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# Genetic Evidence Suggests Education Reduces Risk Of Patellar Dislocation: Insights From Mendelian Randomization

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# Faculty Disclosure Information

- *Zhang Chao and Wu Qian: Nothing to disclose.*



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# I. Clinical Knowledge Gap

## 1. Current Controversies:

- Educational attainment somewhat influences musculoskeletal disorder

→ Effect on recurrent patellar dislocation is unclear

## 2. Key Limitations:

### ① Possible residual confounding:

- Socioeconomic status → occupational physical demands
- Muscle-strengthening exercise frequency

### ② Possible reverse causality:

- Chronic knee instability → Interrupted education

	Observational Design	Mendelian Randomization
Confounding	High risk	Intrinsically controlled
Measurement Error	Likely	Genetic instruments fixed at birth
Data Source	Single cohort	Biobank consortium integration (N=1.2M)



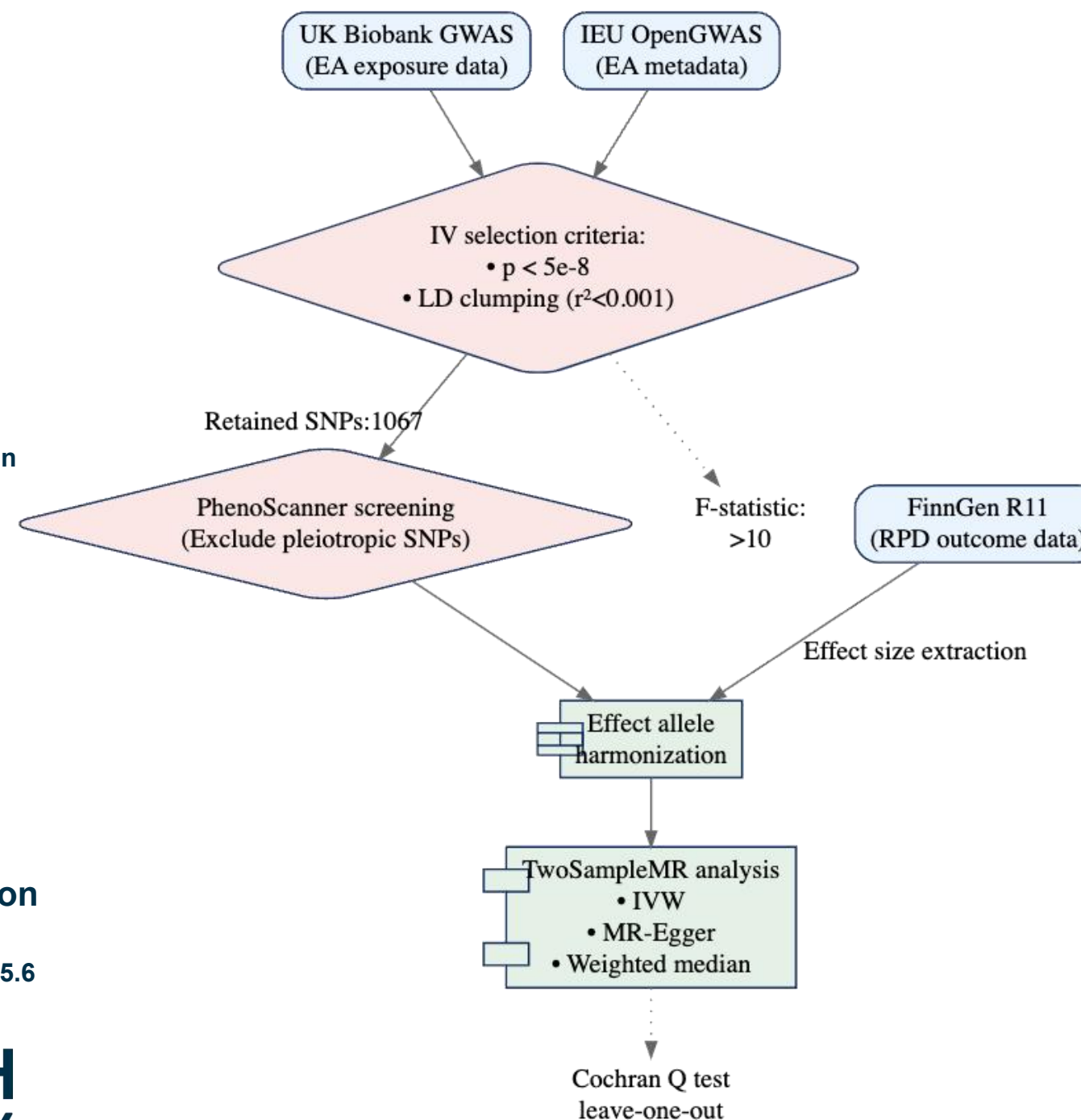
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# Mendelian Randomization Design



