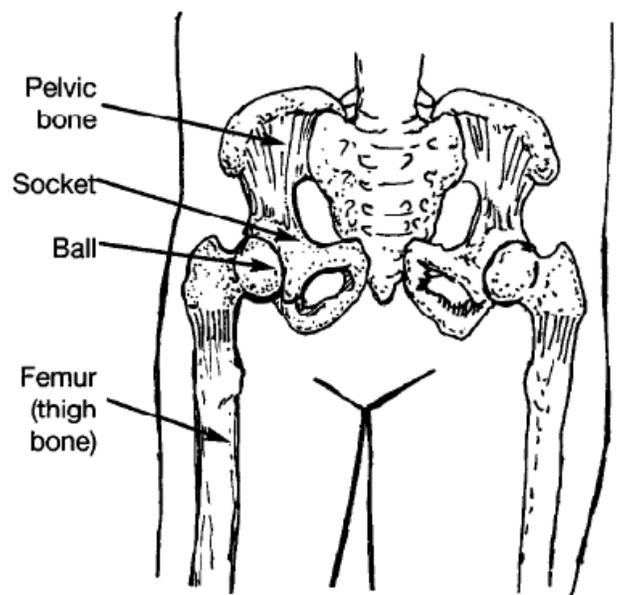


Developmental Dislocated Hip (DDH): Home Traction Care

The hip is a joint that has 2 main parts: a ball (at the top of the thighbone) and a socket (a part of the pelvis) (Picture 1). These parts should fit together tightly. The muscles and tissues around the joint should support the ball and socket.

Some children are born with one or both hips "dislocated;" other children develop this condition after birth. This is called a developmental dislocated hip (DDH). (In the past, it was called congenital dislocated hip.) In this condition, the tissues or muscles around the joint may be stretched or the joint may be shaped so that the ball of the joint fits loosely in the socket. DDH means the ball can move in or out of the socket. If this problem is not corrected, the muscles and tissues around the joint will shorten and the ball and socket will become abnormal in shape. DDH is most easily corrected when it is found before your child learns to walk. If the dislocated hip is not corrected, your child may have an altered walk and an increased risk for hip pain as a young adult.



Picture 1 The ball and socket of the hip joint.

Treatment of DDH

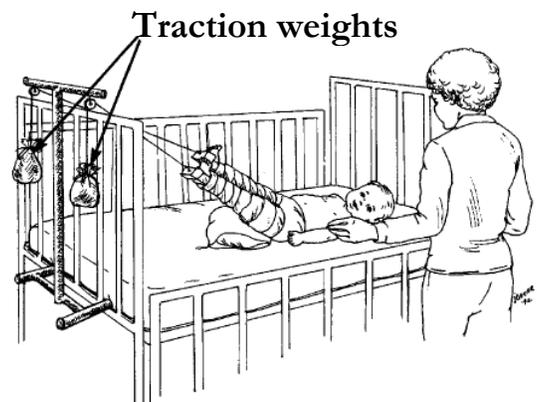
- Treatment is not the same for every child with DDH. Your child may need more than one type of treatment to help the joint stay together correctly.
- Your child's doctor has decided to use traction on him. The traction ropes and weights pull on his legs. This relaxes and stretches the muscles and tissues of the hip. Traction does not hold the joint parts in their correct places. Traction stretches the muscles so that the ball of the joint can be placed into the socket.
- Your child's doctor will talk with you about how long your child will be in traction and about other forms of treatment that may be needed. Most children need to be in traction about 2-4 weeks.

Equipment Cost

A home care nurse will bring the traction frame and all necessary supplies to your home. In most cases, health insurance or Medicaid will pay for the equipment and nursing visits. The billing specialists can tell you if your child's insurance will pay for this service. If you have questions about equipment costs, please ask the home care nurse or call the home care billing specialist.

Skin Traction

- Your child will be placed in "skin traction" (Picture 2). An elastic dressing will be wrapped around each of your child's legs. This dressing will be attached to the ropes that are used to attach the weights.
- The home traction frame is lightweight and portable. It can stand on the floor braced with something heavy, or it can be placed in your child's crib and braced under the mattress (Picture 2). The home care nurse will set up the traction frame in your home.



