DETECTION AND NONOPERATIVE MANAGEMENT OF PEDIATRIC DEVELOPMENTAL DYSPLASIA OF THE HIP IN INFANTS UP TO SIX MONTHS OF AGE

EVIDENCE-BASED CLINICAL PRACTICE GUIDELINE
**UNIVERSAL ULTRASOUND SCREENING**

Moderate evidence supports not performing universal ultrasound screening of newborn infants.

**Strength of Recommendation: Moderate**

Description: Evidence from two or more “Moderate” strength studies with consistent findings, or evidence from a single “High” quality study for recommending for or against the intervention. A Moderate recommendation means that the benefits exceed the potential harm (or that the potential harm clearly exceeds the benefits in the case of a negative recommendation), but the quality/applicability of the supporting evidence is not as strong.
EVALUATION OF INFANTS WITH RISK FACTORS FOR DDH

Moderate evidence supports performing an imaging study before 6 months of age in infants with one or more of the following risk factors: breech presentation, family history, or history of clinical instability.

Strength of Recommendation: Moderate

Description: Evidence from two or more “Moderate” strength studies with consistent findings, or evidence from a single “High” quality study for recommending for or against the intervention. A Moderate recommendation means that the benefits exceed the potential harm (or that the potential harm clearly exceeds the benefits in the case of a negative recommendation), but the quality/applicability of the supporting evidence is not as strong.
IMAGING OF THE UNSTABLE HIP

Limited evidence supports that the practitioner might obtain an ultrasound in infants less than 6 weeks of age with a positive instability examination to guide the decision to initiate brace treatment.

Strength of Recommendation: Limited ★★

Description: Evidence from one or more “Low” strength studies with consistent findings, or evidence from a single Moderate quality study recommending for or against the intervention or diagnostic. A Limited recommendation means that the quality of the supporting evidence is unconvincing, or that well-conducted studies show little clear advantage to one approach over another.
IMAGING OF THE INFANT HIP

Limited evidence supports the use of an AP pelvis radiograph instead of an ultrasound to assess DDH in infants beginning at 4 months of age.

Strength of Recommendation: Limited ★★★

Description: Evidence from one or more “Low” strength studies with consistent findings, or evidence from a single Moderate quality study recommending for or against the intervention or diagnostic. A Limited recommendation means that the quality of the supporting evidence is unconvincing, or that well-conducted studies show little clear advantage to one approach over another.
SURVEILLANCE AFTER NORMAL INFANT HIP EXAM

Limited evidence supports that a practitioner re-examine infants previously screened as having a normal hip examination on subsequent visits prior to 6 months of age.

Strength of Recommendation: Limited

Description: Evidence from one or more “Low” strength studies with consistent findings, or evidence from a single Moderate quality study recommending for or against the intervention or diagnostic. A Limited recommendation means that the quality of the supporting evidence is unconvincing, or that well-conducted studies show little clear advantage to one approach over another.
STABLE HIP WITH ULTRASOUND IMAGING ABNORMALITIES

Limited evidence supports observation without a brace for infants with a clinically stable hip with morphologic ultrasound imaging abnormalities.

Strength of Recommendation: Limited ★★★☆☆

Description: Evidence from one or more “Low” strength studies with consistent findings, or evidence from a single Moderate quality study recommending for or against the intervention or diagnostic. A Limited recommendation means that the quality of the supporting evidence is unconvincing, or that well-conducted studies show little clear advantage to one approach over another.
TREATMENT OF CLINICAL INSTABILITY

Limited evidence supports either immediate or delayed (2-9 weeks) brace treatment for hips with a positive instability exam.

Strength of Recommendation: Limited ★★★★☆

Description: Evidence from one or more “Low” strength studies with consistent findings, or evidence from a single Moderate quality study recommending for or against the intervention or diagnostic. A Limited recommendation means that the quality of the supporting evidence is unconvincing, or that well-conducted studies show little clear advantage to one approach over another.
Bracing Recommendation

**TYPE OF BRACE FOR THE UNSTABLE HIP**

Limited evidence supports use of the von Rosen splint over Pavlik, Craig, or Frejka splints for initial treatment of an unstable hip

**Strength of Recommendation: Limited**

Description: Evidence from one or more “Low” strength studies with consistent findings, or evidence from a single Moderate quality study recommending for or against the intervention or diagnostic. A **Limited** recommendation means that the quality of the supporting evidence is unconvincing, or that well-conducted studies show little clear advantage to one approach over another.
Follow-Up Recommendation II

MONITORING OF PATIENTS DURING BRACE TREATMENT

Limited evidence supports that the practitioner perform serial physical examinations and periodic imaging assessments (ultrasound or radiograph based on age) during management for unstable infant hips.

Strength of Recommendation: Limited ★★★

Description: Evidence from one or more “Low” strength studies with consistent findings, or evidence from a single Moderate quality study recommending for or against the intervention or diagnostic. A Limited recommendation means that the quality of the supporting evidence is unconvincing, or that well-conducted studies show little clear advantage to one approach over another.