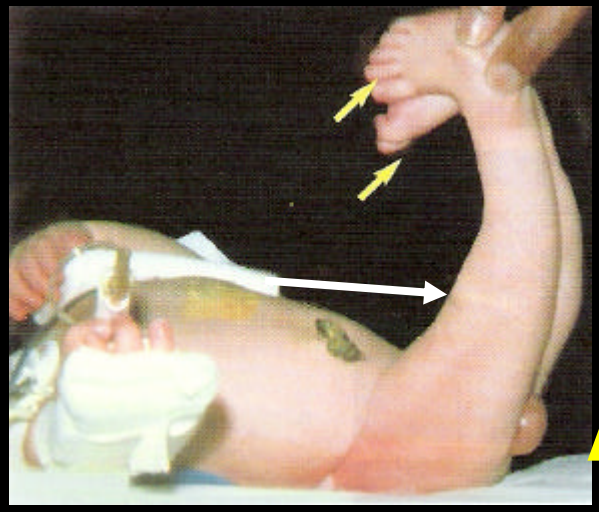


Deformidade Anterolateral-Pseudo Artrose da tíbia



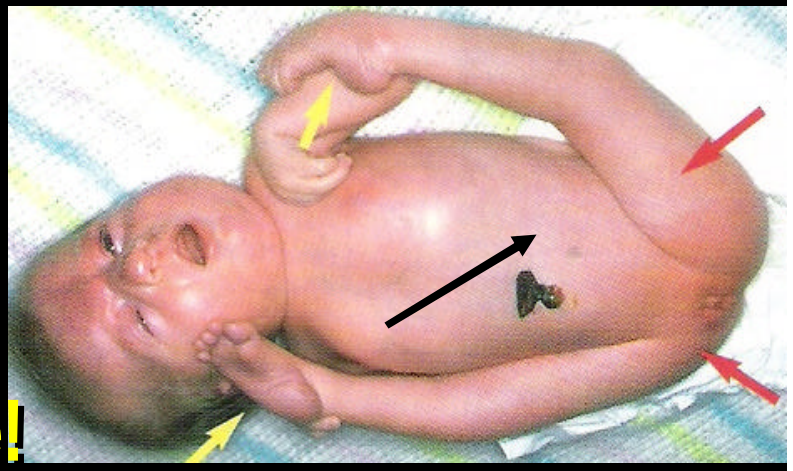


Hiperextensão do joelho

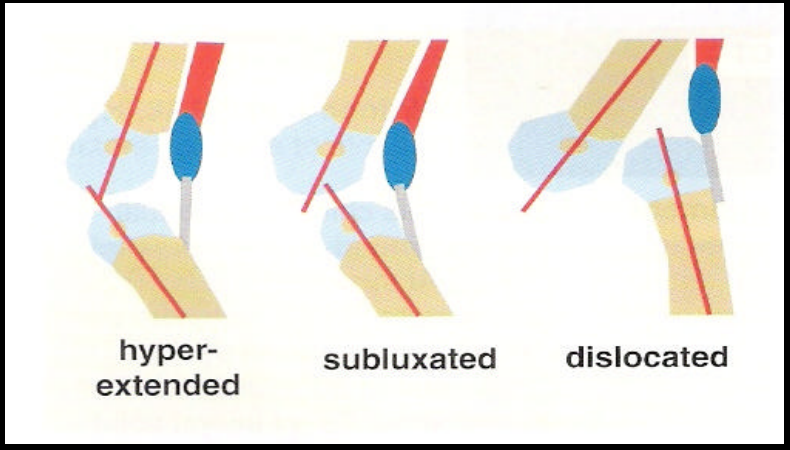


ddq e pé torto!!

Artrogripose!



Luxação do joelho



CAUSAS DE DOR NO JOELHO

- Dor referida – quadril, coluna, tumores
- Estresse - Osgood-Schlatter, Sinding-Larsen-Johansson,
- Traumas, Fraturas, lesão ligamentar
- Bursites
- Intrarticular – meniscos, ligamentos, osteocondrite dissecante
- Tumores
- Artrites

Ponto máximo da dor

Osgood-Schlatter

Sinding-Larsen-Johanson

Instabilidade patelar

Lesão do Menisco

Lesão no Ligamento