



**RAMA**  
**UNIVERSITY**

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# DISLOCATION OF HIP

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## DEFINITION

- Dislocation of hip refers to a hip with no contact between the articulating surfaces of the hip.
- Developmental dysplasia of hip is a spectrum of disorders related to abnormal development of hip that may develop at any time during fetal life ,infancy or childhood

## CLASSIFICATION OF DDH

- ***Typical DDH:-*** occurs in otherwise normal individuals or those without define syndromes or genetic conditions. Its risk factor such as oligohydramnios, breech presentation
- ***Teratologic hip dislocation:-*** usually have identifiable causes and occur before birth. It involves a neuromuscular defect such as arthrogryposis or myelodysplasia. The teratologic forms usually occur in utero and are much less common.

## **ETIOLOGY/ RISK FACTOR:-**

Exact cause is unknown, but certain factors may be responsible such as Family history. If there is a parent, brother or sister with DDH, then this makes it five times more likely than normal for a child to have DDH.

- Gender- female baby > male baby
- Left hip > right hip –
- Oligohydramnios -not able to move within the uterus as much.
- First born baby-uterus is tighter and less elastic than future pregnancies

# CLINICAL MANIFESTATIONS

- ***Infant:***

- shortening of the thigh (The Galeazzi sign)
- Asymmetry of the Gluteal or thigh folds and positioning of the hip,
- Limitation of abduction in affected hip joint
- Klisic test positive.

- ***The walking child:***

- Limp, a waddling gait, or leg length difference.
- Affected side appears shorter than normal extremity
- Toe-walk on the affected side.
- Trendelenberg sign is positive

# DIAGNOSTIC EVALUATION:

## *A. History*

## *B. Physical examination:–*

- Barlow test
- Ortolani test
- Positive Galeazzi sign (allis sign)
- Klisic test
- Trendelenburg's sign

## *C. Ultrasonography*

## *D. Radiography*



## MANAGEMENT

### ➤ **0-6 MONTHS:**

Pavlik harness for 6 weeks By maintain Ortoloni positive hip, It prevents hip extension and adduction and permits flexion and abduction.

### ➤ **Children 6 months to 2 years of age:**

Goals in the treatment of the late- diagnosed patient are To obtain and maintain reduction of the hip without Damaging the femoral head.

- Closed or open reduction(some time before C.R. use skin traction)
- The reduction is maintained in plaster cast for 12 weeks
- Abduction orthotic device for 2 months

## COMPLICATIONS

- Avascular necrosis
- Reduced hip function
- Degenerative hip changes
- Joint malformation
- Inability to reduce dislocation
- Results in growth arrest and eventual joint destruction
- Postoperative complications-wound infection.

**THANK YOU**