SCOTTISH RITE FOR CHILDREN

EVALUATING FOR DDH IN THE NEWBORN: LECTURE AND PHYSICAL EXAM DEMONSTRATION

William Z. Morris, M.D.

This article is a summary of a presentation given as part of the series Coffee, Kids and Orthopedics.

Scan the QR code to watch the lecture.

Developmental dysplasia of the hip (DDH) is characterized by a shallow socket and/or under-covered femoral head in the hip. It can occur due to a malformation of anatomic structures that have developed normally during the embryonic period and has a broad spectrum of severity, ranging from physiologic immaturity to subluxation to frank dislocation. The presentation covers the epidemiology of DDH and its risk factors.

Morris shares guidance from the American Academy of Pediatrics and recent research from Scottish Rite on DDH screening guidelines and when to refer.

Scan the QR code to watch the exam.

On a live patient model, he demonstrates a full DDH screening and physical exam, showing exactly how to look for signs of DDH in newborns. The findings of physical exams can be categorized as normal, instable, dislocatable, dislocated but reducible, and fixed and dislocated. Morris explains that physical findings are a spectrum that vary with the severity of the pathology and the age of the child. The presentation focuses in on physical exams, showing participants certain tests that can be done to finely tune findings and determine next steps for the patient.

Imaging is a valuable tool in helping to diagnose DDH, but Morris shares why it is best to wait until the patient is 6 to 8 weeks of age prior to obtaining imaging, using facts and figures to identify this

reasoning. Morris recommends ultrasounds at 6 to 8 weeks of age, which reduces false positive rates, and X-rays for less than 6 months of age with sufficient ossification.

The presentation continues with Morris describing treatment protocols for DDH. Primary treatment for DDH begins with a Pavlik harness typically for six to eight weeks. He shares what to watch for with this treatment and its success rate using granular data. Morris then talks about further treatments, including a hip abduction brace, closed or open reductions and spica cast, and in which cases each may be used.

Finally, Morris shares vital information about DDH prevention, such as healthy hip swaddling, the use of proper sleep sacks and the correct use of baby carriers and how each of these can contribute to DDH in newborns.

Scan the QR code to watch or share the swaddling instructions.

Morris encourages physicians to refer patients early and often in cases of suspected DDH, know the risk factors and help parents with prevention techniques. He stresses that in most cases, nonoperative treatment is very successful, especially when the condition is caught early. Pediatric physicians and their patients can greatly benefit from Morris' expertise with DDH, learning everything physicians need to know to provide their smallest patients with the best care.

About the Speaker

WILLIAM Z. MORRIS, M.D., is a pediatric orthopedic surgeon at Scottish Rite for Children. He cares for patients with developmental dysplasia of the hip and many other pediatric orthopedic conditions at our campus in Dallas, Texas.

The Significance of Isolated Hip Click as a Sign of DDH: Implications on Referral Guidelines

In 2023, Morris and his colleagues published this original article in the Journal of Pediatric Orthopaedics. Findings include:

- One in four babies referred with a hip click have evidence of dysplasia.
- One in ten babies referred with a hip click have significant dysplasia.

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