

FETAL HIPS FOR DEVELOPMENTAL DYSPLASIA:

- Prep: None. The patient should be between the ages of one month to approximately six months. The patient will do better for the examination if they have been recently fed or have a bottle or pacifier to increase comfort and cooperation during examination.
- Basic Principle: Use the highest frequency linear transducer that permits penetration of the soft tissues. Both hips are examined in the coronal and transverse planes and are assessed at rest and with stress maneuver (posterior push maneuver). If the relationship of the femoral head to the posterior acetabulum changes with stress maneuver, the hip is unstable. **Application of stress is omitted when hips are being examined in a Pavlik harness or splint device unless otherwise requested by the orthopedic surgeon.**
- The following views are obtained for both hips:
 - Coronal view: The anatomic coronal plane is approximately parallel to the posterior skin surface of an infant.
 - Coronal extension neutral
 - Coronal flexion posterior lip - rest
 - Coronal flexion posterior lip - stress
 - Coronal flexion mid rest
 - Coronal flexion mid adduction
 - Transverse view: The transverse plane is the anatomic transverse or axial plane and done with the knee flexed at 90 degrees.
 - Transverse flexion - rest
 - Transverse flexion - adduction/stress
 - Transverse extension neutral