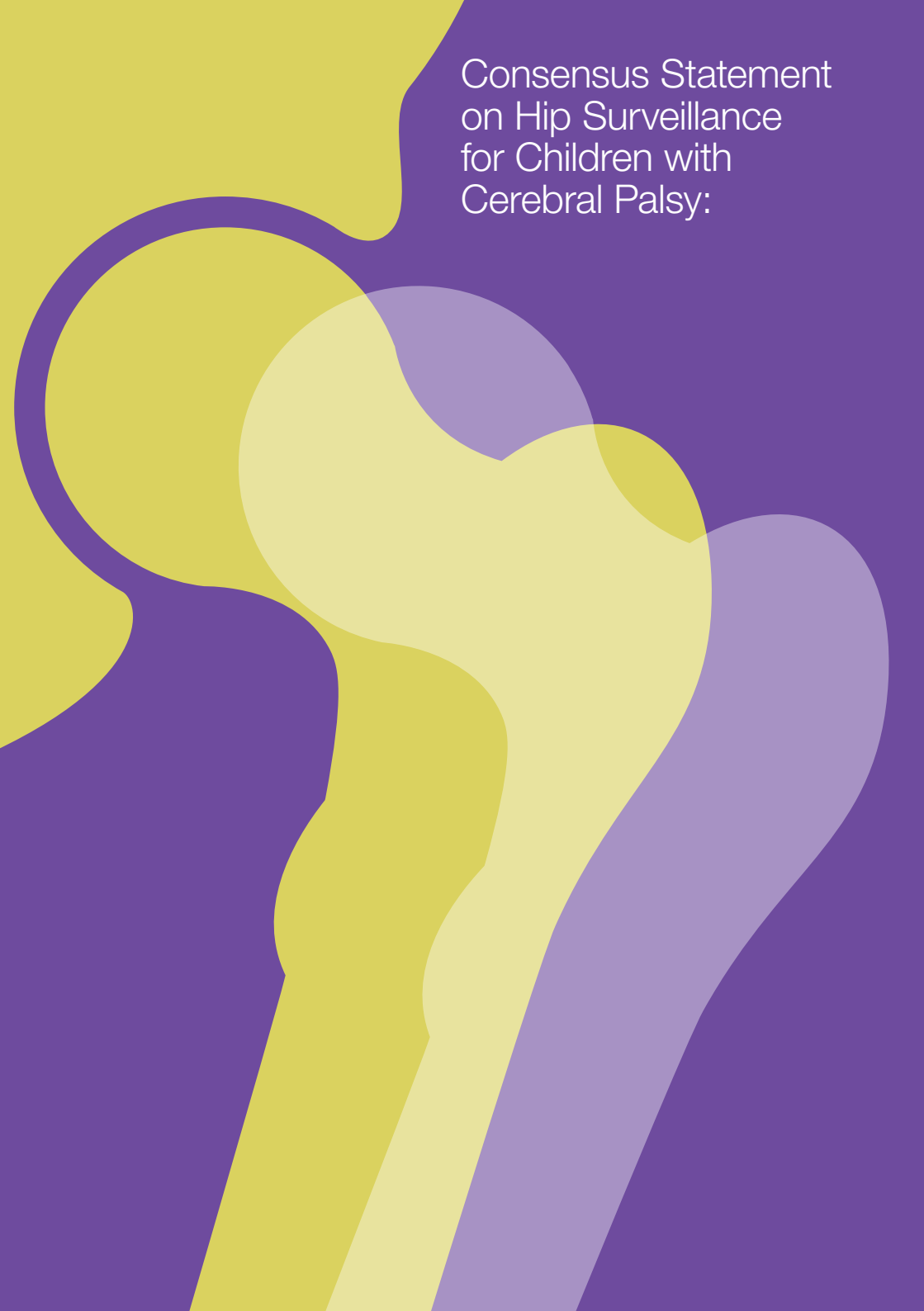
Consensus Statement on Hip Surveillance for Children with Cerebral Palsy:



Consensus Statement on Hip Surveillance for Children with Cerebral Palsy:
Australian Standards of Care

Every child should be referred for hip surveillance[1] at the time cerebral CP)
[2]rhopaely d st8evtlafonof

Recommended frequency of hip surveillance

Initial clinical assessment[8]

Review at 8 – 10 years of age[6]

Initial clinical assessment[8] and AP pelvic radiograph[11] at 12–24 months of age[6]

Continue 6 monthly surveillance[1] until 7 years of age[6]

Verify GMFCS[4] level

– If GMFCS[4] level has changed, ongoing surveillance[1] according to confirmed[13] classification

If MP[9] is stable[10], below 30% and gross motor function[5] is stable, continue 12 monthly surveillance[1] until skeletal maturity[17]

Independent of MP[9], if clinical[8] and/or radiographic evidence of scoliosis[18] or pelvic obliquity[19] is present, 6 monthly surveillance[1] is required until skeletal maturity[17]

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WGH IV[12] gait[20] pattern clearly declares itself by 4–5 years of age[6]

The child with a classification of WGH IV[12] has the potential for late onset progressive hip displacement[3] regardless of GMFCS[4] level

Verify WGH IV[12]

Hip surveillance[1] continues 12 monthly until skeletal maturity[17]

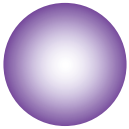
Referral to orthopaedic surgeon should occur when:

MP[9] is unstable[10] and/or progresses to greater than 30%[15]

There is pain related to the hip[25]

Other orthopaedic conditions[26] are identified

The intention of hip surveillance[1] is that orthopaedic review occurs at the appropriate time. Every child referred to orthopaedic services should be managed with an individualised management plan[27] which may or may not include ongoing hip surveillance[1].



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These hip surveillance standards of care for children with cerebral palsy were endorsed by the Australasian Academy of Cerebral Palsy and Developmental Medicine (AusACPDM) on 28th October 2008. Endorsement by AusACPDM is granted for a period not exceeding five years, at which date the approval expires. The AusACPDM expects that these standards of care will be reviewed no less than once every five years.

These Standards of Care are due for review by 28/10/2011

This document is one of three:

1. Consensus Statement on Hip Surveillance for Children with Cerebral Palsy: Australian Standards of Care

2. Annotations and References for the Consensus Statement on Hip Surveillance for Children with Cerebral Palsy: Australian Standards of Care

3. Explanatory Statement to Accompany the Consensus Statement on Hip Surveillance for Children with Cerebral Palsy: Australian Standards of Care

This document is endorsed as a general outline of appropriate clinical practice, based on a review of the best evidence available at the time of publication, and is to be followed subject to the clinician's judgment and the patient's preference in each individual case. The AusACPDM takes no responsibility for evidence or information published subsequent to this review.