



FIG 29-16 Child in Pavlik harness. (Courtesy of Amanda Politte, St Louis, MO.)

When there is difficulty in maintaining stable reduction of the femoral head, a surgical closed reduction of the hip and application of a hip spica cast is performed. The cast is changed periodically to accommodate the child's growth. Once sufficient stability is acquired, after approximately 3 months, the child is transitioned to a removable hip abduction orthosis. The duration of treatment in the orthosis depends on development of the acetabulum.

Ages 6 to 24 Months

In this age group, the dislocation is often not recognized until the child begins to stand and walk, when shortening of the limb and contractures of hip adductor and flexor muscles become apparent. In less severe DDH or acetabular dysplasia, use of a hip abduction orthosis may be initiated. Duration of treatment depends on development of the acetabulum. When adduction contracture is present, devices such as traction may be used to slowly and gently stretch the hip to full abduction, after which wide abduction is maintained until stability is attained. A surgical closed reduction of the hip is performed in cases of hip subluxation or dislocation, and in the event that the hip remains unstable, an open reduction may be necessary. The child is placed in a spica cast for approximately 12 weeks, and a hip abduction orthosis may be used following casting.