Older Children

Correction of the hip deformity in older children is inherently more difficult than in the preceding age groups because secondary adaptive changes and other etiologic factors (such as juvenile arthritis and cerebral palsy) complicate the condition. Operative reduction, which may involve preoperative traction, lengthening of contracted muscles, and pelvic osteotomy procedures designed to construct an acetabular roof, often combined with proximal femoral osteotomy, are usually required. After cast removal, range-of-motion exercises help restore movement. Other rehabilitation measures may include muscle strengthening, a period of crutch or walker use, and gait training.

Nursing Care Management

Nurses are in a unique position to detect DDH in early infancy. During the infant assessment process and routine nurturing activities, the hips and extremities are inspected for any deviations from normal. Any observations or concerns are reported to the attending provider. An ambulatory child who displays a limp or an unusual gait should be referred for evaluation. This may indicate an orthopedic or neurologic problem. Nonambulatory children with cerebral palsy should also be assessed for evidence of hip problems throughout their growing years.

The major nursing problems in the care of an infant or child in a cast or other device are related to maintenance of the device and adaptation of nurturing activities to meet the patient's needs. Generally, treatment and follow-up care of these children are carried out in an outpatient setting.

Nursing Alert

The former practice of double or triple diapering for DDH is not recommended because there is no evidence to support its efficacy.

The primary nursing goal is teaching parents to apply and maintain the reduction device. The Pavlik harness allows for easy handling of the infant and usually produces less apprehension in the parent than heavy braces and casts. It is important that parents understand the correct use of the harness, which may or may not