

**Clinical Guideline:** Developmental Dysplasia of Hip Pathway Site: FPH

Risk factors:
Female sex
Breech delivery
Intrauterine packaging deformities e.g. plagiocephaly, foot deformities or torticollis
Family history of DDH

History

General Information

Screening ultrasound if risk factors present

Advice and Treatment

Abnormal clinical examination

Positive Ortolani's or Barlow's test: limited hip abduction

Leg length discrepancy
Abnormal ultrasound or X-ray

If risk factors and any clinical concerns

Referral Guidelines – red flag signs

Hip ultrasound if aged under six months (paediatric ultrasound service if possible)
Plain X-ray if aged over six months (paediatric radiology service if possible)

Investigation

Hip examination to check for instability with Barlow's or Ortolani's test
Limitation of hip abduction
Deep uneven gluteal crease
Leg length discrepancy
Waddling gait after walking age

Examination

Infants with DDH are not always born with the condition but it develops in the weeks or months after birth. One or both hips can be affected. DDH is not painful in babies. Signs may include stiffness of the hip, uneven positioning of the legs, one leg appearing shorter than the other and uneven thigh and buttock creases. A hip ultrasound is used to confirm the diagnosis in babies under 6 months old; in older babies a hip X-ray is more useful.
Treatment depends on the child's age and severity of the DDH. Young babies are usually treated with an abduction brace.