

**Pediatric Orthopedics Clinic Referral  
Request for DDH  
(Developmental Dysplasia of the Hip)**

McMaster Children's Hospital Site  
PHONE: 905-521-2100 Ext. 75094

Please fax referral request to:  
905-570-8958 – Attention: Pediatric Orthopedics

Referral Date (yyyy/mm/dd) \_\_\_\_\_

Referring Physician (print) \_\_\_\_\_  
(signature) \_\_\_\_\_

Phone \_\_\_\_\_ (ext) \_\_\_\_\_

Fax \_\_\_\_\_

OHIP Billing Number \_\_\_\_\_

**Reason for Referral:**  Risk factor present  Clinical abnormality (Please see diagrams on back)

**Risk Factors:**  Breech  Female  Firstborn  Family history of DDH (Developmental Dysplasia of the Hip)

**Family History of DDH Details:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Clinical Abnormality:	Right	Left	Bilateral
Barlow sign	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Galeazzi sign	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ortolani sign	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limited / Asymmetrical Abduction sign	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Other Clinical Concerns:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Screen hips for DDH at birth and at every visit until the child is walking normally with maneuvers and tests described on back of form.

Patient's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Date of Birth (yyyy/mm/dd) \_\_\_\_\_  Female  Male

Premature:  Yes  No HIN \_\_\_\_\_

Gestational age at birth: \_\_\_\_\_ weeks

Legal Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Legal Guardian Contact Number(s): \_\_\_\_\_

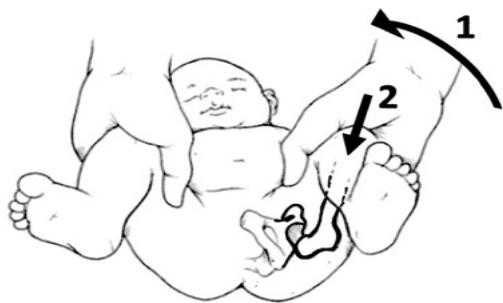
Interpreter Required:  
 No  Yes - Language \_\_\_\_\_

Primary Care Physician \_\_\_\_\_  
Contact Number \_\_\_\_\_



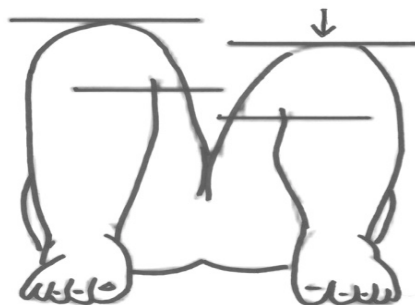
## Screening for DDH

**The Barlow Maneuver** identifies an unstable hip joint that can be passively dislocated.



The infant is placed in a supine position with the hip flexed to 90° and in neutral rotation. The examiner adducts the hip (1) while applying a posterior force on the knee (2) to cause the head of the femur to dislocate posteriorly from the acetabulum. **A palpable clunk (+ve Barlow sign)** indicates the femoral head has dislocated posteriorly out of the acetabulum.

**The Galeazzi Test** identifies a hip joint that lies dislocated posteriorly (or a short femur).



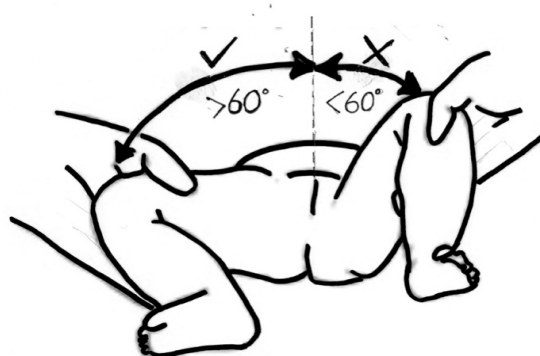
The infant is positioned in the same manner as for the Barlow maneuver, in a supine position with the hips flexed symmetrically, the feet touching the surface and the ankles touching the buttocks. **Unequal knee heights knees (+ve Galeazzi sign)** indicates a hip joint that lies dislocated posteriorly (or a short femur)

**The Ortolani Maneuver** identifies a dislocated hip joint that can be reduced.



The infant is positioned in the same manner as for the Barlow maneuver, in a supine position with the hip flexed to 90°. From an adducted position, the hip is gently abducted (1) while lifting or pushing the femoral trochanter anteriorly with the long finger (2). **A palpable clunk (+ve Ortolani sign)** indicates the femoral head has reduced back into the acetabulum.

**Asymmetric/limited hip abduction** may signify a hip joint is subluxed or dislocated.



The infant is placed in a supine position with the hips flexed to 90° and in neutral rotation. The examiner abducts both hips simultaneously. Normally both hips abduct the same amount and over 60 degrees. **Asymmetric hip abduction (more than 10 degrees different) or limited hip abduction (less than 60 degrees on either side)** indicates a hip joint that may be subluxed or dislocated.