If your baby has been referred to a pediatric orthopedic specialist to evaluate for developmental dysplasia of the hip (DDH), we hope the following information helps you better understand this condition and what you can expect for treatment and beyond. Babies diagnosed with DDH can be treated in most cases without surgery. Results are improved with early recognition and treatment.

For babies in the NICU for other medical conditions, a visit to the orthopedic specialist can wait until after discharge without compromising the success of treatment.

WHAT IS DEVELOPMENTAL DYSPLASIA OF THE HIP?
Dysplasia means abnormal growth or development. DDH is the abnormal development of the bones in the hip joint.

The hip joint includes the ball of the thigh bone (head of the femur) and the socket (acetabulum). In babies born with DDH, the socket may be too shallow or the ball may not be in the socket (dislocation).

WHAT ARE SIGNS AND SYMPTOMS OF DDH?
Common findings that lead to a referral for further evaluation:

- Hip click or clunk
- Limited hip movement
- Difference in leg lengths
- Difference in appearance of thigh skin folds

WHO IS AT HIGHER RISK FOR DDH?
Common factors that increase a baby’s risk of developing DDH:

- First-born
- Female
- Caucasian or Native American
- Babies born in breech position
- Family history of DDH or hip dysplasia
- Multiple births, i.e. twins
- Large birth weight

HOW DO I CARE FOR MY BABY WHO MAY HAVE DDH?
- Learn how to properly swaddle your baby.
- Do not use extra diapers.
- Use caution when selecting commercially available “swaddle” blankets.
- Bathe, dress and care for your baby with love and confidence that you will not cause pain or an injury.

Learn more, request treatment or find out about financial assistance at scottishriteforchildren.org
Dallas Orthopedics: 214-559-7477 • Frisco Orthopedics: 469-515-7250
DDH is best managed by a provider with experience treating hip dysplasia; this is generally a pediatric orthopedic surgeon or specialist. Early intervention improves outcomes, but this is not an emergency.

**How is DDH treated?**

Because the condition ranges from mild to more involved, treatment depends on the results of the evaluation. The treatment plan is focused on correctly positioning the legs and hips for proper development. There are three treatment options:

1. **Observation:** No intervention, the specialist will monitor development over time.

2. **Bracing:** Keep hips in the “frog-leg” position for 23 - 24 hours per day for at least six weeks.

3. **Surgery:** Changing the shape of the bones may be necessary if bracing is not successful.

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This material is for informational purposes. Discuss any questions and concerns with your health care provider.

Scottish Rite for Children has a long tradition of providing the highest-quality medical care to thousands of children, from newborns to adolescents, with various hip conditions. Some of the conditions that our physicians treat include hip dysplasia, Perthes disease, femoroacetabular impingement, slipped capital femoral epiphysis and other hip disorders.

Researchers in our Center for Excellence in Hip are dedicated to addressing clinically important questions and have published in many top-tier orthopedic journals.

If your baby’s physician suspects your child may have DDH, please call to schedule an appointment with a pediatric orthopedic specialist. For more information about this and other conditions we treat, please visit our website.

Ultrasound is a non-invasive tool used to look at the bone and soft tissue. At Scottish Rite for Children, the technologists evaluate hundreds of babies for DDH each year and have extensive experience to accurately diagnose, or rule out, this condition.

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