Screening
1. All children have 2 examinations by 3 months
2. ↑ Risk of tears → USS
3. Any doubt → x-ray @ 3-4 months
4. Re-examine @ 6 months when weight bearing begins

If dislocated (Obltani+), then splint (e.g. Barlow’s harness)
If dislocatable (Barlow+), then re-examine @ 3/62 intervals

DDH

Risk Factors:
- breech
- female (DDH)
- clicking hip
- other deformity

The Limping Child Diagnoses

Transient synovitis
- preceding minor infection/trauma
- Irritable hip
- ESR↑

Dead endusion

Septic Arthritis
- similar to immune hypersensitivity
- most common is Staph. aureus.
- rapid onset
- all movements of hip restricted
- Kocher’s Criteria:
  1. Febrile
  2. WCC > 12×10⁹/L
  3. NWB
  4. ESR > 40

SUFE
- onset pain in groin/leg
- NWB
- Lab abduction = 1st rotation

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