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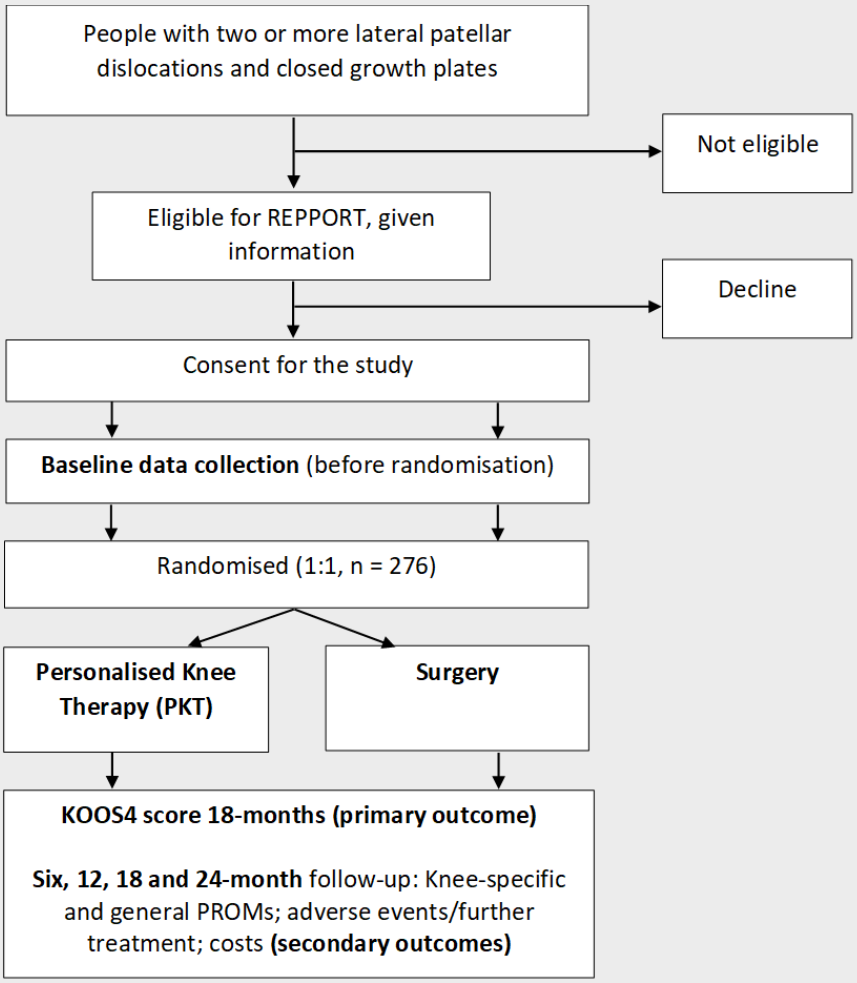
WARWICK CLINICAL TRIALS UNIT

REPPORT

RECURRENT PATELLAR DISLOCATION:
PERSONALISED THERAPY OR OPERATIVE TREATMENT?

Study Summary Sheet

Study details	**Short title:** REPPORT **Chief Investigators:** Professor Andrew Metcalfe & Professor Toby Smith **Lead Site:** University Hospitals Coventry and Warwickshire **Trial Management Centre:** Warwick Clinical Trials Unit **Funder:** NIHR Health Technology (HTA) Programme
Study overview	REPPORT is a two parallel arm, multi-centre, pragmatic RCT designed to assess the clinical and cost-effectiveness of Personalised Knee Therapy (PKT) compared to surgery for people with recurrent patellar dislocation. The primary outcome will be the Knee Injury and Osteoarthritis Outcome 4-domain Score (KOOS4) at 18-months.
Sample size	276 participants
Sites	Approx. 16 NHS sites
Eligibility criteria	**Inclusion criteria:** • Experienced at least two (self-reported) lateral patellar dislocations affecting the same knee. • Age 16 years or over at point of entry into the trial. **Exclusion criteria:** • Open growth plates on standard care imaging. • Presence of another knee condition which may cause instability (e.g., cruciate ligament instability, unstable meniscal tear). • Previous patellofemoral surgery, except simple arthroscopy with/ without lateral release. • Severe trochlea dysplasia which in the opinion of the treating clinician requires trochleoplasty. • Malalignment of femur or tibia requiring corrective osteotomy (not including tibial tubercle osteotomy). • Osteochondral/chondral injury requiring surgery. • Medial patellar dislocation. • Previous randomisation into the trial (i.e., the other knee). • Unable to adhere to trial protocols or completion of questionnaires.

Study design	
Interventions	**Personalised Knee Therapy (PKT):** In line with current practice, PKT will be delivered by qualified physiotherapists, and is a tailored programme aimed at each participant's individual needs and goals i.e., reducing pain and swelling, optimising knee range of motion, and improving lower limb strength and function. The duration of PKT is a minimum of three months incorporating up to six sessions and can be delivered face-to-face, through virtual consultation or a hybrid of the two. **Surgery:** To be performed according to published British Orthopaedic Association Standards for Trauma and Orthopaedics (BOAST) guidelines. The most widely recommended surgical treatment is Medial Patellofemoral Ligament (MPFL) reconstruction. Participants with patella alta may also undergo a simultaneous tibial tubercle osteotomy. All surgical procedures and care will be in accordance with usual practices at participating sites.
Contact details	If you have any questions about the trial please contact the research team at: repport@warwick.ac.uk