

## N201 CLASS PREP: INFANT MUSCULOSKELAL

- Click on the link to watch a video on Developmental Dysplasia of the Hip (DDH) <https://youtu.be/whDkHL8xeao?si=ahb2FjK71SayB258>.
- Review pgs. 1467 – 1470 in your Maternal Child Nursing Care Book then complete the following questions:

### 1. What is developmental dysplasia of the hip (DDH) in babies?

Developmental dysplasia of the hip is a developmental condition that occurs around the time of childbirth. It has a wide spectrum from the complete dislocation of the hip (severe) to the hip is in the socket but the socket is a little bit shallow (mild).

### 2. How can doctors tell if a baby might have hip dysplasia?

Doctors can tell a baby might have hip dysplasia is by moving the hips during a routine exam to screen whether the hip is coming in and out of the socket. The only way to see a mild version of it is through an ultrasound to understand the anatomy, position of the hip, and the stability.

### 3. Describe the Ortolani and Barlow's tests

The Ortolani and Barlow tests are the most reliable from birth-4 weeks of age. The Barlow test involves the thigh being adducted and light pressure applied to see if the femoral head can be felt to slip posteriorly out of the acetabulum. The Ortolani test involves abduction to the thighs and placing anterior pressure at the hip to see if the femoral head slips forward into the acetabulum.

### 4. How is hip dysplasia usually treated in infants?

The goal of treatment is to normalize the hip. A common nonsurgical device that is used is the Pavlik harness device. The Pavlik harness device is used to correctly position the hip joint as it forms and solidifies. It is a Velcro strap that allows the femoral head or the hip to dock into the socket and helps the socket to develop. Another option is surgery, which includes a closed reduction. This is when the hip is externally manipulated by making an incision to put the ball into the socket. If this is unsuccessful, the hip socket is opened, and the blockage is removed (open reduction). Then, a spica cast is placed, which goes from the nipple line down to below the legs and it allows the socket to mold around the ball.

### 5. What are some nursing considerations related to the care of infant requiring the wear of a Pavlik harness or hip spica cast?

Some nursing considerations related to the care of the infant is teaching about clothing, positioning for breastfeeding, how to get them into a car seat, etc. The primary nurse goal is teaching how to apply and maintain the reduction devices. It should be instructed not to adjust the harness. Skin care is important to prevent skin breakdown (check skin frequently for redness/irritation in skin folds or under straps, gently massage healthy skin under the straps once a day to stimulate circulation, avoid lotions and powders). It is encouraged for parents to hold the infant and continue to nurture them. It is important for nurses to be available for any questions that the parent may have to decrease anxiety about routine care. These devices should not exclude children from activities. A wheelchair, stroller, or wagon could be options for motility as well.