| Procedure | Type |
| --- | --- |
| Adductor Lengthening  | [ ]  No [ ]  Yes – If yes, specify type:[ ]  Percutaneous:

|  |  |
| --- | --- |
| Left side percutaneous anatomic site | Right side percutaneous anatomic site |
| [ ]  Longus[ ]  Brevis[ ]  Gracilis[ ]  Proximal Hamstring[ ]  Other, specify\_\_\_\_\_\_\_\_\_\_\_ | [ ]  Longus[ ]  Brevis[ ]  Gracilis[ ]  Proximal Hamstring[ ]  Other, specify\_\_\_\_\_\_\_\_\_ |

[ ]  Open:

|  |  |
| --- | --- |
| Left side open anatomic site | Right side open anatomic site |
| [ ]  Longus[ ]  Brevis[ ]  Gracilis[ ]  Proximal Hamstring[ ]  Other, specify\_\_\_\_\_\_\_\_\_\_\_ | [ ]  Longus[ ]  Brevis[ ]  Gracilis[ ]  Proximal Hamstring[ ]  Other, specify\_\_\_\_\_\_\_\_\_ |

[ ]  Neurectomy [ ]  Left [ ]  Right |
| Psoas Lengthening | [ ]  No [ ]  Yes – If yes, specify type:[ ]  Percutaneous:

|  |  |
| --- | --- |
| Left side percutaneous anatomic site | Right side percutaneous anatomic site |
| [ ]  Off Lesser Trochanter[ ]  Over the Brim[ ]  Other, specify\_\_\_\_\_\_\_\_\_\_\_ | [ ]  Off Lesser Trochanter[ ]  Over the Brim[ ]  Other, specify\_\_\_\_\_\_\_\_\_ |

[ ]  Open:

|  |  |
| --- | --- |
| Left side open anatomic site | Right side open anatomic site |
| [ ]  Off Lesser Trochanter[ ]  Over the Brim[ ]  Other, specify\_\_\_\_\_\_\_\_\_\_\_ | [ ]  Off Lesser Trochanter[ ]  Over the Brim[ ]  Other, specify\_\_\_\_\_\_\_\_\_ |

 |
| Femoral Derotation Osteotomy | [ ]  No [ ]  Yes – If yes specify type:

|  |  |
| --- | --- |
| Left side anatomic site | Right side anatomic site |
| [ ]  Diaphyseal[ ]  Supracondylar[ ]  Other, specify\_\_\_\_\_\_\_\_\_\_\_ | [ ]  Diaphyseal[ ]  Supracondylar[ ]  Other, specify\_\_\_\_\_\_\_\_\_ |

 |
| Varus Derotational Osteotomy of Proximal Femur | [ ]  No [ ]  Yes – If yes, specify type:

|  |  |
| --- | --- |
| Left side type | Right side type |
| Neck Shaft Angle \_\_\_\_\_o [ ]  Blade Plate [ ]  Locking Plate [ ]  Other, specify\_\_\_\_\_\_\_\_\_\_ | Neck Shaft Angle \_\_\_\_\_o [ ]  Blade Plate [ ]  Locking Plate [ ]  Other, specify\_\_\_\_\_\_\_\_ |

 |
| Pelvic Osteotomy | [ ]  No [ ]  Yes – If yes, specify type:

|  |  |
| --- | --- |
| Left side type | Right side type |
| [ ]  Albee[ ]  San Diego[ ]  Pemberton[ ]  Dega[ ]  Chiari[ ]  Salter[ ]  Ganz[ ]  Triple[ ]  Other, specify\_\_\_\_\_\_\_\_\_\_\_[ ]  Unknown | [ ]  Albee[ ]  San Diego[ ]  Pemberton[ ]  Dega[ ]  Chiari[ ]  Salter[ ]  Ganz[ ]  Triple[ ]  Other, specify\_\_\_\_\_\_\_\_\_[ ]  Unknown |

 |
| Open Reduction | [ ]  No [ ]  Yes – If yes, specify type:

|  |  |
| --- | --- |
| Left side type | Right side type |
| [ ]  Capsulorrhaphy[ ]  Other, specify\_\_\_\_\_\_\_\_\_\_\_ | [ ]  Capsulorrhaphy[ ]  Other, specify\_\_\_\_\_\_\_\_\_ |

 |
| Proximal Femoral Resection (Girdlestone) | [ ]  No [ ]  Yes – If yes, specify type:

|  |  |
| --- | --- |
| Left side anatomic site | Right side anatomic site |
| [ ]  Base of Femoral Neck[ ]  Subtrochanteric[ ]  Other, specify\_\_\_\_\_\_\_\_\_\_\_ | [ ]  Base of Femoral Neck[ ]  Subtrochanteric[ ]  Other, specify\_\_\_\_\_\_\_\_\_ |

 |
| Hip Arthroplasty | [ ]  No [ ]  Yes – If yes, specify type:

|  |  |
| --- | --- |
| Left side type | Right side type |
| [ ]  Total[ ]  Hemiarthroplasty[ ]  Shoulder[ ]  Other, specify\_\_\_\_\_\_\_\_\_\_\_ | [ ]  Total[ ]  Hemiarthroplasty[ ]  Shoulder[ ]  Other, specify\_\_\_\_\_\_\_\_\_ |

 |

## General Instructions

This CRF collects information on the hip surgical procedure performed on the participant.