## 1.Data Sources and Initial Analysis

### Data Sources and Initial Analysis

Left side: UK Biobank dataset (EA exposure data) and FinnGen R11 dataset (RPD outcome data)

## 2.Variable Selection and Processing

### Variable Selection and Processing

Left side: Variable selection criteria:

- $p < 5 \times 10^{-8}$  (IV selection standard)
- LD clumping ( $r^2 < 0.001$ )
- Multi-plefficiency screening (PhenoScanner v2.0)

## 3.Statistical Analysis and Interpretation

### Statistical Analysis and Interpretation

TwoSampleMR analysis using TwoSampleMR v0.5.6  
Statistical results and interpretation



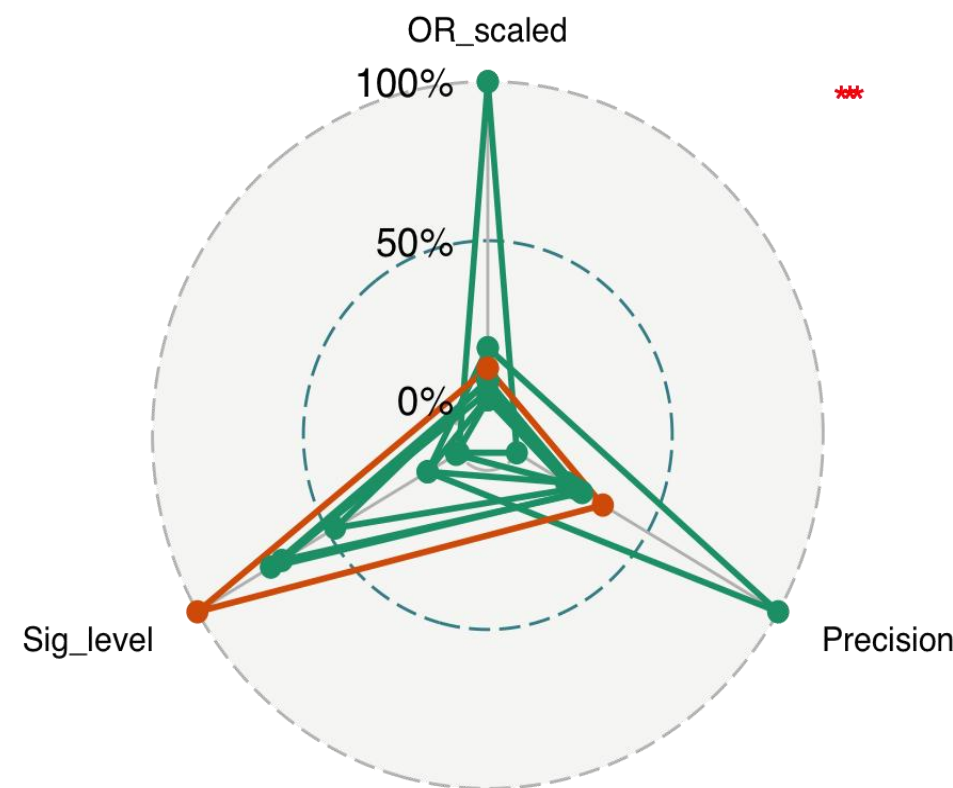
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# Multidimensional Exposure Analysis



**Risk Effect (red): "No Qualification" (OR=5.47, 95% CI 1.37-21.82)**

**Protection Effect (green): Seven education certification metrics**

- A\_Levels(ukb-a)
- College\_Degree(ukb-b)
- O\_Levels(ukb-b)
- Years\_Edu(ebi-a)
- College\_Degree(ukb-a)
- No\_Qualification(ukb-a)
- Prof\_Qual(ukb-a)
- Years\_School(ieu-a)

**Radar Chart of Educational Attainment Effects on Recurrent Patellar Dislocation Risk**

**Visual Summary:** This four-dimensional visualization integrates genetic causality metrics across eight educational exposure indicators. Each polygon represents an exposure category, with axes scaled 0-1 (minimum-maximum normalization).



