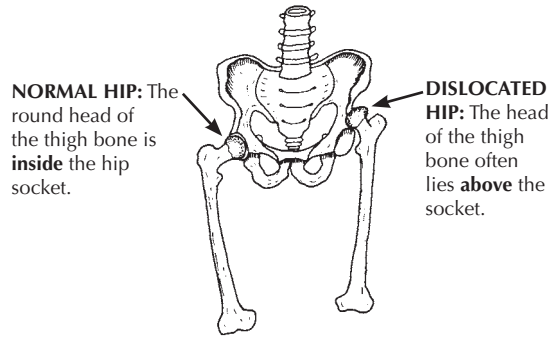


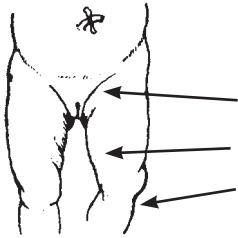
Hip Problems

DISLOCATED HIP

A hip is *dislocated* when the thigh bone is out of its socket at the hip. Some babies are born with one or both hips already dislocated. Sometimes these babies have no other problem. With early treatment, the problem can often be corrected easily, and the child will not be *disabled* or have a limp.



For this reason it is important to **examine all babies when they are 10 days old** to see whether they have dislocated hips.



1. Compare the 2 legs. If one hip is dislocated, that side may show these signs:

- the upper leg partly covers this part of the body
- there are fewer skin folds
- the leg may seem shorter, or turn out at a strange angle



2. Hold both legs with the knees bent, like this,

and open them wide, like this.



If one leg stops early or makes a jump or click when you open it wide, the hip is dislocated.

3. To test a slightly older child, bend the knees and compare their height.



If one knee is lower, the hip on that side is probably dislocated.

Treatment

Keep the baby with his knees high and wide apart. To do this,

- use many thicknesses of *diapers (nappies)* like this,



- or carry the baby like this.



In places where babies are traditionally carried with their legs spread on the woman's hips or back, usually no other treatment is necessary.

Dislocated hips with other orthopedic problems

CP

Children with the *disabilities* listed here often are **born with dislocated hips**. Therefore, it is **essential** to examine these children carefully a few days after birth, to make sure there are no dislocations.

- Down syndrome
- spina bifida
- arthrogyposis
- cerebral palsy
- club feet

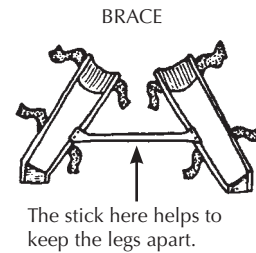
Many (but not all) dislocated hips can be corrected in the ways we described on page 155. Keeping the legs wide apart during the first months of the child's life helps to improve the shape of the socket.

If it is difficult to keep the legs apart, you may need to use casts or make special braces.

The casts should be used for 2 to 4 months or longer, depending on the child's age (longer for older children) and the amount of the deformity. (Use a cloth or bottle to catch the baby's pee, so it does not run inside the cast.)

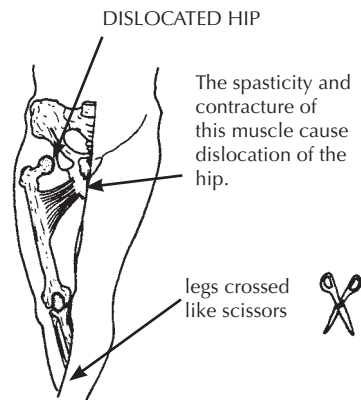
Not all dislocations can be corrected in these ways. Some need surgery, and in some cases the hip is so deformed that the dislocation cannot be corrected, even with surgery.

With spina bifida, if one hip is dislocated, surgery may help. But if both hips are dislocated, hip surgery usually will not help the child to walk any better. (See p. 173.)



Dislocated hips can also occur **after the child is born**, either from an accident or as a complication of some other disability—especially **polio** (due to weakness in the muscles and cords that hold the hip joint together) or **cerebral palsy** (due to *spasticity* and *contractures*).

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THE TELESCOPE TEST

To find out if the hip is dislocated or can easily be pulled out of joint, place the child on his back.

Pull up on his knee, and then push it down, like this.

At the same time, feel his hip with your other hand, like this.



Dislocations that are complications of polio or cerebral palsy can seldom be corrected without surgery. **But often it is better not to operate**, because the operations do not always turn out well, and the children who have the possibility of walking will walk in spite of the dislocated hips.

HIP PROBLEMS DUE TO DESTRUCTION OR SLIPPING OF THE CAP OF THE THIGH BONE

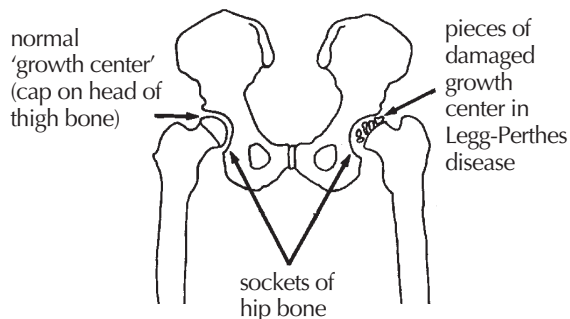
There are 2 different hip problems that occur most often in active children, usually boys.

