

# St. Peter's Hospital

## Guidelines for the detection of Developmental Dysplasia of the Hip (Congenital Dislocation of Hip)

All babies born at St Peter's Hospital should have their hips examined prior to discharge as part of the neonatal examination

### Developmental Dysplasia of the Hips

The incidence is about 0.3% and is three times more common in girls

Babies with history of any of the following are at increased risk:

- Breech delivery at any gestation
- Breech presentation at or after 36 weeks (regardless of delivery presentation)
- Positive Family History
- Muscle weakness – other deformity

Early identification and treatment produces better results and may avoid the need for surgery

### Techniques of examination

The baby should be fully undressed and placed on a firm surface with enough room for manoeuvre

Examine the groin and buttock creases for symmetry and legs for size and length  
With the knees flexed, separate both legs simultaneously and gently to full abduction flat to horizontal surface.

Failure to abduct one/ both may suggest dislocation

### Barlow's sign of a dislocatable hip

Stabilise the pelvis with one hand and with the other hand place your middle finger over the greater trochanter and the thumb around the distal medial femur. The hip is held flexed and adducted. The femoral head is gently pushed downward/backwards. If the hip is dislocatable, the femoral head will be pushed posteriorly out of the acetabulum and a 'clunk' will be palpable or audible. A 'click' is more commonly felt and is not diagnostic of a dislocated hip.

### Ortolani's sign of dislocation

The next part of the examination is to see if the hip can be returned from its dislocated position back into the acetabulum. With the hip abducted, upward leverage is applied. A dislocated hip will return with a 'clunk' into the acetabulum.

## Referral Process

1. All of the below should be referred on the [DDH Referral Form](#) to the Rowley Bristow Orthopaedic Clinic. The Orthopaedic team will then arrange assessment.
2. All dislocated / dislocatable hip examinations should be checked by a paediatric registrar or consultant but only once
  - **Abnormal hip examination including clicky, dislocatable and dislocated hips**
  - **Babies with family history of Hip Dysplasia (first degree)**
  - **Breech delivery**
  - **Breech presentation at or after 36 weeks (regardless of delivery presentation)**
  - **Twins if one breech (refer both twins even if only one baby delivered by breech presentation or has abnormal hip examination)**
  - **Muscle weakness or other deformity**
3. Children who have DDH will be under the care of Miss Karen Daly (Paediatric Orthopaedic Consultant at St George's Hospital). She runs an outreach clinic at St Peter's Hospital every two weeks on a Thursday afternoon in the Rowley Bristow Orthopaedic Unit
4. Give parents [DDH Information Leaflet](#) and advise them to phone Appointments (01932 722 730) in the Rowley Bristow Orthopaedic Unit in two weeks if they have not received an appointment

Please address proforma to:

**Dr Raj Coumine  
Orthopaedic Staff Grade  
Rowley Bristow Orthopaedic Unit**

Then please **fax** to the following number **and also post** referral by internal mail within 24 hours of detection.

**Fax number: 01932 872 015**

The paediatric team **DO NOT** have to arrange ultrasound scans.

**All referrals for abnormal hip examination will be urgently reviewed and a hip ultrasound will be performed.**

For all other referrals, e.g. high risk cases, an ultrasound scan will be performed between three and six weeks.

Guideline produced by Dr. T Radia, Neonatal SpR and Miss K Daly January 2008  
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