Important note: None of the data elements included on this CRF Module are classified as Core (i.e., strongly recommended for all Cerebral Palsy clinical studies to collect.) All data elements are classified as Supplemental (i.e., non-Core) and should only be collected if the research team considers them appropriate for their study. Please see the Data Dictionary for element classifications.

## Specific Instructions

Please see the Data Dictionary for definitions for each of the data elements included in this CRF Module.

|  |  |
| --- | --- |
| Adductor Lengthening | Surgical procedure to lengthen the medial hip tendons |
| Femoral Derotational Osteotomy | Surgical procedure to derotate the femur |
| Proximal Femoral Resection/Girdlestone | Surgical procedure in which the proximal aspect of the femur is resected for pain relief due to a dislocated hip |
| Hip Arthroplasty | Surgical procedure, also known as hip replacement, in which parts of the hip joint are replaced with artificial implants |
| Psoas lengthening | Surgical procedure to lengthen the hip flexor tendons |
| Open Reduction | Surgical procedure in which the hip capsule is opened to help assist reduction |
| Pelvic Osteotomy | Surgical procedure in which the pelvic is cut and reshaped to help maintain the reduction of the hip |
| Varus Derotational Osteotomy of Proximal Femur | Surgical procedure in which the proximal aspect of the femur is cut and redirected to facilitate the reduction of the hip |

## Pelvic Osteotomy Types:

* Albee is a semicircular osteotomy of the lateral part of the acetabular rim that is directed from lateral to medial into the ilium. The osteotomy is just cephalad to the attachment of the hip capsule to the ilium. (Albee, 1915)
* San Diego acetabuloplasty extends the osteotomy to the sciatic notch, thereby allowing for increased posterior coverage. With this procedure, coverage can be increased in the desired direction by varying the size and placement of the wedging iliac crest bone blocks.
* Pemberton osteotomy is the treatment of choice for bilateral, moderate to severe hip dysplasia in children under 6 years old. In this procedure, the acetabulum is rotated down through the triradiate cartilage to change the direction and increase the depth of the socket. (Louer, 2020)
* Dega osteotomy is an incomplete transiliac osteotomy and takes advantage of the inherent flexibility of the posterior column of bone in the pelvises of young children to reshape the acetabulum. (Dega, 1969; Louer, 2020)
* Chiari medial displacement osteotomy is a procedure that uses the cancellous bone of the ilium to contain the femoral head and bear weight. It is the most controversial osteotomy of the hip joint. This study was therefore conducted to determine the results of this osteotomy with mid-term follow-up in children. (Louer, 2020)
* Salter pelvic osteotomy is a surgery to help correct a hip socket that is too shallow or has a different shape. A surgeon makes a cut on the outside of the hip and realigns the pelvic bone so that the socket can cover the ball of the hip joint better. (Louer, 2020)
* Ganz osteotomy, also known as peri-acetabular osteotomy, this treatment is designed to reshape the hip joint for people with hip dysplasia. Osteotomy means the bone is divided and shifted to a better alignment. Sometimes osteotomy is recommended on both the socket and the ball side of the hip. (Louer, 2020)
* Triple pelvic osteotomy (TPO) is an operation to realign the hip socket in patients who have a hip socket that is too shallow. This condition is called developmental dysplasia of the hip (DDH) and is present from childhood. (Louer, 2020)

## References

Albee FH. Bone graft surgery. Philadelphia: W. B. Saunders Co., 1915.

Dega W. Wybór metod leczenia operacyjnego w wrodzonym podwichnieciu biodra u dzieci [Selection of surgical methods in the treatment of congenital dislocation of the hip in children]. Chir Narzadow Ruchu Ortop Pol. 1969;34(3):357-66.

Louer, C. (2020) 5 Things to Know to Help Understand Pediatric Pelvic Osteotomies. Available at:

<https://posna.org/Blogs/The-Resident-Review/July-2020/5-Things-to-Know-to-Help-Understand-Pediatric-Pelv>. Accessed: 16 March 2022.