

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?

DDH describes a spectrum of disorders related to abnormal development of the hip that may occur at any time during fetal life, infancy, or childhood. A change in terminology from congenital hip dysplasia and congenital dislocation of the hip to DDH more properly reflects a variety of hip abnormalities in which there is a shallow acetabulum, subluxation, or dislocation

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

Usually appears as hip joint laxity rather than as outright dislocation. Could also have shortening of the limb on the affected side, asymmetric thigh and gluteal folds, and decreased hip abduction on the affected side.

3. Describe the Ortolani and Barlow's tests

Barlow test: the thigh is adducted, and light pressure is applied to see if the femoral head can be felt to slip posteriorly out of the acetabulum.

Ortolani test: Involves abducting 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 hip joint is maintained, by dynamic splinting in a safe position with the proximal femur centered in the acetabulum in a degree of flexion. The Pavlik harness is the most widely used device, and with time, motion, and gravity, the hip works into a more abducted, reduced position. Harness is worn for 22-24hrs a day for 6-12 weeks. If there is difficulty maintaining stable reduction of the femoral head, a surgical closed reduction of the hip and application of a hip spica cast is performed

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

The cast may need to be changed to fit the child's growth. Keep cast clean and dry. Have frequent skin checks on where the device is at/ under the straps. Diaper still needs to be placed and recommended to have thin cotton shirt under the harness. Observe for neurovascular compromise under the harness. Gentle handling of the infant.