Why are Hip Surveillance programs being implemented?

One in three children with Cerebral Palsy (CP) will develop progressive hip dysplasia, which can affect their ability to sit, stand or ambulate, as well as cause pain. Early detection and intervention can minimize the need for later procedures or surgeries and improve quality of life. Children with GMFCS levels III-V appear at greatest risk.

Why do we want to do Hip Surveillance?

- Children with cerebral palsy are more likely to have a hip problem called “hip dysplasia.”
- Hip dysplasia is when the thigh bone (femur) and the hip bone (pelvis) don’t grow into the right shape for the hip joint to work well.
- Hip dysplasia can lead to “hip dislocation” (where the thigh bone doesn’t stay tight against the bone of the pelvis anymore).

Why is implementing these programs?

Some of the largest school districts in the United States, along with several international organizations that pioneered such programs, have established and implemented large-scale Hip Surveillance programs to screen young children with cerebral palsy on a regular basis and detect early-stage problems, with the goal of improving treatment strategies and outcomes.

How does standing in abduction in Zing products fit into Hip Surveillance programs?

Multiple hip surveillance program guidelines outline early evaluation for a standing system/program, especially those at greatest risk for hip dislocation (GMFCS levels III-V), as one of the tenets that should be included in a hip surveillance plan. One of the early indicators commonly related to hip dysplasia is a reduction in hip abduction/extension ranges, especially hip abduction decreasing below 30 degrees.

As a result, standing in abduction in the Zing line of standing products can provide up to 60 degrees of bi-lateral abduction (30 degrees independently on each leg). Zing standers feature anatomically correct hip abduction pivot points located directly behind and in-line with the pelvis. Proper offset on the leg supports allow for the entire leg to abduct with out the need to adjust knee or foot supports, use wedges or other position modification, and abduction can be used throughout the standers positioning range.

While standing can be a positive intervention for those at risk of hip dysplasia, it is only one part of a larger intervention plan.
Where are Hip Surveillance programs being implemented?

**Australia:**

**Sweden:** http://cpup.se/in-english/

**British Columbia-Canada:** http://childhealthbc.ca/hips

**United Kingdom:**
- Spasticity in children and young people—Support for education and learning: practice-based implementation advice: NHS
- Surveillance of Cerebral Palsy in Europe:

**California Center for Public Health Advocacy:**
- Surveillance to Salvage Seminar: http://shrinerschildrens.org/cphip/

**Shriner Hospital for Children- N. California:** www.hipscreen.org

**Boston Children’s Hospital Orthopedic Center:**
bostonchildrens.org/cp

---

**REFERENCES**