Picture 2 Traction weights should hang freely. **Always keep side rails up unless you are with your child.**

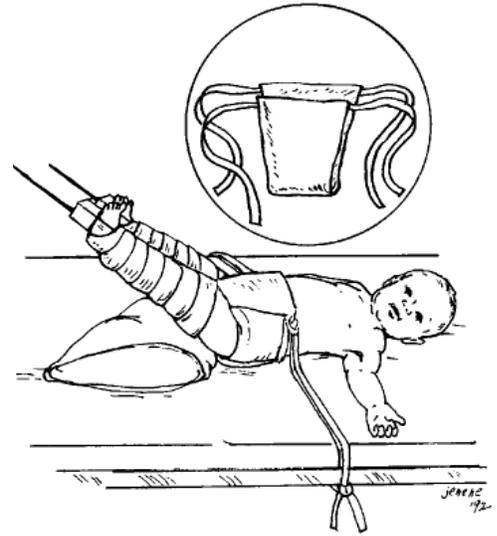
Traction Weights

- After his legs are wrapped, the home care nurse will attach the ropes to the traction frame pulleys. Your child's hips should be flexed (bent) about 30° up to 90°.
- The weights will be attached to the ropes. **Be sure the weights hang freely** (are not resting against anything) above the floor and away from your child's crib (Picture 2).
- Check the weights every day. If they touch the floor, move the weights by tying them higher up from the ends of the ropes. Your child's doctor will tell you how much weight should be added and how often. The home care nurse will help you make a schedule for adding weight.
- Check the traction ropes every day. If a rope becomes frayed, call the home care agency and ask for a new traction rope.
- Keep children from playing with or around the weights.
- Keep pets from chewing on the traction ropes or playing with the weights.

Counter-Traction

A counter-traction diaper sling keeps the traction from pulling your child's body toward the traction pulleys (Picture 3). The sling is shaped like a diaper with ties. The home care nurse will show you how to apply the counter-traction diaper sling. To apply the diaper sling:

1. Tie together the 2 ties on each side of the diaper sling at the child's waist (Picture 3).
 2. Then tie the ties to the **crib springs** on each side of the mattress.
 3. **Do not tie the diaper sling to the crib rails.** The child could be injured if the crib rail is let down without untying the sling.
 4. Place a small pillow or rolled-up blanket under the child's hips. This will help keep your child from slipping toward the foot of the bed.
- The home care nurse will help you choose the right type of counter-traction for your child.
 - **Always keep the side rails of the crib when you are not at your child's bedside.**



Picture 3 The counter-traction diaper sling.

Moving Your Child during Traction

- You may move your child and traction from the crib to the floor and still keep your child in traction. The home care nurse will teach you how to move your child while in traction. If your child is on the floor, be sure the traction frame is weighted so the frame does not tip over.
- You will need to keep your child in traction 23 hours every day.

Rewrapping Your Child's Legs

Your child's doctor will tell you who will rewrap your child's legs and how often.

- A home care nurse will visit weekly to rewrap your child's legs and to answer any questions you may have about traction.
- Return to the doctor's office weekly to have your child's legs rewrapped by the doctor.

Skin Care

The elastic wrap may cause your child's skin to become irritated. Check your child's skin at least 4 times a day. Use rubbing alcohol to keep your child's skin from forming blisters and becoming red, cracked, or dry. Here are some things you will need to do to help prevent skin irritation:

- Look at the skin you can see on the feet and upper thighs. Check for any red, cracked, dry or blistered areas.
- If the skin becomes reddened, moisten a cotton ball with a small amount of rubbing alcohol and wipe the area. This will help toughen the skin and keep it from becoming irritated.
- If the skin gets dry, you may apply a very small amount of lotion.
- While the elastic dressing is on, feel all areas of the wrapped legs for blisters. (A blister feels like a soft, round bump.) Check the dressing for any drainage or foul odor. It is best to do this while your child is quiet and not fussy.
- Call your child's doctor within 24 hours if you suspect blisters or notice any drainage.
- The home care nurse will visit your child weekly (or more often) to look at the condition of your child's skin and to provide treatment if necessary.