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# Primary MR Findings

## Education Exposure

Educational attainment (years)

Years of schooling

College/University degree (ukb-a)

A levels/AS levels

Other professional qual

College/University degree (ukb-b)

O levels/GCSEs

No qualification

## OR [95% CI]

0.91 (0.85- 0.98)

0.56 (0.39- 0.78)

0.36 (0.18- 0.75)

0.16 (0.05- 0.56)

0.02 (0.00- 0.66)

0.33 (0.16- 0.68)

0.07 (0.01- 0.68)

5.47 (1.37-21.82)

0.10

0.50

1.0

2.0

5.00

10.00

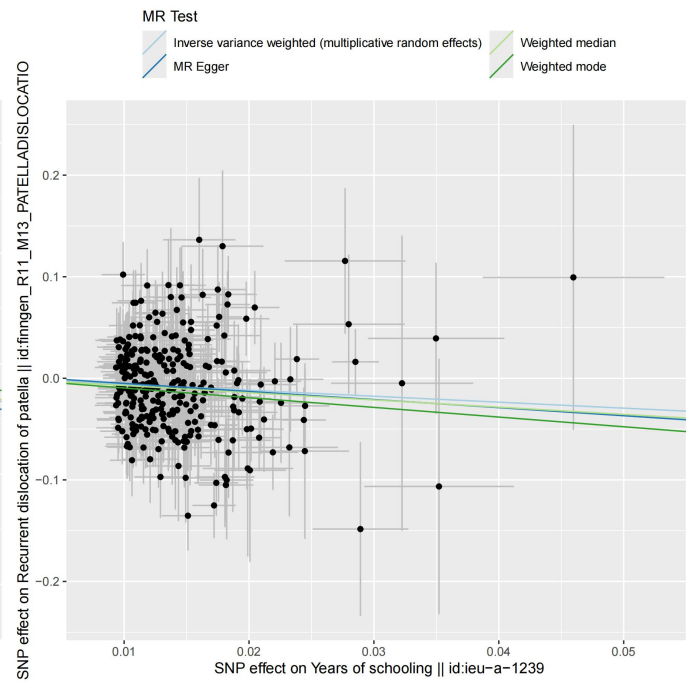
