Journal of Pediatric Rehabilitation Medicine: An Interdisciplinary Approach 4 (2011) 161
DOI 10.3233/PRM-2011-0190
IOS Press

From the Editor

Dear Readers,

Welcome to the special issue on Hip Disease in Cerebral Palsy guest edited by Freeman Miller, MD, from Nemours/AI duPont Children's Hospital.

Hip disease and management in children with CP is a challenging and evolving clinical problem. Significant variation among clinicians exists. I believe all practitioners would agree that the overall goal is to maintain hip anatomy and function in both ambulatory and non-ambulatory patients. The first general approach is conservative management, including therapy, PO medications, injection therapy, various releases, and then bony procedures. Further indication is the development of worsening pain in the patient, regardless of their cognitive status. Children with spastic quadriplegic CP and profound developmental delay who will never become ambulators may require surgery to relieve pain from a dysplastic-dislocating hip. Some practitioners will defer surgery until those in this population are in significant pain.

"The Consensus Statement on Hip surveillance for Children with Cerebral Palsy: Australian Standards of Care" provides, in the authors' opinion, a minimum recommended standard that has been endorsed by the Australasian Academy of Cerebral Palsy and Developmental Medicine [1–3] and followed since 2008. The process the authors used to develop this consensus is also described in a separate article. Unni G. Narayanan provides an additional commentary on this topic highlighting the paucity of literature in this area and correctly pointing out that the data collected from this program could provide enough evidence to assist clinicians in developing appropriate preventive strategies, frequency of radiological studies, and migration thresholds for surgical intervention.

In the "Five-year outcome of state-wide hip surveillance of children and adolescents with cerebral palsy", Kentish et al. address Narayanan's concerns reporting that the surveillance program in Queensland, Australia was successful in identifying children with hip displacement (migration percentage > 30), fast tracking children for orthopedic review, and also discharging those at minimal risk.

Additional articles evaluate the role of arthrodesis in spastic hip disease, daily care activities in non-ambulatory children and young adults, and the overall function and quality of life in children with cerebral palsy.

In conclusion, I would like to thank Dr. Miller and the authors for their contribution to this issue.

Sincerely

Jacob A. Neufeld, MD, MSPH
Editor-in-Chief

References

[1] Consensus Statement on Hip Surveillance for Children with Cerebral Palsy: Australian Standards of Care 2008 http://www.ausacpdm.org.au/__data/assets/pdf_file/0007/14569/consensus_statement.pdf.
[2] Annotations and References http://www.ausacpdm.org.au/__data/assets/pdf_file/0019/14554/annotations_refs.pdf.
[3] Explanatory Statement http://www.ausacpdm.org.au/__data/assets/pdf_file/0006/14568/explanatory_statement.pdf.