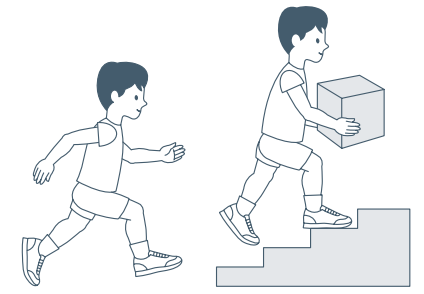


Australian Hip Surveillance Guidelines for Children with Cerebral Palsy 2020

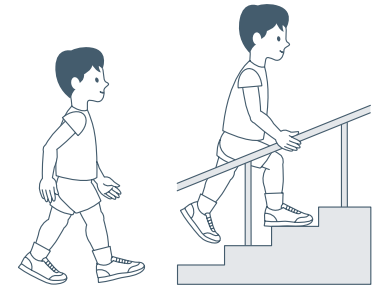
GMFCS I*

- Initial clinical assessment at 24 months of age (or at identification if older than 24 months). **No** routine AP pelvic radiograph required
- 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
- If GMFCS I is confirmed, repeat clinical assessment. AP pelvic radiograph is **NOT** required and if no other significant signs, discharge from surveillance
- If GMFCS level has changed, or if identified as WGH group IV hemiplegia, continue surveillance according to confirmed classification



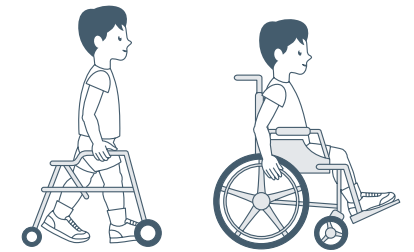
GMFCS II*

- 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
- If GMFCS level has changed, or if identified as WGH group IV hemiplegia, continue surveillance according to confirmed classification
- If MP is stable discharge from surveillance
- If MP is abnormal continue 12 monthly surveillance, including AP pelvic radiograph, until stability is established or skeletal maturity
- In the presence of pelvic obliquity, leg length discrepancy or deteriorating gait, continue 12 monthly surveillance



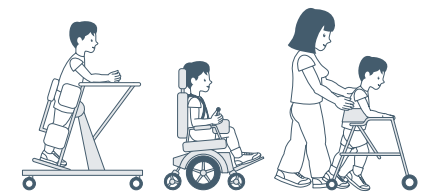
GMFCS III*

- 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
- At skeletal maturity, in the presence of pelvic obliquity, leg length discrepancy or deteriorating gait, continue 12 monthly surveillance



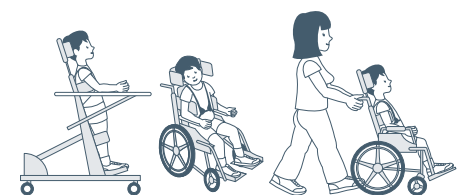
GMFCS IV*

- 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
- Independent of MP, when clinical and/or radiographic evidence of scoliosis or pelvic 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



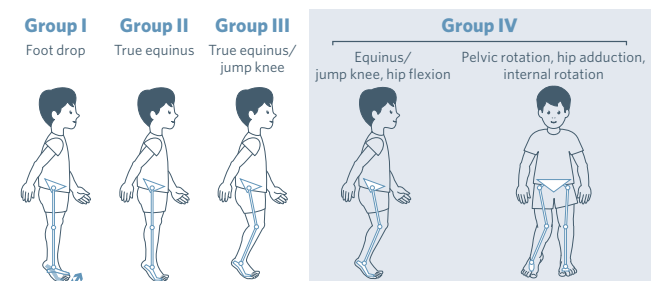
GMFCS V*

- Initial clinical assessment and AP pelvic radiograph at 12 to 24 months of age
- Review 6 months later
 - Verify GMFCS level
 - If GMFCS 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
- Independent of MP, when clinical and/or radiographic evidence of scoliosis or pelvic 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



Winters, Gage and Hicks hemiplegia group IV (WGH IV)*

- 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



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