Developmental dysplasia of the hip (DDH) is an abnormality of the hip joint that is present at birth or shortly thereafter. It occurs when the femoral head is not held firmly in the hip socket. The condition is found in babies or young children.

The hip may be completely dislocated or the socket may be just a little shallow. One or both hips may be involved.

Common Risk Factors
- First born child
- Female
- Breech delivery
- Family history of the disorder

The most common method to identify DDH is a physical exam of the hips. This involves a careful hip examination feeling for any instability, or looseness.

Symptoms
Newborns never show any symptoms of DDH. It is painless, however signs of DDH include:
- Unequal leg lengths
- Uneven skin folds on the thighs
- Less flexibility on one side, particularly abduction
- Limping, toe walking, or waddling in an ambulatory child

If the infant is at risk for DDH, the pediatrician or orthopaedist may recommend an ultrasound to help diagnose DDH.

Treatment Options
- In early infancy, a non-surgical positioning device may be used to keep the hips flexed and abducted. This device is called a Pavlik harness (see picture below).
- The baby will typically wear the harness for 2 to 3 months or until the instability has resolved and the hip is anatomically reduced.
- The patient will be followed for improvement using serial ultrasounds or radiographs ordered by your pediatric orthopaedic surgeon. Your child may be followed for several years.

- If hip dysplasia is identified in the first few months of life, it can almost always be treated successfully non-operatively. In a few cases, surgery is necessary.

Surgery is necessary when measures to reduce the hip are unsuccessful or if the problem is first detected in an older child.
Does your child have DDH?

Your doctor diagnoses DDH based on your child’s clinical examination, ultrasound or x-rays. Ultrasound or x-rays may be ordered by your doctor to confirm the diagnosis or to exclude other problems.

Can DDH be Prevented?
No, there is no guaranteed method to prevent a newborn from developing developmental hip dysplasia. However, if diagnosed at a young age, treatment for DDH is successful. When treated appropriately DDH will not cause any difficulties or delays as the child continues to grow and develop.

The goal of treating DDH is to prevent the development of degenerative arthritis of the hip which will otherwise occur in untreated or inadequately treated DDH.