

## Recommended procedure for examination of developmental dysplasia of the hip

All infants should be examined regularly in the first year of life at

**home visit | 2 weeks | 4 weeks | 8 weeks | 4 months | 8 months | 12 months**

utilising the procedure described below.

Hip screening should continue as part of the normal health check up until 3.5 years of age.

### Procedure

- 1 **Gain consent of parents/caregivers**
- 2 **Ensure a warm and quiet environment for examination**
- 3 **Fully unclothe infant from the waist down**
- 4 **Assess for hip stability**
  - **Ortolani and Barlow test**  
After the age of three months, the Barlow and Ortolani tests may be unreliable<sup>1,2,3</sup>
- 5 **Test for asymmetry**
  - **Asymmetry of skin creases**
  - **Shortening of the limb**  
Galeazzi test
  - **Limitation of abduction of the hip**  
Limitation of abduction is the most reliable sign for developmental dysplasia of the hip in the older infant
- 6 **Perform general examination**
  - Look for packaging disorders such as plagiocephaly, torticollis and foot deformities, which are associated with an increased risk of developmental dysplasia of the hip.
  - Some complex conditions are also associated with developmental dysplasia of the hip. These include Down syndrome, arthrogryposis, Larsen's syndrome and spina bifida.
- 7 **Record and document findings**
  - If physical findings raise suspicion of DDH, refer to a GP utilising the DDH referral form.

1. American Academy of Pediatrics (2000). Clinical Practice Guideline: Early Detection of Developmental Dysplasia of the Hip. *Pediatrics*, 105 (4): 896 – 905.

2. Guille JT, Pizzutillo PD & MacEwen GD (2000). Developmental dysplasia of the hip from birth to six months. *Journal of the American Academy of Orthopaedic Surgeons*, 8:232-242.

3. Royal Prince Alfred Hospital (2004). Department of Neonatal Medicine Protocol Book. Developmental Dysplasia of the Hip. Accessed on 2 April 2007, <http://www.cs.nsw.gov.au/rpa/neonatal/>