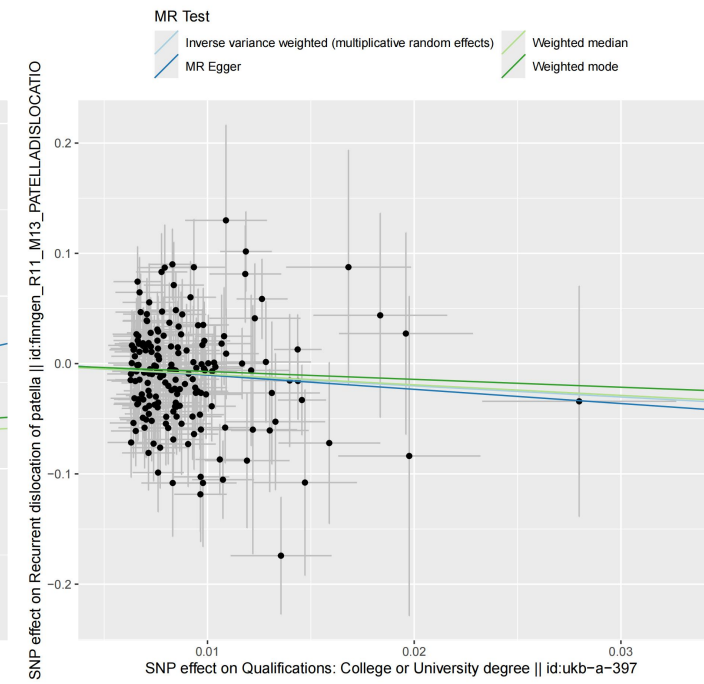
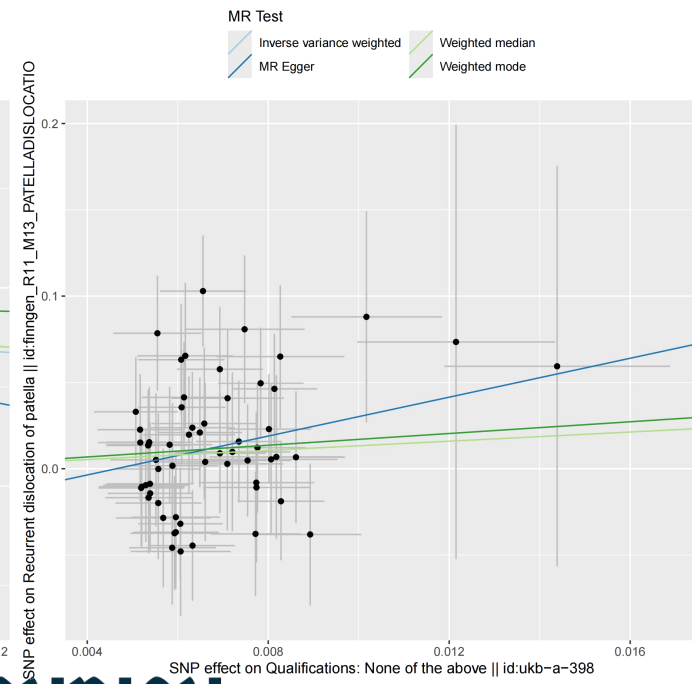
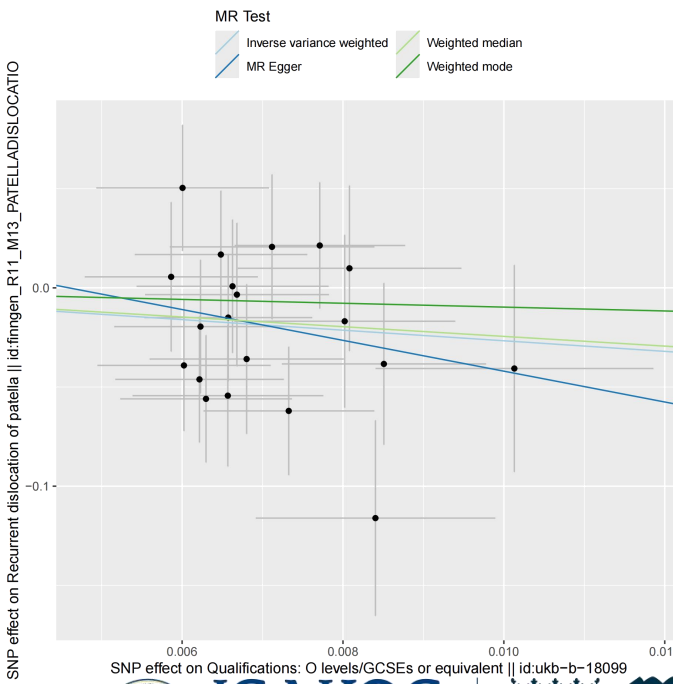
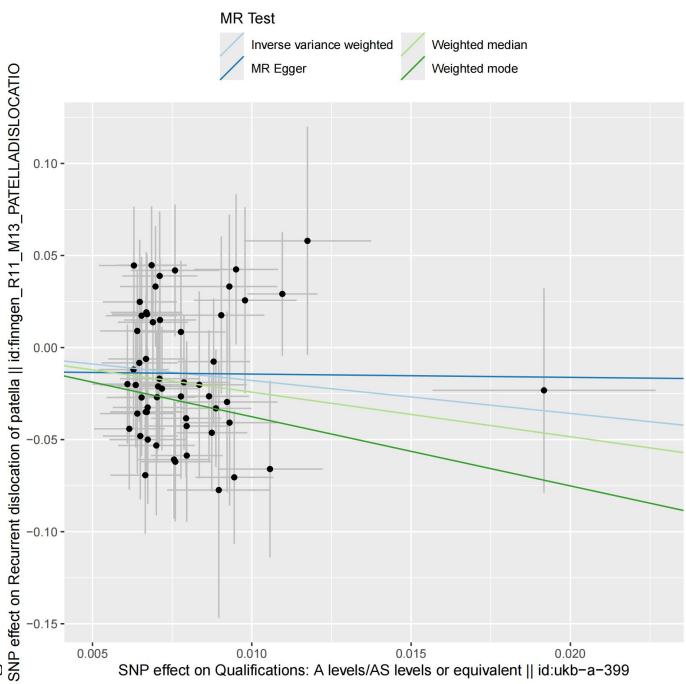
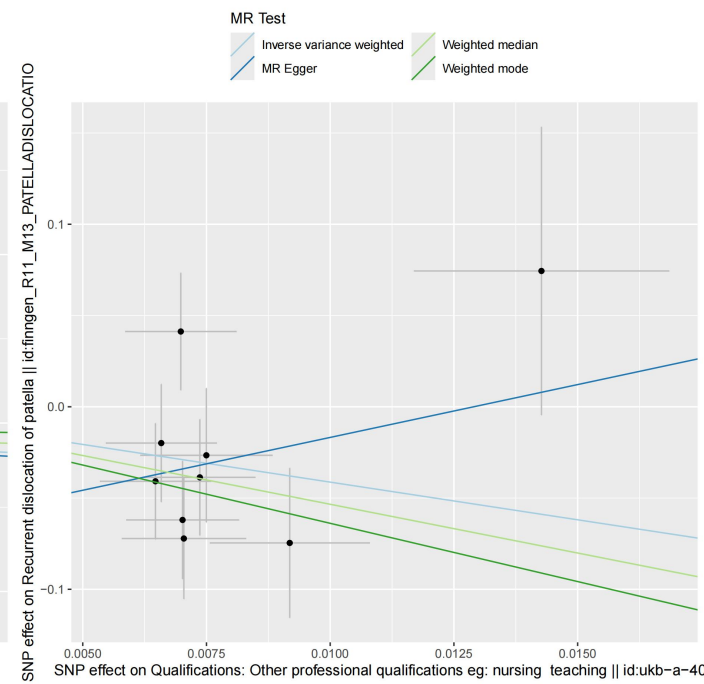
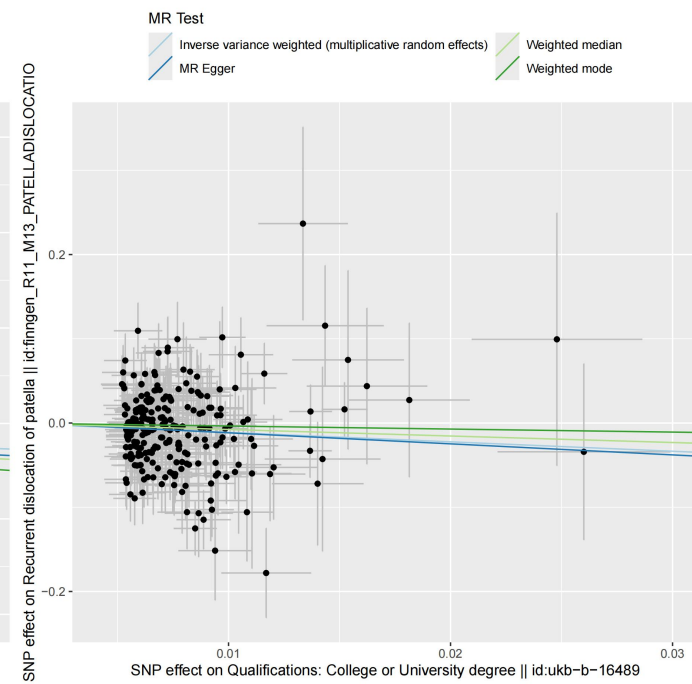
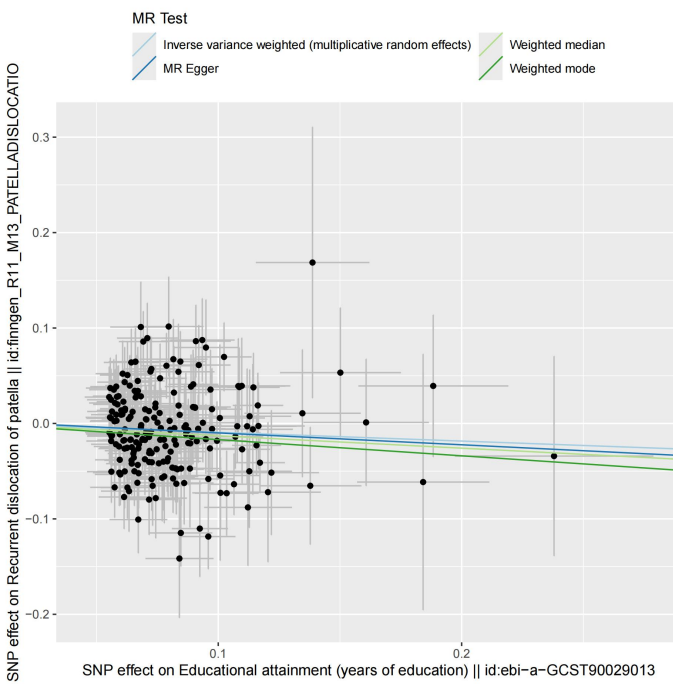


