

CASE STUDY: DEVELOPMENTAL DYSPLASIA OF THE HIP (DDH)

This term is used to describe the hip bone sliding in and out of the hip socket. The specific cause of DDH is unknown, but predisposing factors include heredity, gender, position in the mother's uterus, and birth order.

Although treatment can vary depending upon the child's age and the specific type of DDH, overall treatment goals are to place the head of the femur back into the socket to assure normal hip joint development. Treatment can include splinting, bracing, casting, and/or surgery.

- Harnesses or splints are used to hold the child's hip in place while the hip capsule tightens. These are generally used for newborns and babies up to approximately six or seven months old.
- Spica casts are applied after a period of traction or postoperatively to help keep the hip in place. Hip spica casts start at the chest and extend to either the mid-thigh or to the foot of the dislocated hip.
- Open reduction of the hip is the surgical procedure required if splinting, bracing, and traction are unsuccessful. After surgery, the child will be placed in a hip spica cast.
- Hip abduction braces are used for prolonged and continued treatment of DDH to keep hips in position.



Please address the following questions when discussing your case study:

- What are some characteristics that a child with this condition may have and how can they affect how the child is transported?
- What are some general guidelines to consider when transporting a child with this condition? (You do not have to give specific restraint names, only general categories)