Australian Hip Surveillance Guidelines for Children with Cerebral Palsy 2020

**GMFCS I**
- Initial clinical assessment at 24 months of age (or at identification if older than 24 months).
- Review at 3 years of age.
- Verify GMFCS level.
- If GMFCS I is confirmed, repeat clinical assessment. AP pelvic radiograph is **NOT** required.
- If GMFCS level has changed, continue surveillance according to confirmed classification.
- If identified as Winters, Gage and Hicks (WGH) group IV hemiplegia, continue surveillance according to WGH group IV classification.
- Review at 5 years of age.
- Verify GMFCS level.

**GMFCS II**
- Initial clinical assessment and AP pelvic radiograph at 24 months of age (or at identification if older than 24 months).
- Review at 3 years of age.
- Verify GMFCS level.
- If GMFCS II confirmed, repeat clinical assessment. AP pelvic radiograph is **NOT** required.
- If GMFCS level has changed, continue surveillance according to confirmed classification.
- Review at 5 years of age.
- Verify GMFCS level.

**GMFCS III**
- Initial clinical assessment and AP pelvic radiograph at 24 months of age.
- Review at 3 years of age.
- Verify GMFCS level.
- If GMFCS III confirmed, repeat clinical assessment and AP pelvic radiograph.
- If GMFCS level has changed, continue surveillance according to confirmed classification.
- Continue 12 monthly surveillance with clinical assessment and AP pelvic radiograph until skeletal maturity.

**GMFCS IV**
- Initial clinical assessment and AP pelvic radiograph at 12 to 24 months of age.
- Review 6 months later.
- Verify GMFCS level.
- If GMFCS IV confirmed, repeat clinical assessment and AP pelvic radiograph.
- If GMFCS level has changed, continue surveillance according to confirmed classification.
- Continue 6 monthly surveillance until MP stability is established.
- 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.

**GMFCS V**
- Initial clinical assessment and AP pelvic radiograph at 12 to 24 months of age.
- Review 6 months later.
- Verify GMFCS level.
- If GMFCS V confirmed, repeat clinical assessment and AP pelvic radiograph.
- If GMFCS level has changed, continue surveillance according to confirmed classification.
- Continue 6 monthly surveillance until MP stability is established.
- 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.
- Independent of MP, when clinical and/or radiographic evidence of scoliosis or pelvic obliquity is present, continue 12 monthly surveillance.

**Winters, Gage and Hicks gait pattern**
- WGH group IV gait pattern usually declares itself by 4 to 5 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.
- If not WGH group IV continue according to 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.
- If not WGH group IV continue according to 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.

*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.