A 21 year old male collegiate football player, with no previous history of right knee instability or injury, presented with right knee pain and swelling at the patella and medial knee. The athlete was diagnosed with a patella subluxation after a positive apprehension test and a negative Lachman's test were performed. After reinjuring the right knee, an MRI revealed a Grade II Anterior Cruciate ligament sprain. Patella subluxations are most commonly found in active individuals with an increased Q-angle, a weak VMO, and anatomical variance of the patella in the trochlear groove. A patella subluxation damages the Medial Patellofemoral Ligament, the major medial patella stabilizer of the knee. Subsequently, the Anterior Cruciate Ligament is the main stabilizer of the knee joint itself, resisting anterior translation. It is important to recognize the signs and symptoms of both a patella subluxation and an Anterior Cruciate Ligament sprain due to the importance of knee stability when playing sports, as well as the need for functional stability as individuals age.

In this case report, an athlete went to plant to make a tackle, and suffered a patella subluxation of the right knee. After being non-compliant with given restrictions, the athlete further suffered an ACL tear. An autograft quadriceps tendon was used to fix the ACL.

This case report highlights the importance of compliance, when adhering to injury restrictions, as well as a regular rehabilitation schedule.