Australian Hip Surveillance Guidelines for Children with Cerebral Palsy 2020

- ~ If GMFCS level has changed, continue Initial clinical assessment at 24 months of age ~ If GMFCS I is confirmed, repeat clinical (or at identification if older than 24 months). surveillance according to confirmed assessment. AP pelvic radiograph is NOT × **No** routine AP pelvic radiograph required classification required and if no other significant signs, discharge from surveillance F C S Review at 3 years of age - If identified as Winters, Gage and Hicks ~ If GMFCS level has changed, or if (WGH) group IV hemiplegia, continue - Verify GMFCS level surveillance according to WGH group IV identified as WGH group IV hemiplegia, **B**M ~ If GMFCS I is confirmed, repeat clinical continue surveillance according to classification assessment. AP pelvic radiograph is confirmed classification • Review at 5 years of age **NOT** required - Verify GMFCS level Initial clinical assessment and AP ~ If GMFCS level II confirmed, repeat clinical ~ If GMFCS level has changed, or if pelvic radiograph at 24 months of age identified as WGH group IV hemiplegia, assessment and AP pelvic radiograph (or at identification if older than 24 months) continue surveillance according to ~ If GMFCS level has changed, or if confirmed classification Review at 3 years of age identified as WGH group IV hemiplegia, **GMFCS II*** continue surveillance according to - If MP is stable discharge from surveillance - Verify GMFCS level confirmed classification - If MP is abnormal continue 12 monthly ~ If GMFCS II confirmed, repeat clinical - If MP is abnormal continue 12 monthly surveillance, including AP pelvic radiograph, assessment. AP pelvic radiograph is surveillance until stability is established until stability is established or skeletal **NOT** required maturity • Review at 8 to 10 years of age ~ If GMFCS level has changed, continue • In the presence of pelvic obliquity, leg length surveillance according to confirmed - Verify GMFCS level discrepancy or deteriorating gait, continue classification ~ If GMFCS II confirmed, repeat clinical 12 monthly surveillance • Review at 5 years of age assessment and AP pelvic radiograph - Verify GMFCS level Initial clinical assessment and AP pelvic ~ If GMFCS level has changed, continue • At skeletal maturity, in the presence of radiograph at 24 months of age surveillance according to confirmed pelvic obliquity, leg length discrepancy **GMFCS III** or deteriorating gait, continue 12 classification • Review at 3 years of age monthly surveillance Continue 12 monthly surveillance with clinical - Verify GMFCS level assessment and AP pelvic radiograph until ~ If GMFCS III confirmed, repeat clinical skeletal maturity assessment and AP pelvic radiograph Initial clinical assessment and AP pelvic - Continue 6 monthly surveillance until MP Independent of MP, when clinical and/or radiograph at 12 to 24 months of age radiographic evidence of scoliosis or pelvic stability is established **GMFCS IV*** obliquity is present 6 monthly surveillance Review 6 months later - If MP is abnormal continue 6 monthly is required until skeletal maturity surveillance until MP stability is established - Verify GMFCS level • At skeletal maturity, if MP is abnormal - When MP is stable reduce frequency ~ If GMFCS IV confirmed, repeat clinical and progressive scoliosis or significant of surveillance to 12 monthly until assessment and AP pelvic radiograph pelvic obliquity is present continue skeletal maturity ~ If GMFCS level has changed, continue 12 monthly surveillance surveillance according to confirmed classification Initial clinical assessment and AP pelvic - Continue 6 monthly surveillance until MP Independent of MP, when clinical and/or radiograph at 12 to 24 months of age stability is established radiographic evidence of scoliosis or pelvic • Review 6 months later
- **GMFCS V***

~ If GMFCS IV confirmed, repeat clinical assessment and AP pelvic radiograph ~ If GMFCS level has changed, continue surveillance according to confirmed classification

- Verify GMFCS level

- If MP is abnormal continue 6 monthly surveillance until MP stability is established
- When MP is stable reduce frequency of surveillance to 12 monthly until skeletal maturity
- obliquity is present, 6 monthly surveillance is required until skeletal maturity
- At skeletal maturity, if MP is abnormal and progressive scoliosis or significant pelvic obliquity is present, continue 12 monthly surveillance

- WGH group IV gait pattern usually declares itself by 4 to 5
- ~ If not WGH group IV continue according to
- ~ If not WGH group IV continue according to

9





inters, Gage and Hic group IV legia U U

years of age

The child with a classification of WGH group IV has the potential for late onset progressive hip displacement regardless of GMFCS level.

- Review at 5 years of age
- Verify WGH gait classification and GMFCS level
- ~ If WGH group IV confirmed, repeat clinical assessment and AP pelvic radiograph
- GMFCS classification
- If MP is stable, review at 10 years of age
- If MP is abnormal, continue 12 monthly surveillance including AP pelvic radiograph, until MP stability is established
- Review at 10 years of age
- Verify WGH classification
- ~ If WGH group IV confirmed, repeat clinical assessment and AP pelvic radiograph

GMFCS classification

- Continue 12 monthly surveillance until skeletal maturity
- At skeletal maturity if significant scoliosis, pelvic obliquity, leg length discrepancy or deteriorating gait are present, continue 12 monthly surveillance



Group IV Equinus/ Pelvic rotation, hip adductio

Gait patterns in hemiplegia (Winters, Gage and Hicks, 1987)

*Referral for orthopaedic assessment should occur when:

• MP progresses to greater than 30% • There is pain related to the hip • Other musculoskeletal conditions or concerns are identified

Download available from: www.ausacpdm.org.au/professionals/hip-surveillance

Due for review by December 2025







Endorsed by:

