

## Developmental Dysplasia of the Hip

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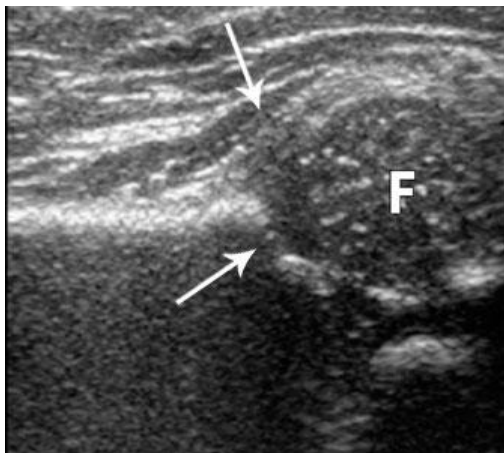
Developmental Dysplasia of the hip is a common problem with newborn children. Newborns at risk for DDH include females, breech (born bottom first), first-born female, positive family history, intrauterine crowding (twins) and oligohydramnios due to premature rupture of the membranes.

It is very important to diagnose and treat DDH at an early age. The diagnosis is best made with an Ultrasound. A newborn's hips are made of cartilage. Cartilage is invisible on an x-ray. Bone will develop at 4 months of age at that time an x-ray can be taken. Your pediatric orthopedist will follow your child approximately every 3 months with follow-up ultrasounds or x-rays until your child starts to walk.

The most common symptom is a "hip click" detected during a routine check-up. Hip clicks in infants are usually not due to actual or potential dislocation but are secondary to normal snapping of tendons. However if an unstable hip is detected your pediatrician or family doctor will refer you to a pediatric orthopedist for further evaluation.

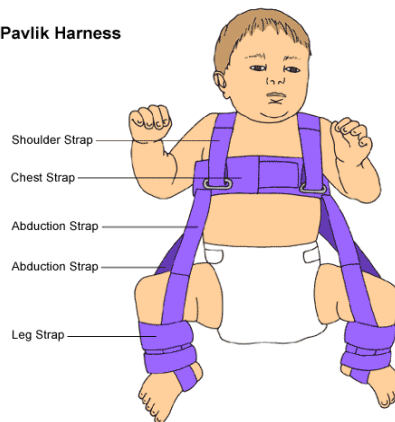
If the hip is unstable, the treatment is to keep the hips from dislocating and you child will be put in a special brace. This brace is called a Pavlik Harness. If the disease is detected late or the brace is unsuccessful surgery may be necessary to stabilize the hips.

Developmental dysplasia of the hip was formerly known as congenital dislocation of the hip. Now that this condition is better understood we refer to it as a developmental or an ongoing process that is not always present at birth. Hips that are found to be normal at birth can be found to be abnormal later. Until your child starts walking he or she may be at risk for DDH.

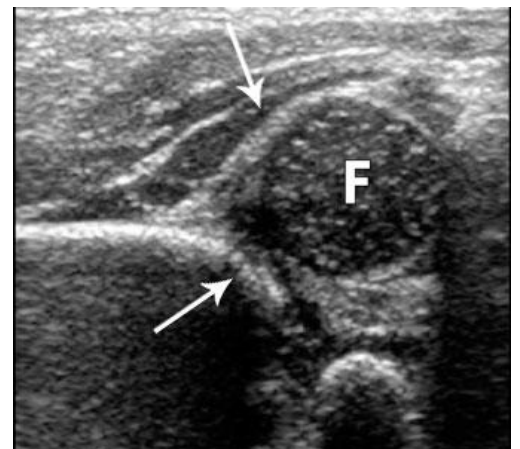


Normal Ultrasound

Pavlik Harness



Pavlik Harness



Abnormal Ultrasound

**Dr. Locke's clinical care team**

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