Affected leg is externally rotated

Loss of hip flexion, abduction, and internal rotation as severity increases

Affected leg may appear shorter

Therapeutic Management

The treatment goals of SCFE are to prevent further slipping of the femoral epiphysis until physeal closure, avoid further complication such as avascular necrosis, and maintain adequate hip function (Peck and Herrara-Soto, 2014). If the diagnosis is suspected or has been established, the child should be non–weight bearing to prevent further slippage. Surgical intervention is necessary and most often occurs within 24 hours to avoid further slippage and potential complications such as avascular necrosis.

Currently, in situ pinning using a single screw or alternatively multiple screws through the femoral neck into the proximal femoral epiphysis is the treatment of choice. For moderate to severe SCFE, an experience surgeon may choose to perform a surgical hip dislocation to improve the anatomy at the site of the deformity (Tibor and Sink, 2013). Postsurgical care includes non–weight bearing or limited weight bearing with use of crutches for ambulation for weeks to months. Children may be restricted from certain sports or activities until fusion or closure of the proximal femoral physis has occurred in order to prevent further slippage.

Nursing Care Management

Nursing care involves preparing the child and family for the surgical procedure and recovery. Postoperative care involves hemodynamic stabilization, pain management, and assessment for complications. The adolescent is taught the proper use of crutches and the importance of avoiding weight bearing on the affected hip. Self-care and performance of activities of daily living to capability are encouraged to promote confidence and decrease a sense of helplessness.

Nursing Alert