

Cactus Pediatric Orthopaedics

dba Kids' Fracture Care

Greg Hrascky M.D.

Trent Tipton, PA-C

Sarah Bolander, PA-C

(480) 551 - 0300

Hip Dysplasia

What is Hip Dysplasia?

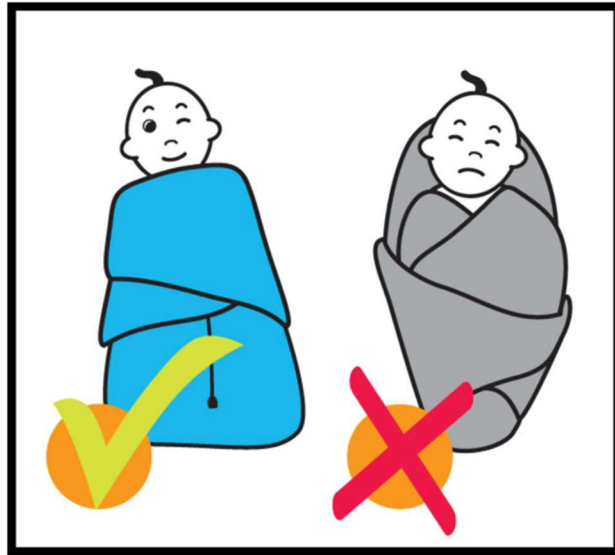
Developmental Dysplasia of the Hip (DDH) is abnormal development of the hip joint with relative looseness or instability. The severity of DDH ranges from laxity, subluxation, and dislocation of the hip joint. The exact cause of DDH is unknown. The incidence of DDH is more common in first born females with a breech presentation at birth and also tends to run in families. All newborns are screened for DDH with the initial evaluation in the hospital and at every well-child follow-up after. Pediatrician will check the stability of the hips and evaluate for a possible “click” or “clunk” on examination. If DDH is suspected then a Pediatric Orthopaedic Specialist will be consulted. If DDH is detected at birth, then treatment is initiated immediately with a Pavlik Harness, but sometimes DDH is not found until the child is older and treatment can become much more complicated. If left untreated then pain and osteoarthritis can develop by early adulthood.

Treatment with Pavlik Harness:

Pavlik Harness is used to maintain the legs in flexion and abduction (“spread eagle” position). This keeps the femoral head (ball) safely in the acetabulum (socket) which increases the stability of the joint. The harness should be worn fulltime with removal only for bathing and clothing change. Wear should be at minimum 23 hours a day. Markings will be made to the harness to help maintain correct positioning when replacing the harness. The harness is typically worn for 3 months of full-time wear and 1 month of weaning to naps and nighttime only. The harness may need to be worn longer depending on the results of the ultrasounds which are done every month until normalization of the hips is seen. There is over 90% success with treatment when the harness is worn as recommended.



The harness can be worn over clothing and a simple onesie is usually sufficient. AVOID leggings, pants, socks, and other fitted clothing to the legs. AVOID swaddling to the legs. May use sleep sack that allows the legs to remain outward. The harness can be cleansed with gentle detergent/liquid soap and left to air dry, dried with blow dryer or put in the dryer on the gentle air cycle.



Follow-up:

Initially follow-up is weekly. Regular office visits are needed to adjust the harness and assess for any possible complications that can be associated with harness wear. After the first month, the office visits may become less often and the parents might be requested to adjust the leg straps at home. Ultrasounds of the hips are done every month until normalization of the hip joints is seen. This will help your provider better decide when treatment can be completed. Starting at 6 months of age, patients will start to obtain x-rays of the hips to evaluate the development of the hip joint. This will continue to be followed through childhood.

At Cactus Pediatric Orthopaedics, we would like to remind you that we are here to help you with this treatment process. Please feel free to call us at any time with questions or concerns at (480) 551-0300.