Circulation Checks

- Traction sometimes causes pressure and tension on your child's legs. The homecare nurse will show you how to check the blood circulation in each leg. (Refer to the Helping Hand: *Circulation Checks*, HH-II-60.)
- Lamb's wool or "egg crate" pads are sometimes used to help prevent pressure sores on baby's bottom.

Feeding Your Baby

During mealtime and when your child is drinking, his head must be raised (Picture 4). Raising your child's head and upper body will help prevent choking, prevent food or liquids from getting into the lungs and reduce the chance of ear infections.



Picture 4 Keep your baby's head raised during feedings.

Diapering Your Baby

Leave your baby's legs in traction when changing the diaper. Check and change diapers whenever they are wet or soiled. If the diaper sling is soiled, put on a clean diaper sling. If the elastic dressing becomes soiled, call the home care agency.

Bathing

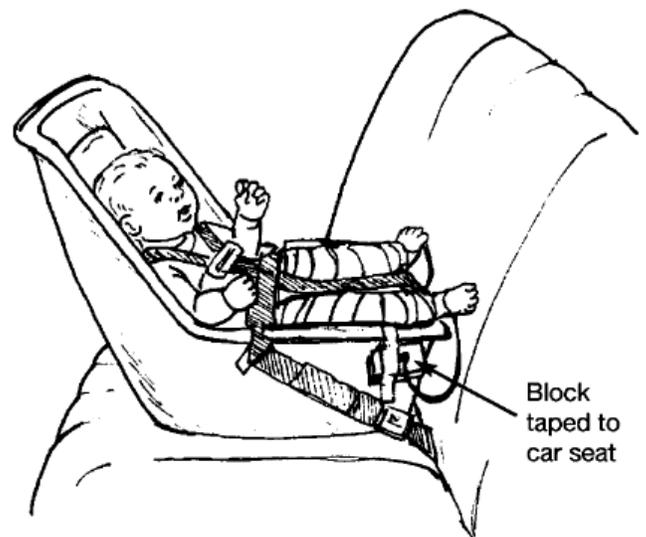
You may give your child a sponge bath (but no tub baths) during the time he or she is being treated with traction. The home care nurse or doctor will teach you how to remove the leg wraps. You may remove them to wash your child 1 hour before his legs are to be rewrapped each week.

Clothing

- Your child may wear his own clothing. Usually, clothing that can be placed over the head or that has buttons or snaps in the front or back you can use. You may also use clothing that snaps in the crotch.
- Do not dress your child in clothes that will be hard to put on and take off over the traction ropes.
- Try not to use clothing that covers the legs because you need to look at the skin and do circulation checks several times a day.
- The type of clothing will also depend on whether you need to use a diaper-type counter-traction and how active your child is.
- If your child's toes are cool, put socks or “footies” on the feet. These coverings may be taken off easily to check your child's circulation.
- If you need to take your child for a doctor's appointment, remove the traction weights from the rope. Then thread the ropes through the pant legs of your child's clothing. Do not remove the leg wraps.

Car Seat Safety

- **Ohio law requires all children weighing less than 40 pounds must be in a car seat when traveling.**
- When your child travels in the car, you do not need to remove the elastic dressings. Put the child in the car seat. Tape the wooden blocks and ropes to the child's car seat (Picture 5). **Remember to un-tape the blocks before taking your child out of the car seat.**
- Watch your child closely when he is not in traction. Do not let him stand or walk because this may loosen the elastic dressing.
- Once your child is no longer in traction, he will be in a spica cast (Picture 7, page 7). This cast goes from the lower chest area to one or both legs. The hospital and the home care occupational therapy staff will arrange for a special car seat or safety restraint for your child.



