

ultrasonography is recommended as an adjunct to the physical examination ([American Academy of Pediatrics, 2000](#)). In infants older than 6 months old and in children, radiographic examination is useful in confirming the diagnosis. An upward slope in the roof of the acetabulum (acetabular angle) greater than 30 degrees with upward and outward displacement of the femoral head is seen in a child with hip dysplasia. The [American Academy of Pediatrics \(2000\)](#) has published extensive clinical guidelines for screening and early detection of DDH.

## **Therapeutic Management**

Treatment is begun as soon as the condition is recognized because early intervention is more favorable to the restoration of normal bony architecture and function. The longer treatment is delayed, the more severe the deformity, the more difficult the treatment, and the less favorable the prognosis. The treatment varies with the child's age and the extent of the dysplasia. The goal of treatment is to obtain and maintain a safe, congruent position of the hip joint to promote normal hip joint development.

### **Newborns to Age 6 Months**

The hip joint is maintained, by dynamic splinting, in a safe position with the proximal femur centered in the acetabulum in a degree of flexion. Of the numerous devices available, the **Pavlik harness** is the most widely used, and with time, motion, and gravity, the hip works into a more abducted, reduced position ([Fig. 29-16](#)). The harness is worn continuously until the hip is proved stable on both clinical and ultrasound examination, usually within 6 to 12 weeks.