



# Detection Of Congenital, Unstable Or Dislocated Hip Procedure

Procedure Number  
CHC-PPHN-0007

Version Nos:  
4

## 1. Purpose

This Procedure outlines the process for screening newly born infants for undiagnosed congenital, unstable or dislocated hips (CDH).

## 2. Application

This Procedure is to be followed by all Community Nursing Staff throughout West Coast District Health Board (WCDHB).

## 3. Definitions

There are no definitions associated with this Procedure.

## 4. Staff Authorised To Perform procedure

This Procedure shall be performed by:

*Community Nursing Staff* are to over-see all aspects of this process.

## 5. Resources Required

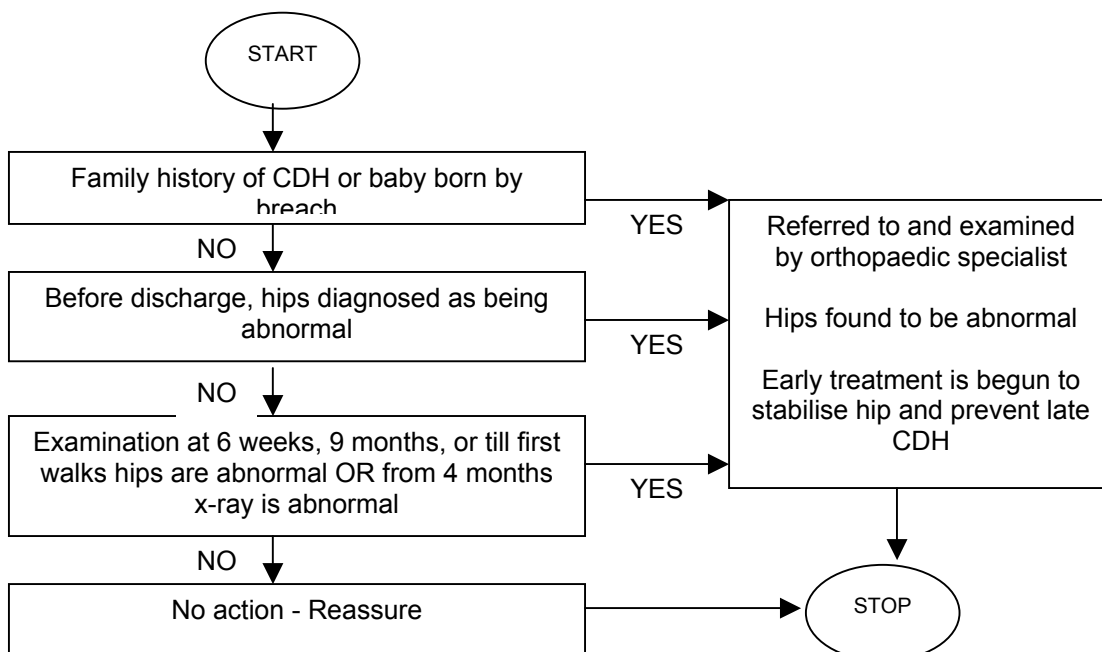
This Procedure requires:

- i) Well Child Book
- ii) PHN Well Child Notes

## 6. Process

### 1.00 Detection Of Congenital, Unstable Or Dislocated Hip (CDH)

1.01 Detection of CDH is to occur as per the following flow chart:





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### 2.00 Technique For Routine Examination Of Infants With Unstable Hips

- 2.01 For the test the infant is to be lying quietly on a firm surface with hips flexed at 90°
- 2.02 The **hip reduction test** (Ortolani) will be positive when the hip is out of joint at the start of the examination.
- 2.03 Check each hip separately.
- 2.04 For the left hip, flex the left hip and left knee to 90°, stabilizing the pelvis in the left hand and holding the left knee in palm of right hand.
- 2.05 With right fingers behind the upper end of the left femur and behind left thigh (Figure 1) bring the head of the femur from its dislocated posterior position to opposite the hip joint socket. Simultaneously gently abduct the thigh, thus putting the head of the femur into the hip socket (Figure 2) and reducing the dislocation, which feels like a clunk.

FIGURE 1

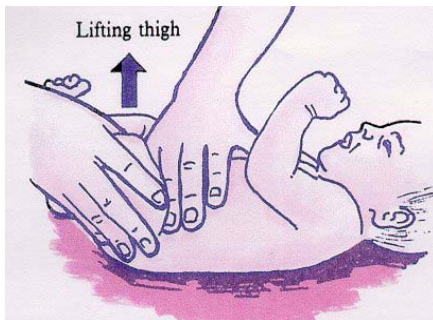
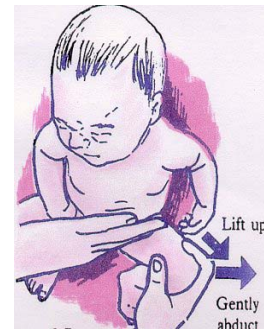


FIGURE 2



- 2.06 The **hip dislocation test** (Barlow) is positive for a hip that is unstable and can be pushed out of the joint.
- 2.07 To check the left hip hold the left thigh as previously but press vertically downwards with the right hand and adduct thigh (FIGURE 3).
- 2.08 Dislocation is felt as the head of the femur slips out of the hip joint socket.
- 2.09 Replace and confirm by hip reduction test.

FIGURE 3



FIGURE 4





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2.10 The **test for limitation of hip abduction** signifies irreducible hip dislocation. With a knee in each hand, abduct both hips simultaneously (Figure 4). Both hips should abduct more than 65°. Less than 55° requires referral, while 55-65° is borderline for referral.

### 3.00 Guidelines For Referral

3.01 The following are guidelines for referral to an orthopaedic specialist:

- i) unstable hip
- ii) if a “clunk” has been felt (in an infant under 2 years of age)
- iii) limited abduction either hip less than 65° from midline
- iv) legs length uneven
- v) child has a limp
- vi) if any doubts remain.

## 7. Precautions And Considerations

- ➔ Good communication is to be maintained between all parties
- ➔ Community Nursing Staff need to be aware of and familiar with referral process

## 8. References

Recording Child Health and Development Handbook (Ministry of Health)

## 9. Related Documents

WCDHB Community Nursing Procedures

<b>Revision History</b>	<b>Version:</b>	4
	<b>Developed By:</b>	Community Nurses
	<b>Authorised By:</b>	Director of Nursing
	<b>Date Authorised:</b>	June 2003
	<b>Date Last Reviewed:</b>	November 2009
	<b>Date Of Next Review:</b>	November 2011