Cultural Considerations

Developmental Dysplasia of the Hip

A striking relationship exists between the development of hip dislocation and methods of swaddling the hips. Among the cultures with the highest incidence of dislocation (Navajo Indians and Canadian Natives), newly born infants are tightly wrapped with the hips adducted and extended in blankets or other swaddling material or are strapped to cradle boards. In cultures such as those in Central and South America, Asia, and Africa, where mothers traditionally carry infants on their backs with the infants' hips in the abducted and flexed hip position, hip dysplasia is much less common.

Recently, several prominent orthopedic specialty organizations recommended that infants' hips be placed in slight flexion and abduction during swaddling. It was further recommended that infants' knees be maintained in slight flexion and that forced or sustained passive hip extension in the first few months should be avoided (Price and Schwend, 2011). These recommendations were supported by evidence that demonstrated a significant relationship between tight swaddling and hip dysplasia and are aimed at decreasing the incidence of hip dysplasia in infants.

Diagnostic Evaluation

DDH is often not detected at the initial examination after birth; thus, all infants should be carefully monitored for hip dysplasia at follow-up visits throughout the first year of life at routine well-child checks. In the newborn period, hip dysplasia usually appears as hip joint laxity rather than as outright dislocation. Subluxation and the tendency to dislocate can be demonstrated by the Ortolani or Barlow maneuvers (Fig. 29-15, *D*). The Ortolani and Barlow tests are most reliable from birth to 4 weeks of age. With the Barlow test, the thigh is adducted and light pressure is applied to see if the femoral head can be felt to slip posteriorly out of the acetabulum. The Ortolani test involves abducting the thighs and placing anterior pressure at the hip to see if the femoral head slips forward into the acetabulum. Other signs of DDH are shortening of the limb on the