Children's Hospital Of Wisconsin

Co-Management Guidelines

To support collaborative care, we have developed guidelines for our community providers to utilize when referring to, and managing patients with, the pediatric specialists at Children's Hospital of Wisconsin. Provide protocols for jointly managing patient cases between community providers and our pediatric specialists.

Development Dysplasia of the Hip

Developmental abnormalities involving the relationship between the femoral head and the acetabulum

Diagnosis/Symptoms	Referring provider's initial evaluation and management:	When to initiate referral/ consider refer to Orthopedic Clinic:	What can referring provider send to Orthopedic Clinic?	Specialist's workup will likely include:
Signs and symptoms • Anatomic characteristics/exam findings: • Birth to 4 months: -Asymmetric frog hip abduction -Positive Barlow or Ortolani -Positive Galleazi • 6 months and older: -Asymmetric frog hip abduction -Positive Galleazi -Abnormal gait with unilateral toe walking or hyperlordosis Hip "click" in isolation without other positive exam findings is not directly indicative of hip dysplasia; as opposed to the "clunk" sensation of positive Barlow and Ortolani	**Diagnosis:** **Differential Diagnosis** • Spasticity/adductor muscle tightness or contracture • Benign hip click • Congenital coxa vara • Congenital short femur **Diagnostic Tests** • Birth to 6 months: Dynamic hip ultrasound • 6 months and older: AP/frog lateral pelvis X-ray • Babies with breech presentation who have normal ultrasounds at 6 weeks of life should have a pelvis X-ray at 6 months of age given risk of late onset DDH	• If positive risk factors with no abnormal exam findings; recommend dynamic hip ultrasound at 6 weeks of life - If ultrasound is normal, no referral required - Recommend AP/frog lateral pelvis X-ray at 6 months if breech • If positive clinical exam findings; refer to orthopedics: - If positive Barlow or Ortolani; do not need ultrasound prior to appointment. - If other other exam findings noted; order ultrasound (if pt <6 months) or pelvis X-ray (if pt	**1. Using Epic** • Please complete the external referral order **In order to help triage our patients and maximize the visit, the following information would be helpful to include with your referral order:** • Urgency of the referral • What is the key question you would like answered? Note: Our office will call to schedule the appointment with the patient. **2. Not using Epic external referral order:** • In order to help triage our patients and maximize the visit time, please **fax** the above information to **(414) 607-5288**	**After referral to Ortho Clinic:** • Clinical exam: Evaluate for hip abduction Positive Barlow or Ortolani Positive Galleazi Education to families on: • Patient education: Hip healthy swaddling: http://hipdysplasia.org/developmental-dysplasia-of-the-hip/hip-healthy-swaddling

Updated by: Allison Duey-Holtz
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Asymmetric thigh folds alone are not good predictors of hip dysplasia in absence of other positive exam findings • Risk factors: - Female - Breech presentation -Family history of DDH -Inappropriate swaddling DDH is present in 1 per 100 live births, whereas dislocation at birth is present in approximately 1 per 1,000 infants • Children who have normal findings should continue to have their hips examined at each of the recommended health supervision visits until a normal gait is demonstrated		>6 months) prior to appointment	• It would also be helpful to include: • Chief complaint, onset, frequency • Recent progress notes • Labs and imaging results • Other diagnoses • Office notes with medications tried/failed in the past and any lab work that may have been obtained regarding this patient's problems	
Causes • Improper relative positioning of femoral head to pelvic acetabulum leads to dysplastic development. • Laxity is expected in infants up to 6 weeks of life give they are born with inherent hip laxity due to systemically retained maternal estrogen and in order to allow delivery.		**Treatment** Birth to 4-6 months (depending on patient size and tolerance): Pavlik Harness >6 months to 2 years: Rhino hip abduction orthosis >2 years: likely requires surgical intervention Pending improvement with bracing; may require open or closed reduction with subsequent spica casting		

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