

Treating Hip Dysplasia with a Hip Abduction Brace

Royal Columbian Hospital



Your child must wear the brace for _____ hours a day. Only remove it to change diapers, bath your child, and when placing in a car seat.



What is development dysplasia of the hip?

Some babies are born with loose fitting hip joints. The medical term for this is “developmental dysplasia of the hip” or hip dysplasia (say *dis-play-sha*).



With this condition, the hip socket does not fully cover the ball part of the upper thighbone (or femur). The ball part can either wobble in the socket or fall out of the socket. When it falls out of the socket, the medical term is dislocation.

How is this condition found?

Hip dysplasia might be present at birth or develop anytime before a child starts to walk.

Doctors and midwives check for this condition at birth and during the first year of life of a child. Ultrasound or x-rays of the hips confirm the condition.

It is not your fault!

Remember, you cannot prevent this condition. It is nobody's fault. Some children are more likely to have this condition.

It can be fixed!

The sooner we start treatment, the better. Any delay means the treatment will not work as well. A delay increases the chances of the child getting hip arthritis in early adult life, and can result in lifelong disability.

What is a hip abduction brace?

Abduction means to move a body part away from the sides of the body. A hip abduction brace holds your child's legs in a position that allows the hip joint to tighten naturally and to grow correctly. The brace does not slow your child's growth. Your child will still learn to sit, roll over, crawl, and walk while wearing the brace.

The hip abduction brace is a rigid brace made of plastic, foam, and Velcro. You might also hear the brace called a hip abduction orthosis.



How long does my baby need the brace?

Your child will likely have to wear the brace for 23 to 24 hours a day.

As your child grows, we might need to change the size of the brace. The specialist determines how long your child must wear the brace.

How do I put the brace on my child?

Our orthotist fits your child with the brace. Only adjust the brace if the specialist or orthotist has said you can and shown you how to do this.

Steps

1. Always dress your child in a thin layer of clothing under the brace, such as thin, stretchy pants or tights. No zippers or snaps.
2. Lay your child on their back.
3. Lift your child's bottom up. Place the brace under your child's bottom. Don't lift your child by the legs.
4. Wrap the foam around each thigh so the foam edges overlap snugly. Secure the Velcro straps



5. Secure the Velcro strap around the waist so it is snug, not tight.



Your child should be held securely in the brace. There should not be any gaps between the thigh and the foam padding.



No gap between
the brace and the
back of the knee

If there is a gap between the brace and the back of your child's knee, you might want to check with the orthotist. The orthotist can check to make sure your child's brace is the correct size.

Care at home

Diaper Changing: Remove the brace to change diapers.

Bathing: Remove the brace to bath your child.

Feeding: If you are breastfeeding, you might need to try some different positions. Try the football hold. Contact a Public Health Nurse or Lactation Consultant if you need help or advice.

When feeding solid foods, you can place your child in a highchair, as long as your child and brace fits into the chair easily. You might need to put a pillow in the back to move their bottom to the front of the chair.

Sleeping: It can take some children a day or two to get used to the brace. Your child might cry a little or seem unsettled for a couple of nights. This is normal.

Place your child on their back to sleep. You can support their legs with a rolled up towel or thin pillow, if needed.

To cover your child, use a sleep sack or a blanket.

Leg checks: Make sure your child is moving their legs regularly. Look for them to be doing these things:

- kicking both legs equally
- able to straighten their knees and hips equally
- making normal leg movements

Check your child's feet during the day. Make sure their feet are warm to touch and pink in colour.

Car trips: Remove the brace before placing your child in the car seat. Keep car trips short.

The brace: Wipe the brace as needed. Close the Velcro before cleaning. Use lukewarm water and your child's regular bath soap to wipe down the brace.

Ending the use of the brace

We will continue to check in with you and track your child's hip growth. You will need to bring your child in for regular checks.

Near the end of the treatment, we arrange for your baby to have an ultrasound or x-ray. The specialist at the Hip Dysplasia Clinic reviews the results.

If your child's hips are normal, we let you know you can stop using the brace.

Certified Orthotist: A health care professional who makes and fits braces and splints. They work under a doctor's order. (say *or-thought-ist*)

Paediatric Orthopaedic Surgeon: A doctor who is a specialist in the bones, joints, and muscles of babies and children.
(say *pee-dee-aa-tric or-tho-pee-de-ick*)

Questions and concerns

Contact either the specialist doctor or the orthotist if you have questions or concerns about:

- the fit of the brace
- skin problems under the brace
- your child's leg movements
- the colour or warmth of your child's feet

We might need to schedule an appointment to check the fit of the brace.

Paediatric Orthopaedic Surgeon, Dr. Tarchala	604-522-2322
Certified Orthotist, Lisa Bennett	778-928-0182
	info@orthos.ca

Online resources about hip dysplasia:

- Developmental dysplasia of the hip,
About Kids Health, Ontario
aboutkidshealth.ca/hipdysplasia
- International Hip Dysplasia Institute
hipdysplasia.org



Thank you to the parents who graciously allowed us to photograph their daughter for this resource!

www.fraserhealth.ca

This information does not replace the advice given to you by your healthcare provider.

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For more copies: patienteduc@fraserhealth.ca