

## THE IMPORTANCE OF HIP JOINT CONTROL FOR CEREBRAL PALSY PATIENTS

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**Introduction:** Hip control is the process of identifying and monitoring critical early indicators of progressive hip displacement. Hip displacement, or subluxation, is the gradual movement of the femoral head laterally from under the acetabulum. A hip is dislocated when the femoral head is completely displaced from under the acetabulum. Hip monitoring involves clinical examinations by a pediatric physiotherapist and x-ray of the hip at regular times. Hip X-rays are performed to see the hip joint because hip displacement can occur without any signs or symptoms. Participating in a hip monitoring program allows your child's health care team to detect hip displacement early and help your child before hip dislocation occurs. If the health care team finds signs of hip displacement, they can refer your child to a pediatric orthopedic surgeon (pediatric orthopedic surgeon) for treatment to prevent dislocation. Children with cerebral palsy (CP) are at risk for hip displacement.

**The aim** of this research is to outline recommendations for hip control to ensure that children with CP receive appropriate screening and are referred to a pediatric orthopaedic surgeon at appropriate time to minimize or prevent complications associated with hip dislocations. Hip displacement is often silent, with no physical signs or symptoms. Left untreated, displaced or dislocated hips may cause pain, decrease hip range of motion, decrease sitting, standing, or walking tolerance, and difficulty with personal care. Timely orthopaedic management is critical to those children identified through surveillance as having progressive displacement. This document does not address the orthopaedic management of progressive hip displacement. The intervention should be tailored to the needs of the individual child.

The main point when we should start the hip control for the children; the child should join a hip monitoring program when he or she is diagnosed with having cerebral palsy. The children will have their first clinical examination when they join the program. The number of times a child requires clinical examinations and X-rays depends on his or her mobility. We use a measure called the GMFCS to help us. The GMFCS is a five level classification system for children with CP that is based on self initiated movement. It was originally created in 1997 and was expanded and revised in 2007 [1, 2].

**Materials and methods:** Analysis of literature

**Results:** The treatment options will depend on your child's needs. The goal of treatment is to keep your baby's hip in place and make sure it moves easily, while preventing pain as your baby grows. Children who undergo surgery for hip displacement should return to the hip monitoring program after surgery until they stop growing.

**Conclusion:** Cerebral palsy affects the child's ability to move. When children are late to walk or stand or can only do so with help, the hip joint may not develop as expected. In addition, the muscles that pull the legs together and up are often tight or firm and can pull the hip out of position. If you are not sure that your child is at risk of hip displacement, it is recommended to consult a physiotherapist, family doctor or pediatrician who is following your child's condition.

**Key words:** dislocation, displacement, children, monitoring, GMFCS.

### References

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