

Brace treatment for DDH

ORTHOPAEDIC FACT SHEET 23

Babies with developmental dysplasia of the hip (DDH) are generally referred to a paediatric orthopaedic surgeon or paediatrician. The way DDH is treated depends on the child's age and the severity of the condition.

Infants with very mild or borderline DDH may be monitored with a follow-up hip ultrasound and clinical examination in around six weeks.

Babies with confirmed DDH are generally treated in an 'abduction brace', which holds the legs apart. This helps the hip socket to deepen and the hip to become stable with growth. There are different types of brace available and the doctor will determine which is best for your baby (**Figure 1**).

While undergoing brace treatment your child will be seen regularly by their doctor to monitor their progress and check the brace. Hip ultrasounds (usually every four to six weeks) are used to monitor hip joint development until the baby is around six months old. In older babies and young children x-ray is used. Most babies wear the brace for around 12 weeks; however, this varies depending on how your child responds to treatment. Older babies or those with more severe DDH may need to wear the brace for longer.

Some babies might need to wear the brace all day and night, and wash with a sponge bath. Skin care is important. Check the skin under the brace regularly for signs of pressure or rubbing. Also check that your child can bend and straighten their knees while wearing the brace. Speak with your doctor if you have any concerns.

A rare complication of brace treatment is a growth problem of the femoral head (avascular necrosis). This may not be evident until the child is older. It is important that your child visits the doctor for follow-up after brace treatment has finished.

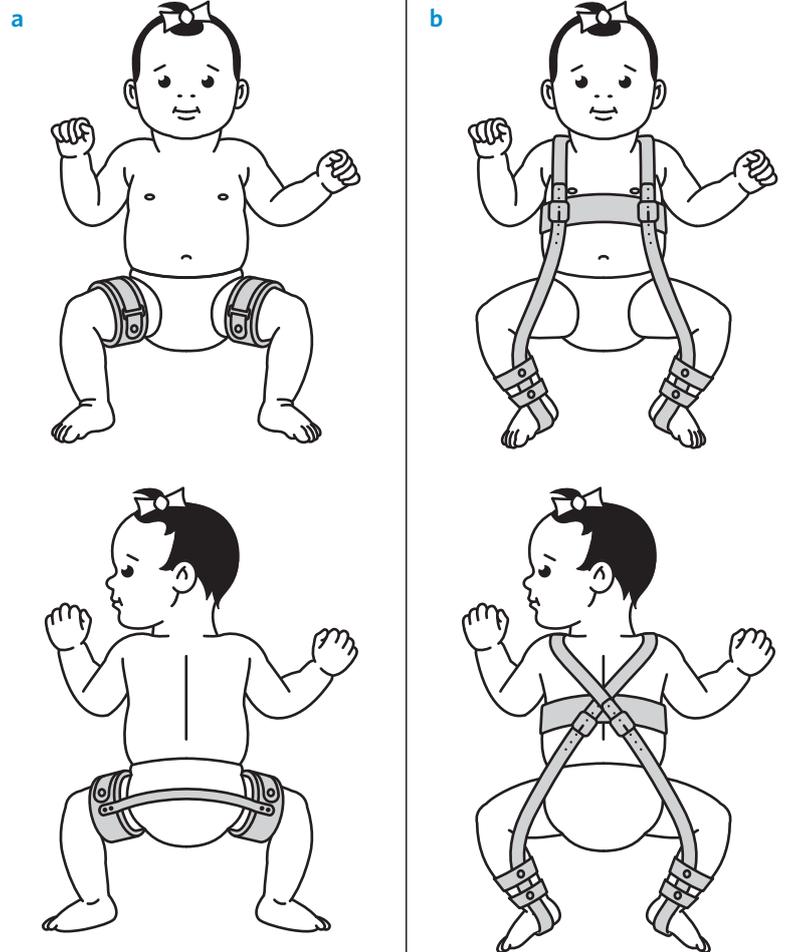


Figure 1. Bracing for DDH includes the Dennis-Browne brace (a)

Pavlik harness (b)