

- Why are babies hips checked at birth in a newborn unit ?

After birth all newborn babies are in the unit and you will not miss any baby. In case of a decentred hip joint you can start with treatment immediately and you don't waste time(1)

Up to 10% of newborns avoid the obligatory control of hips examinations for different reasons(2)

Infants with CDH are born with a shallow acetabulum (type D), but the head is kept in the acetabulum. In exceptional cases the situation is different as is commonly agreed.

Ligamentum teres, which keeps the head in the acetabulum, starts to elongate and grow with each movement of the leg. It is an irreversible

Process- we are not able to shorten the elongated ligament nor the nerves or vessels inside (going to epiphysis), that is why examination in neonatal ward is so crucial.

There occurs also the mechanical damage of nervous fibres of nociceptive and proprioceptive in the limb and ligamentum teres of the Hip Joint (responsible for steering and positioning of the head in the acetabulum, (7)- they are more numerous than in The AC ligaments of the Knee (9)).

Which may result in the unsuccessful treatment of the CDH due to lack of Co-ordination between the proper muscle tension and child's movement. This makes maintaining the correct position of the head in the acetabulum impossible and speeds up destruction of joint cartilage. (8)

Incorrect head movement changes also the position of the iliopsoas muscle, which presses medial circumflex artery (the main nutritional vessel) to the

Edge of acetabulum and makes insertion of the head in the acetabulum impossible, reduced blood inflow hinders correct head growth, or destroys it if the process happens suddenly.(13)

The above mentioned changes are instrumental to the treatment and if we allow them to occur, the treatment's result never is never satisfactory.

Up till now, it is estimated, that the same number of newborns babies with CDH requires the hip joint replacement as about 60 years ago, **when they were the clinical examined.** (4,6)

More recent specialist literature considers screening of neonates as

early as possible to be ideal [1,3,7, 11, 12].

In order to guarantee successful treatment, the CDH must be detected in the Newborn Unit right after the birth and rebuilding of hip instability must be completed by 5th week of age when the regeneration process is the fastest(5)

One week of treatment after the birth equals one month of treatment later and there are no complications (1)

Medical statistics show a close correlation between an early diagnosis and complications due to treatment.(8)

What is most crucial ,an early diagnosis and appropriate treatment helps to prevent a risk of femur head destruction (avascular necrosis) which may occur as a result of incorrectly chosen treatment and delayed diagnosis(9).

In extreme cases of CDH with late diagnosis(even a few weeks after the newborn unit) with highest (most severe)dislocation of a femur head, necrosis occurs in every child regardless of kind of treatment(including operative procedure).(11)

Failure to detect CDH in time or inappropriate treatment will result in complication many year later,when it is too late for prevention.

The ultrasound hip screening by an orthopaedic doctor is a standard in Germany,Switzerland Austria since early eighty in the last century,which achieve four time better results of

operative treatment and in head destruction at least 10 time better (at present the best ever results in the world) then countries which do not apply obligatory ultrasound examinations

Due to limited expenses of public health service and Lack of appropriately qualified doctor, decision about hip ultrasound in neonatal unit should belong to parents, who in majority of cases, decide to perform an ultrasound hip examination, even if they have to pay for it additionally. They increase the chances of their child for health hip.The cost of a single examination is lower than complaints and costs caused by hip insufficiency due to congenital dislocation of the hip.

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somatic sense - the faculty of bodily perception; sensory systems associated with the body; in

[somaesthesia](#) ,
[sensory system](#)
[somatosensory system](#)
[somesesthesia](#)
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[somesesthesia](#)
[somatesthesia](#)
[interoception](#)
[cutaneous senses](#)
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[skin senses](#)
[touch modality](#)
[touch](#)
[proprioception](#)
[skin perceptiveness](#)
[tactility](#)
[touch perception](#)

[somataesthesia](#) ,

[somatic](#)

tactual sensation

feeling of movement

kinaesthesia

kinesthesia