**Recommended procedure for examination of developmental dysplasia of the hip**

All infants should be examined regularly in the first year of life at home visit | 2 weeks | 4 weeks | 8 weeks | 4 months | 8 months | 12 months utilising the procedure described below.

Hip screening should continue as part of the normal health check up until 3.5 years of age.

### Procedure

1. Gain consent of parents/caregivers
2. Ensure a warm and quiet environment for examination
3. Fully unclothe infant from the waist down
4. Assess for hip stability
   - Ortolani and Barlow test
     - After the age of three months, the Barlow and Ortolani tests may be unreliable\(^1,2,3\)
5. Test for asymmetry
   - Asymmetry of skin creases
   - Shortening of the limb
     - Galeazzi test
   - Limitation of abduction of the hip
     - Limitation of abduction is the most reliable sign for developmental dysplasia of the hip in the older infant
6. Perform general examination
   - Look for packaging disorders such as plagiocephaly, torticollis and foot deformities, which are associated with an increased risk of developmental dysplasia of the hip.
   - Some complex conditions are also associated with developmental dysplasia of the hip. These include Down syndrome, arthrogryposis, Larsen’s syndrome and spina bifida.
7. Record and document findings
   - If physical findings raise suspicion of DDH, refer to a GP utilising the DDH referral form.

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