

Pavlik Harness Treatment for Children



What is Pavlik harness treatment for children?

The Pavlik harness is a soft splint. It is most often used for treating infants with developmental dysplasia of the hip (DDH). It helps keep the infant's hips and knees bent and the thighs spread apart. It can also help promote healing in babies with broken thighbones (femurs).

DDH occurs when the hip joint doesn't form normally. The hip joint is a ball-and-socket joint. The socket is a cup-shaped structure in the pelvis called the acetabulum. The ball, or head, is the rounded upper end of the femur. In DDH, the cup-shaped cavity of the acetabulum is more shallow than normal. As a result, the head of the femur does not fit into it well. The femoral head may slide partly out of the socket (sublux). In severe DDH, the head of the femur can slide completely out of the socket (dislocate). It may stay dislocated.

Strong fibrous tissues called ligaments normally help hold the femoral head in the acetabulum. In DDH, the ligaments may become stretched and loose.

By holding your baby's legs out and bent, the Pavlik harness helps keep the femoral heads in their sockets. It allows the ligaments to tighten. It encourages normal development of the acetabulum.

Why might my child need a Pavlik harness treatment?

It's normal for a baby's hips to be a bit loose or lax. But this often resolves on its own. Dysplasia is particularly common in babies who were born feet or bottom first (breech). If their hips are too loose, they can sublux or dislocate easily. They may need treatment.

If your healthcare provider has concerns about possible DDH, they may advise that your baby be evaluated by a bone and joint specialist (orthopedist). Sometimes the evaluation can include an ultrasound of the baby's hips. If your baby has DDH, the orthopedist will likely advise a device, such as a Pavlik harness, to encourage your baby's hips to develop normally.

Girls and breech babies have the highest risk for DDH. It also runs in some families. It is more common in first-born babies.

Healthcare providers sometimes use a Pavlik harness for femur fractures in infants younger than 4 to 6 months. The harness helps hold the baby's leg still so that the bone can heal.

What are the risks of Pavlik harness treatment for a child?

Pavlik harness treatment is often successful in treating DDH. But sometimes complications can occur. They may include:

- Skin breakdown (dermatitis), especially in the groin, behind the knee, on the shoulder, or on the leg
- The treatment doesn't work
- Compressed nerves in the leg or shoulder
- Bone breakdown because of decreased blood supply (avascular necrosis)
- Flattening of the back of the femoral head
- Downward dislocation of the hip
- Subluxation of the knee

The most common problem is skin breakdown. You can reduce this risk by keeping all appointments. And by having the straps of the harness adjusted by the orthopedist as needed. Only the orthopedist should adjust the straps. You should keep your baby's skin clean and dry. Don't use lotions, ointments, or powders under the harness. If nerve problems develop, they typically go away on their own. If the Pavlik harness is not successful, your child may need a rigid brace instead.

How do I help my child get ready for Pavlik harness treatment?

You should not need to do much to get ready for your child's Pavlik harness treatment. Your baby may need to wear the harness for several months. During this time, it will be important to keep your baby's skin clean and dry. That will include changing diapers often. Think about stocking up on leak-proof diapers. Also ask what type of clothes to bring when you take your baby in for the first fitting. Your baby will need regular follow-up visits for harness adjustments. And they will need to be checked as they continue to grow.

What happens during Pavlik harness treatment for a child?

The Pavlik harness is a soft splint with a number of straps that fasten. It is made up of a chest strap and leg straps. The chest strap goes across the baby's back and reaches around to close in the front. The leg straps attach to the front of the body strap, loop under each foot, cross over in the back, and attach to the top of the body strap. Each leg strap has 2 more straps that wrap around the lower leg. The harness helps support the baby's legs in a bent, outward-rotated position. It prevents the baby from straightening their legs. It also makes it hard for the baby to bring their legs together.

At first you should keep your baby in the harness all the time. You will learn how to put on your baby's clothes without taking off the harness. You will also learn how to change your baby's diaper in the harness. You may need to give your baby sponge baths with the harness on instead of full baths with the harness off for a short time. Make sure to dry your baby well after bathing and after diaper changes.

The harness is adjustable, so it can change as your baby grows. You will need to visit your baby's orthopedist regularly for adjustments. It is very important to have your baby's legs positioned correctly. Only the healthcare provider should make the adjustments. Don't try to adjust the harness yourself.

Your baby will also need regular ultrasounds to follow development of the hip joint. If the harness doesn't seem to be working within about 3 weeks, your baby's orthopedist may advise using a cast or having surgery instead.

The orthopedist will tell you when you can take your baby out of the harness. After about 6 weeks, you will be able to take your baby out of the harness during the day. The baby will need to keep wearing the harness at night for about 6 more weeks.

What happens after Pavlik harness treatment for a child?

Most children have normal hip development after Pavlik harness treatment. It is important to continue follow-up as advised by your child's orthopedist. Follow any directions your child's orthopedist gives you. If your child has problems walking or seems to be in pain, they may need more treatment. Your child may need follow-up exams and imaging tests, such as ultrasound or X-ray. Talk with your child's orthopedist about other signs to watch for. Ask when you should bring your child in for evaluation.

Next steps

Before you agree to the test or procedure for your child make sure you know:

- The name of the test or procedure
- The reason your child is having the test or procedure
- What results to expect and what they mean
- The risks and benefits of the test or procedure
- When and where your child is to have the test or procedure
- Who will do the procedure and what that person's qualifications are
- What would happen if your child did not have the test or procedure
- Any alternative tests or procedures to think about
- When and how will you get the results
- Who to call after the test or procedure if you have questions or your child has problems

- How much will you have to pay for the test or procedure

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