## Answer clinical questions with UpToDate

Enter a word or	phrase in the Nev	v Search box.						
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The more specific ye	our search, the more	likely it will return the desired results.						
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+ Co	ontents	Patient Info What's New PCUs Calculators Drug Interaction	ns					
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			<b>View</b> Practice Changing Updates (PCUs).					
		Leave "What's New" by specialty						
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	Ne	New Search: Search in another language						
	dys	plasia - All Topics						
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		Adult						
Filter your		Pediatric     Patient						
search results.			<b>Review</b> list of topics within each spe	ecialty.				
Scaren results.		Graphics						
			Access patient education to share v	vith your patients				
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	dysplasia	- All Topics Q + Contents	Patient Info   What's New   PCUs   Calculators   Drug Interactions	Access drug interactions program,				
			Collapse Results Hide Topic Outline	in partnership with Lexicomp <sup>®</sup> .				
	Search Results for "dysplasis			in partnership with texteerinp .				
Hover over a topic to see the f		dysplasia : cervical intraepithelial neoplasia, bone dysplasia, bronchopulmonary dysplasia, fil						
Hover over a topic to see the fu		evelopmental dysplasia of the hip: Treatment and outcome	Topic Outline Show Graphics (8)	Calculate many different				
topic outline. Click on a link to g		<ul> <li>Summary and recommendations</li> <li>Terminology developmental dysplasia of the hip (Tables)</li> </ul>	SUMMARY AND RECOMMENDATIONS	medical measures.				
to a specific section.	- Pediatric		INTRODUCTION					
		lanagement of Barrett's esophagus	TERMINOLOGY OVERVIEW					
Prioritize the order in which —	Graphics S	<ul> <li>Summary and recommendations</li> <li>Endoscopic treatment of low-grade dysplasia and nondysplastic Barrett's esophagus</li> </ul>	Natural history of untreated DDH	Personalize your view by collapsing				
topics appear on the search	1		Indications for referral     Goal of treatment					
results page or filter your search	n	evelopmental dysplasia of the hip: Clinical features and diagnosis	AGE 0 TO 2 WEEKS	or expanding results or hiding the				
over Graphics only.		Summary and recommendations Clinical features	- Laxity	topic outline.				
over oraphies only.		Approach to diagnosis and referral	Dislocation or instability     Abnormal ultrasonography					
		= Diagnosis	AGE 2 WEEKS TO 6 MONTHS					
		<ul> <li>Diagnostic imaging</li> </ul>	Mild instability					
	c	ervical cancer screening tests: Evidence of effectiveness	Dislocation or persistent instability     Abduction devices					
		Screening recommendations and parameters	- Pavlik harness	Review Search Results.				
		Summary	Dysplasia without dislocation					
	G	astric intestinal metaplasia	AGE 6 TO 18 MONTHS OR FAILURE OF ABDUCTION SPLINT	Enhanced search results				
		Summary and recommendations	Dislocation	display the topics, sections				
		Management	- Timino of reduction					
				and graphics that are				
				most likely to answer your				
				clinical question.				
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Research the	e Topic							
Over 10,500 e	vidence-based							
		Link to information about View the date t	hat the topic was Search UpToD	ate topics				
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	C dysplasia	✓ All Topics Q → Contents						
	Developmental dysplasia of the hip: Trea	Itment and outcome	dysplasia Find Patient Prir					
View a detailed		0	I T	colleagues or patients.				
outline within	SUMMARY & RECOMMENDATIONS	Developmental dysplasia of the hip: Treatment and outcome						
each topic.		Author Section Editor Scott B Rosenfeld, MD William Phillips, MD	Deputy Editor Mary M Torchia, MD	Print text, references,				
	TERMINOLOGY OVERVIEW							
<b>Click</b> to go directly.	<ul> <li>Natural history of untreated DDH</li> </ul>	Disclosures: Scott B Rosenfeld, MD Nothing to disclose. William Phillips, MD Nothing to disc Contributor disclosures are reviewed for conflicts of interest by the editorial aroup. When found	bec. Mary M Torchia, MD Employee of UpToDate, Inc. rese are addressed by vetting through a multi-level review process, and through requirements for al authors and must conform to UpToDate standards of evidence.	graphics or the entire topic.				
<b>Click</b> to go directly —	<ul> <li>Indications for referral</li> <li>Goal of treatment</li> </ul>	references to be provided to support the content. Appropriately referenced content is required of	authors and must conform to UpToDate standards of evidence.					
to summary	AGE 0 TO 2 WEEKS	All topics are updated as new evidence becomes available and our peer review	process is complete.	Access patient education				
and treatment	Laxity     Dislocation or instability	Laxity     Literature review current through: Feb 2014.   This topic last updated: Oct 31, 2013.						
recommendations. • Abnomal ultrasonography encompasses abnormal development of the acetabulum and proximal femur and mechanical instability of the hip joint (table 1). (See "Developmental dysplasia of the								
	AGE 2 WEEKS TO 6 MONTHS Mild instability	GE 2 WEEKS TO 6 MONTHS hip: Epidemiology and pathogenesis", section on "Terminology".)						
	<ul> <li>Dislocation or persistent instability</li> </ul>							
	- Abduction devices - Pavlik harness	n devices acetabulum proceeds to develop normally. With assessment of risk factors, serial physical examination of the hips, and appropriate use of imaging studies, most children with pathologic hips can be correctly diagnosed and treated without long-term sequelae. (See "Developmental dysplasia of the hip: Clinical features and for the hips of the hip						

