

SCREENING FOR DEVELOPMENTAL DYSPLASIA OF THE HIP

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The incidence of developmental dysplasia of the hip (DDH) varies widely depending on the diagnostic criteria used, the age at assessment, and the screening strategy implemented. The most relevant risk factors include breech presentation, a first-degree family history of DDH, and female sex. Other factors, such as oligohydramnios and certain associated musculoskeletal deformities, may also increase the risk.

Early detection of DDH has been the subject of debate for decades. While some screening programs have adopted universal ultrasonographic screening, others have opted for strategies based on systematic clinical examination complemented by selective ultrasonography in infants with risk factors or suspicious clinical findings.

The available evidence does not demonstrate that universal ultrasonographic screening reduces clinically relevant outcomes of DDH, such as late diagnosis, the need for surgery, or long-term sequelae. Conversely, it increases the number of diagnoses and treatments performed during the first months of life, without clear evidence of improved long-term clinical outcomes.

Serial physical examination remains the cornerstone of DDH screening in primary care. Ultrasonography is the reference standard for hip assessment during the first months of life and has high diagnostic accuracy when performed by appropriately trained professionals at the appropriate age. However, ultrasonographic examinations performed during the first days of life may identify transient abnormalities related to the physiological immaturity of the hip that resolve spontaneously, thereby increasing the risk of overdiagnosis. Available evidence suggests that optimal diagnostic performance is achieved when ultrasonography is performed between 4 and 6 weeks of age.

Treatment with abduction orthoses is effective in most infants with clinically relevant DDH. However, many mild abnormalities or immature hips undergo spontaneous normalization; therefore, detection of these conditions through universal screening may promote overtreatment. In addition, orthotic treatment may create practical challenges for families and negatively affect caregivers' emotional well-being. Serious treatment-related complications are uncommon and occur mainly in more severe cases or in those diagnosed late.

Overall, current evidence supports a strategy based on serial physical examination of all infants, complemented by selective ultrasonography in the presence of major risk factors or

suggestive clinical findings. This approach provides the best balance between benefits, harms, and appropriate use of healthcare resources.

PREVINFAD RECOMMENDATIONS

Recommendation	Strength of recommendation
Universal ultrasonographic screening is suggested against.	Weak recommendation against
Systematic physical examination of both hips is suggested for all infants.	Weak recommendation in favor
Targeted ultrasonography is recommended for infants with major risk factors* or positive clinical signs.	Strong recommendation in favor

**Risk factors warranting selective ultrasonography*

- Breech presentation.
- First-degree family history of developmental dysplasia of the hip.

Other factors, such as female sex, oligohydramnios, torticollis, asymmetry of skin folds, or an isolated hip click, may increase the risk but do not, by themselves, justify ultrasonographic evaluation unless they are associated with additional risk factors or persistent abnormal clinical findings on subsequent examinations.