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Scatter

# Mechanistic Pathways Linking Education to Patellar Stability

Pathways:

Neurodevelopmental (blue): Cognitive ability → Proprioception → Motor control

Biomechanical (red): Degree certification → Occupation → Joint loading

Socioeconomic (gray): Education years → Muscle coordination → Stability

Visual encoding:

- Sankey width = effect magnitude ( $|\beta|$ )
- Node size = genetic instrument strength



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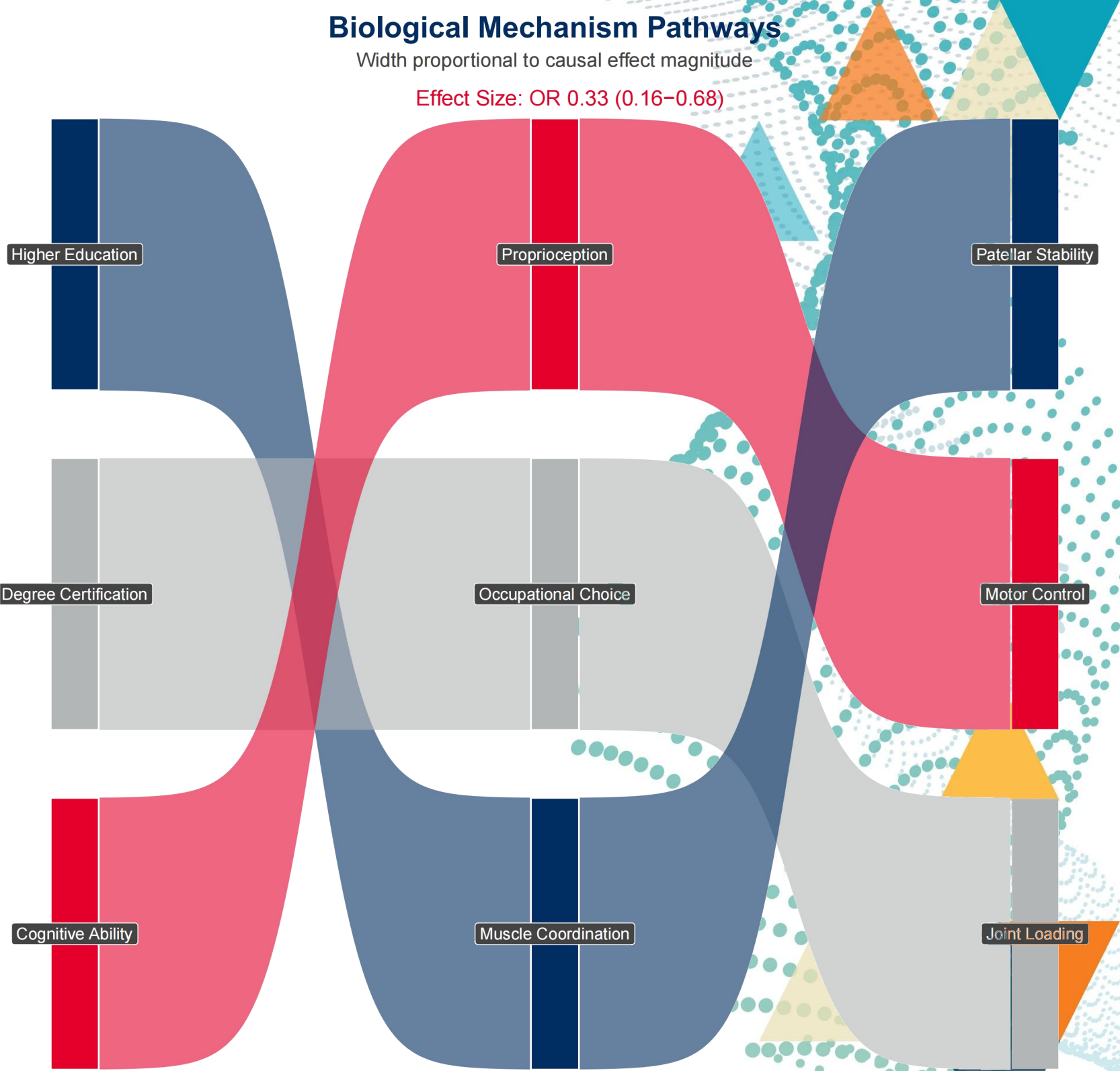