Click on a heading	Abduction devices     Pavilk harmess     Dysplasia without dislocation     AGE 6 TO 18 MONTHS OR FAILURE     OF ABDUCTION SPLINT     Dislocation     Timing of reduction     Closed reduction     Open reduction     Open reduction     AGE ≥18 MONTHS     Dislocation     Residual or late presenting acetabular	acetabulum proceeds to develop normally. With assessment of risk factors, serial physical examination of the hips, and appropriate use of imaging studies, most children with pathologic hips can be correctly diagnosed and treated without long-term sequelae. (See "Developmental dysplasia of the hip: Clinical features and diagnosis".)			for a word or synonym within a topic.
to go directly to the information you need.		Typical DDH, which generally occurs in otherwise healthy infants, will be the focus of this topic review. Hip dysplasia and instability also occur in association with various syndromes (eg. Ehlers Danlos, Down syndrome, arthrogryposis), and neurom cence or young adu dysplasia occurs when there is weakness and/or spasticity in some or all of the hip muscle groups (eg. in spina bifda or cerebral palsy). The diagnosis and neuromuscular hip dysplasia differ from the diagnosis and management of hip dysplasia in otherwise healthy infants. Treatment of DDH is initiated with referral to a pediatric orthopedic surgeon or other orthopedic surgeon who is familiar with the diagnosis and treatment and outcome of DDH in otherwise healthy children will be reviewed here. The epidemiology, pathogenesis, natural history, clinical features, ibuting cause [1-4]. discussed separately. (See "Developmental dysplasia of the hip: Epidemiology and pathogenesis" and "Developmental dysplasia of the hip: Clinical features.")			
<b>View</b> all Graphics associated with a topic in a thumbnail format.	dysplasia LONG-TERM FOLLOW-UP OUTCOME INFORMATION FOR PATIENTS SUMMARY AND RECOMMENDATION REFERENCES GRAPHICS View All DIAGNOSTIC IMAGES • Remodeling after DDH treatment	TERMINOLOGY – Specific terms describing the r below: ation or persistently dislocatable catable hips (Grade 1B). The Pa	oosition, stability, and shape of the hip in infants and children with tact between the femoral head and the acetabulum. utside of the acetabulum but remains in contact. ie, within the acetabulum) at rest, but can dislocate in other posit is reduced at rest but can be partially dislocated or subluxated w	ions or with examination maneuvers. This is a hip	<ul> <li>Provide valuable feedback by submitting questions and comments to our editors.</li> </ul>
		Graded evidence	Access related	d topics to find	

and recommendations

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