Picture 5 Tape the blocks and ropes to the car seat when baby rides in the car

Routine Health Care

- It is important to treat teething, a cold or the flu as you normally would. Be sure to take your child to the doctor when he gets sick.
- If your child gets a cold, raising the head of the child's bed may help drain the mucus.
- Make sure your baby receives his immunizations (baby shots) as scheduled.

Play and Activity

- Your child will continue to grow and develop while in traction. Infants and toddlers enjoy exploring their world. Your child may be just beginning to roll over, crawl, or walk. It may be hard for him to be confined to one area.
- Ask your child's doctor if you may move your child and traction from the bedroom into another room during the day.
- Hang bright, colorful pictures where your child can see them. Change the pictures often.
- Give your child only a few toys at a time. Exchange them often for different ones. The old toys will seem new and interesting if they are put away for a while and brought out again later.
- Use a crib gym or hang some toys across the crib so your baby can reach them and play. Keep strings and ribbons away from your child so that he will not be tangled in them.
- Read to your child and show him the bright pictures.
- Sing to your child or play songs or music.
- Spend time playing with your child. Encourage family members, friends, and your friends' children to play with your child.

Coping with Home Traction

- For successful home traction, all family members must understand and feel comfortable with this treatment.
- It is normal for all infants to be fussy at times. Most infants are irritable for a few days after the traction has been applied. This is because the child feels confined by the traction. You may give Tylenol[®] the first 24 to 48 hours for discomfort. Be sure to give the correct dosage.
- It is important not to take your child out of traction. You can cuddle and hold your baby while he is in traction.
- Since the child in traction needs to be supervised, it may be hard for you to always find play activities to do with your child. If you are home all the time, this may be frustrating for you. Plan time for yourself. Encourage your family members and friends to come to your home to visit with you and your child. Perhaps they can watch your child for a short time to give you a much-needed break.

Coping with Home Traction, continued

- You need to spend time alone with your spouse and friends. It is important for you to go out for an evening or for you and the rest of the family to go out together. Before leaving your child with a baby sitter, discuss feeding, safety and other aspects of his care. Leave a list of emergency phone numbers with the baby sitter. You may contact the home care nurse to review your child's care with the baby sitter beforehand.
- It can be difficult for parents to have their child in traction. If you have problems adjusting to the home traction routine, please call the home care nurse.



Picture 6 Plan to spend time alone with your spouse or friends.

Treatment after Home Traction

In some cases, your child's doctor will want your child to have a spica cast after home traction has been completed. This cast goes from the lower chest down one or both of the legs (Picture 7). The spica cast is often the last step in treating your child's dislocated hip. (Refer to the Helping Hand: *Cast: Hip Spica or Body Cast*, HH-II-14.)

When to Call the Doctor and the Home Care Agency

Call your child's doctor or the home care agency if any of the following occurs:

- If there is any change in your child's circulation checks.
- If your child's toes are cold to the touch or appear blue, or if your child is unable to move them.
- If your child's toes become swollen.
- If there are any reddened skin areas that do not go away.
- If stains appear on the elastic dressing that were not there when the child went home. (Staining from beneath the dressing may be a sign of pressure sores and should be checked by the doctor.)

Continued on page 8



Picture 7 Your child may have a spica cast after home traction is completed.

When to Call the Doctor and the Home Care Agency, continued

- If there is a foul smell from the elastic dressing.
- If your child has a temperature over 101°F rectally, or 99.5°F axillary (under the arm).
- If your child has vomiting or diarrhea.
- If your child is often very irritable (fussy). This could be a sign of pain.
- If you are getting very frustrated with having your child in traction.
- If you have problems with the traction equipment.
- If you have any questions.
- If you cannot keep your doctor's appointment.

Important Phone Numbers

Doctor: _____ Phone: _____

Home Care Agency: _____ Phone: _____

Nationwide Children's Home care Service - (614) 461-2727 or 1-800-466-2727.

Emergency Squad - Dial 9-1-1 (if available in your area) or _____

Other _____

The hospital and home care staff want to help you make this traction experience successful for you and your child. If you have other questions or concerns, please call.