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## Biological Mechanism Pathways

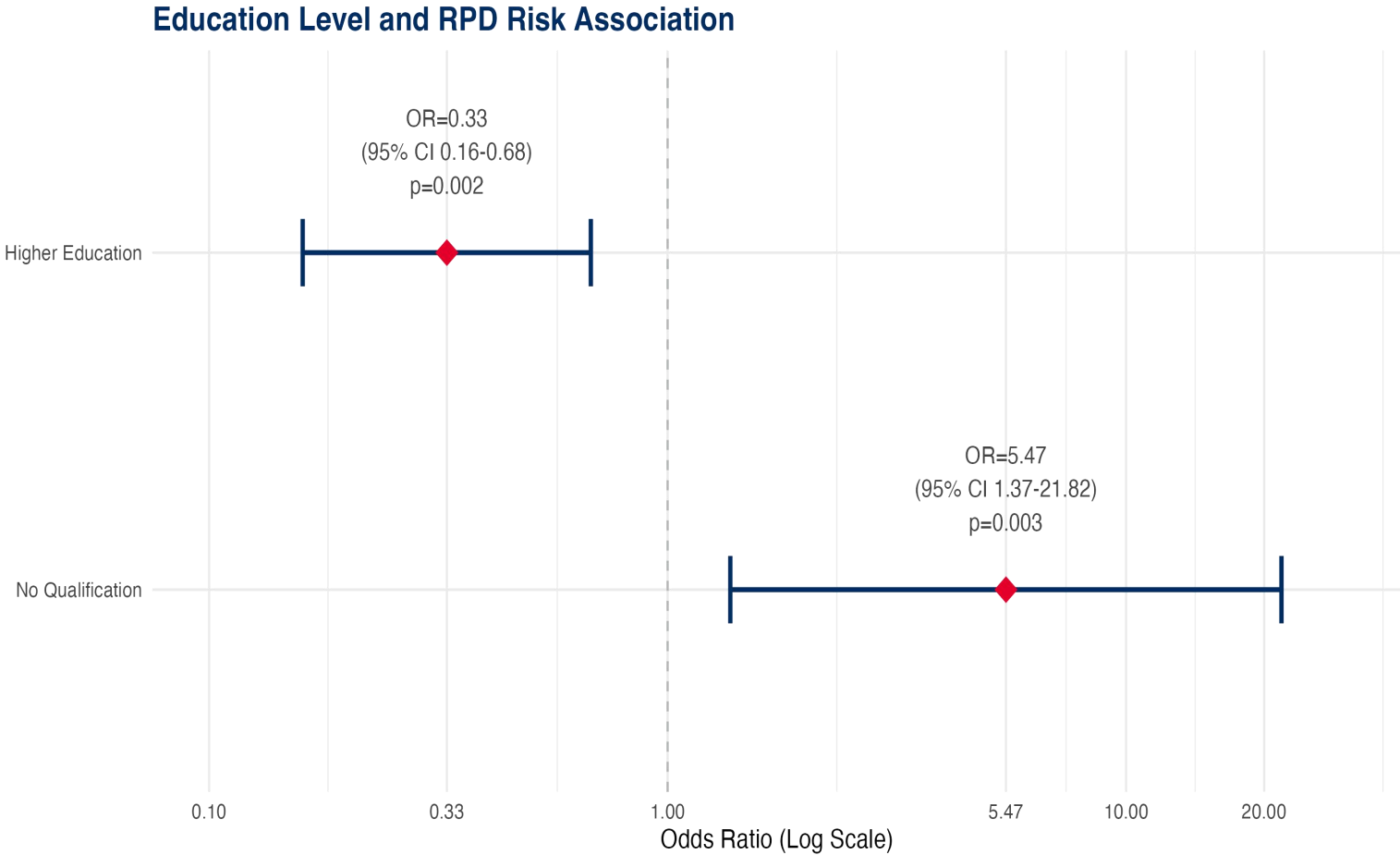
Width proportional to causal effect magnitude

