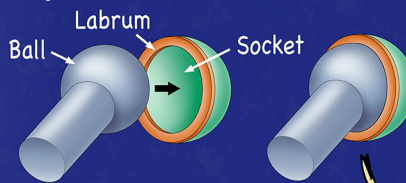


DEVELOPMENTAL DYSPLASIA of the HIP

I'm Billy Bones
and I want to tell you
about a really hip joint...
The Hip Joint!



The hip joint is formed by the ball (head of femur), the socket (acetabulum) and the labrum. Genetics and intrauterine factors will determine if the hip is normal at birth and if it will grow normally.



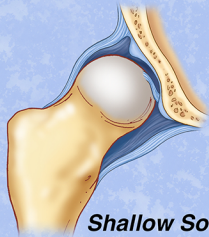
Developmental dysplasia of the hip (DDH) is the most common disorder of the hip in children. Dysplasia generally refers to a shallow or under-developed socket. The shallow socket may cause the ball to be "loose" (subluxable) or completely out of the socket (dislocated).

Does your baby have any
of the Risk Factors?

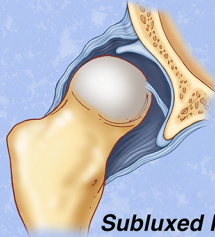
Developmental Dysplasia of the Hip

Risk Factors

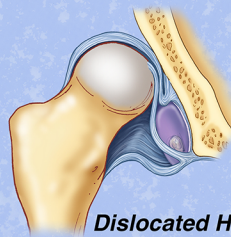
- ☐ Caucasian
- ☐ Firstborn
- ☐ Female
- ☐ Breech position
- ☐ Family history of DDH
- ☐ Abnormal fetal positioning



Shallow Socket



Subluxed Hip



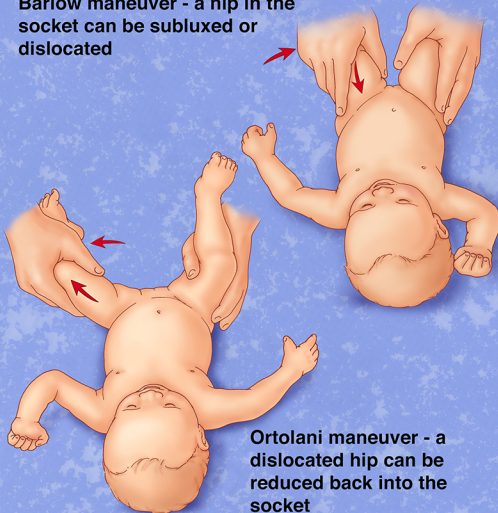
Dislocated Hip

There are three opportunities when DDH may be detected or diagnosed by your child's primary care physician or nurse practitioner.

0 - 3 Months

In the newborn nursery, the physician looks for visual clues and attempts to "feel" if the hip abnormally slips in and out of the socket.

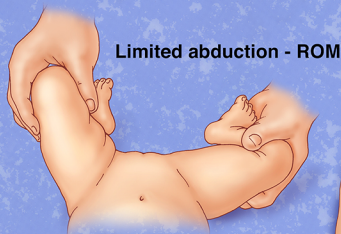
Barlow maneuver - a hip in the socket can be subluxed or dislocated



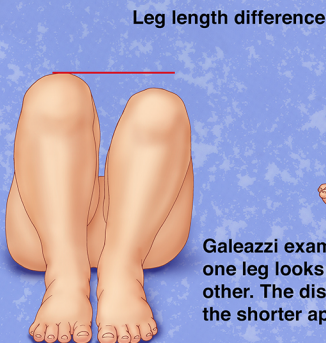
Ortolani maneuver - a dislocated hip can be reduced back into the socket

3 - 12 Months

The second opportunity to detect DDH occurs from 3-12 months of age. The abnormal examination may show hip popping, leg length difference, or a limited hip Range of Motion.



Limited abduction - ROM

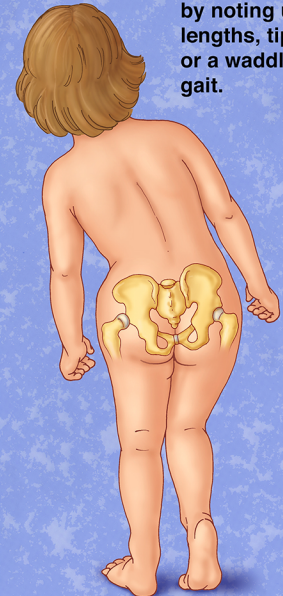


Leg length difference

Galeazzi exam - shows that one leg looks shorter than the other. The dislocated hip is on the shorter appearing side.

After Your Child is Walking

The third opportunity occurs after the child is walking. Some "silent" cases may be detected by noting uneven leg lengths, tiptoe walking, or a waddling type of gait.



X-rays and regular follow-up with the pediatric orthopedist are needed after DDH treatment until the child's growth is complete. Left untreated, DDH can lead to pain and osteoarthritis by early adulthood. If treated early and successfully, most children regain normal hip joint function.

The goal of early detection of DDH is a normal, painless hip as an adult. Parents should insist on serial examinations of their child.



Orthopaedics for Kids

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