1. **Destruction** of the cap or 'growth center' on the 'head' of the thigh bone is called **Legg-Perthes disease**. It usually begins between **2 and 12 years of age**. It occurs in less than 1 of every 1,000 boys.
2. **Slipping** of the cap on the head of the thigh bone is less common. It happens, suddenly or little by little, usually between **11 and 16 years of age** (when the child is growing fast).

The cause in both cases is unknown.

Destruction of the growth center results from a temporary loss of blood supply. This causes death of the bone.

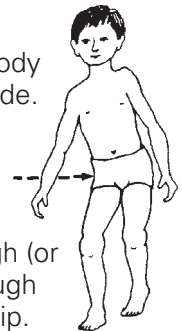
Destruction of the growth center is usually not related to other diseases. A similar kind of destruction of the growth center from loss of blood supply may be caused by tuberculosis of the hip, sickle cell anemia, HIV, hypothyroidism, or use of corticosteroid medicines. A careful medical study is advisable.



DIAGNOSIS: If a child has signs of one of these hip problems, try to get an X-ray to find out the cause.

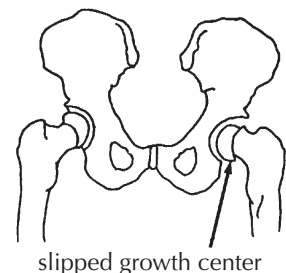
SIGNS:

- Child begins to limp: body dips toward affected side.
- Often he does not complain of pain.
- Or he may feel some pain in the knee or thigh (or less often, hip)—although the problem is at the hip.
- How far he can bend or open his hip may become somewhat limited, or painful if he tries to bend it more.
- In time the thigh becomes thinner and weakness develops in the muscles that lift the leg sideways.



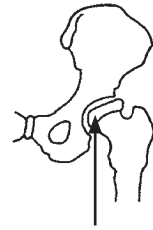
Treatment and progress of slipped growth center

When the growth center slips, if possible it should be put back into place surgically, and pinned. When surgery is impossible, the child should avoid all strenuous exercise, running, and jumping in the hope that the growth center will not slip farther until it becomes fused to the thigh bone (normally when the child is 16 to 18 years old). Without surgery, and especially if the slippage is severe, a progressive, destructive arthritis is likely to result.



Treatment and progress of Legg-Perthes disease

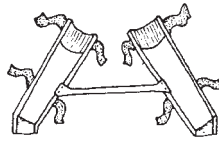
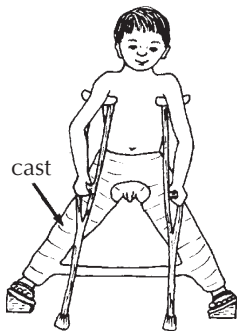
When the growth center has lost its blood supply, the bone dies and begins to break into pieces. At the same time, the body begins to make new bone. In 2 to 4 years, a new growth center is completely formed, and the child walks more or less normally again, usually without pain. However, the new growth center is usually flatter than before and does not fit into the hip socket as well. As a result, later in life, the hip joint begins to wear out and a *progressive*, destructive, painful arthritis may begin.



flattened, deformed growth center

Many ways to treat Legg-Perthes have been tried. Most methods try to restrict movement and to keep the legs wide apart, a position that makes the growth center form a round and normal shape again.

Braces are kept on the child until the new growth center has formed completely—usually for 2 to 3 years! This is very hard on both the child and family.



full-leg braces



upper-leg braces only

Any of 3 different hip surgeries can make the head of the thigh bone fit more completely into the socket so the new growth center forms a rounder, normal shape.

Surgery is expensive and has more risks than braces. But it is much quicker: only 6 weeks in bed with a cast. Then the child can lead a more or less normal life. But it still takes 2 years for the new growth center to form, and during this time the pain and/or limp may continue.

Canes or crutches may be used to keep pressure off the hip joint and reduce pain.

Moderate exercise, like swimming, can help to maintain and increase range of movement.

There is a lot of debate about whether any of these methods—casts, braces, or surgery—are worth it. Especially for children under 6 years old, their pain and limp gradually go away with or without treatment. The best advice in these cases may be to do nothing. (This is a hard decision for parents to accept, but will make life happier for both the child and family.) Let the child remain active, but do not make him run, jump, or walk far if it bothers him. For older children, surgery may be the best option.

If the growth center heals to be rounded and fits well in the hip socket, the child will probably not have problems with arthritis later in life. But if the growth center does not reshape itself well, and especially if it doesn't fit well into the socket, he might develop arthritis earlier and more severely.

X-rays can help you decide what to do and what to expect when a child has Legg-Perthes.