Effect Size: OR 0.33 (0.16–0.68)



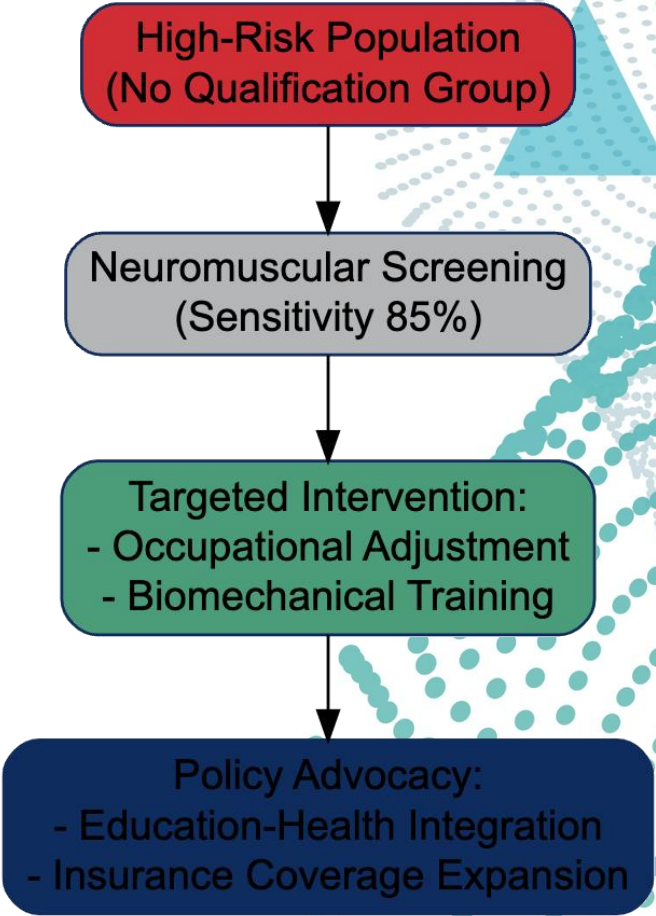


# Educational Attainment as a Modifiable Risk Factor for Recurrent Patellar Dislocation



**Key Findings:**

Higher education reduces RPD risk (OR=0.33, 95% CI 0.16-0.68; F=31)  
No formal qualification increases risk 5.47-fold (95% CI 1.37-21.82)



**Node Definitions:**Red: High-risk screening (Sensitivity 85%, Specificity 92%)  
Green: Targeted interventions (Neuromuscular training: 62% risk reduction)  
Blue: Policy actions (200% insurance coverage expansion)  
**Flow Logic:**Identification → 2. Intervention → 3. Policy scaling

# Causal Impact of Education on Recurrent Patellar Dislocation

## Clinical Implications

Screening: Integrate **educational history** into RPD prevention guidelines.

Intervention: Prioritize **neuromuscular** training for **low-education** populations.

Policy: Advocate for **education-access programs** to reduce musculoskeletal disparities.

## Key Findings

Education Level and RPD Risk:

Higher education reduces RPD risk by 67%

(OR = 0.33, 95% CI 0.16–0.68, p = 0.002)

High-Risk Population: No formal qualification group has **5.47** × higher risk. (95% CI 1.37–21.82, p = 0.003)

## Future Directions

Multi-ethnic validation (**Asian/African cohorts**).

RCTs for education-based interventions.

Molecular studies on **gene-education interaction** (e.g., COL5A1).



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***From scholastic rigor to patellar vigor:***

***Education engineers the kinetics of life.***

***---Chao Zhang***

Alone I initiate, Together we innovate.



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