# American College of Radiology ACR Appropriateness Criteria®

# **Developmental Dysplasia of the Hip-Child**

Variant 1: Child, younger than 4 weeks of age. Equivocal physical examination or risk factors for DDH. Initial imaging.

D 1	Appropria	ateness	COF	4.1.14 DD	_	D 1 DD1	D (1	3.6.31			F	inal '	Tabu	latio	ns		
Procedure	Catego	ory	SOE	Adults RR	L	Peds RRL	Rating	Median	1	2	3	4	5	6	7	8	9
US hips	Usually appropi	not riate	Limited	O 0 mSv	,	O 0 mSv [ped]	2	2	7	4	3	1	0	0	0	0	0
			References		Study	Quality											
			18 (1979376)				3										
			5 (16510634)				4										
			3 (25940606)				4										
			59 (2119119)				4										
Radiography pelvis	Usually appropi		Expert Consensus	�� 0.1-1m	ıSv	�� 0.03- 0.3 mSv [ped]	1	1	12	3	0	1	0	0	0	0	0

#### Variant 2: Child, between 4 weeks to 4 months of age. Equivocal physical examination or risk factors for DDH. Initial imaging.

n 1	Appropriateness	GOF.	A L L. DDI	D 1 DD1	D (1	3.6.11			F	inal '	Гаbu	latio	ns		
Procedure	Category	SOE	Adults RRL	Peds RRL	Rating	Median	1	2	3	4	5	6	7	8	9
US hips	Usually appropriate	Limited	O 0 mSv	O 0 mSv [ped]	8	8	0	0	0	0	0	3	2	4	7

References	Study Quality
62 (26270760)	3
63 (25539254)	2

		61 (16129755)			3										
Radiography pelvis	Usually not appropriate	Expert Consensus	�� 0.1-1mSv	�� 0.03- 0.3 mSv [ped]	2	2	8	4	3	0	0	1	0	0	0

### Variant 3: Child, younger than 4 months of age. Physical findings of DDH. Initial imaging.

D 1	Appropria	ateness	COF	4 1 14 DD	т	D I DDI	D.	3.6.11			F	'inal '	Tabu	latio	ns		
Procedure	Catego		SOE	Adults RR	L	Peds RRL	Rating	Median	1	2	3	4	5	6	7	8	9
US hips	Usuall appropri		Moderate	O 0 mSv	,	O 0 mSv [ped]	9	n/a	0	0	0	0	0	0	0	0	0
			References			Study	Quality										
			37 (12504396)			1											
			37 (12504396) 7 (25628293)				3										
Radiography pelvis	Usually appropr		7 (25628293)  Limited		ıSv	�� 0.03- 0.3 mSv [ped]	2	n/a	0	0	0	0	0	0	0	0	0
			References			Study	Quality										
			54 (25264556)				2										

# Variant 4: Child, between 4 to 6 months of age. Concern for DDH. Initial imaging.

n 1	Appropri	ateness	COF	A L L DDI	D I DDI	D 41	3.6.11			F	inal '	Гаbu	latio	ns		
Procedure	Categ		SOE	Adults RRI	Peds RRL	Rating	Median	1	2	3	4	5	6	7	8	9
Radiography pelvis	Usua approp	.*	Strong	�� 0.1-1mS	\$v 0.03- 0.3 mSv [ped]	7	7	0	0	0	0	1	0	9	5	1
			References	References		/ Ouality										

References	Study Quality
1 (10742345)	4
21 (8682834)	4
54 (25264556)	2
65 (3524161)	3

		70 (26090988)			3										
		56 (1527117)			3										
		58 (17847926)			3										
		57 (9259095)			4										
US hips	May approp	Limited	O 0 mSv	O 0 mSv [ped]	4	4	2	1	5	3	3	1	1	0	0
		References		Stud	y Quality										
		20 (25656273)			4										
		58 (17847926)		3											

### Variant 5: Child, older than 6 months of age. Concern for DDH. Initial imaging.

<b>D</b> 1	Appropria	ateness	COL	4 1 14 DD		D I DDI	D (1	3.5.11			F	inal '	<b>Tabu</b> l	latio	ns		
Procedure	Catego		SOE	Adults RR	(L	Peds RRL	Rating	Median	1	2	3	4	5	6	7	8	9
Radiography pelvis	Usual appropr	.*	Limited	�� 0.1-1m	ıSv	�� 0.03- 0.3 mSv [ped]	9	n/a	0	0	0	0	0	0	0	0	0
			References			Study	Quality										
			1 (10742345)				4										
			71 (25333906)				3										
			72 (22410971)				3		_								
US hips	Usually appropr		Expert Consensus	O 0 mSv	,	O 0 mSv [ped]	2	n/a	0	0	0	0	0	0	0	0	0

# Variant 6: Child, younger than 6 months of age. Known diagnosis of DDH, nonoperative surveillance imaging in harness.

ъ .	Appropriateness	COF	A L L DDI	D I DDI	D 41	3.6 11			F	inal T	<b>Fabu</b>	latior	ns		
Procedure	Category	SOE	Adults RRL	Peds RRL	Rating	Median	1	2	3	4	5	6	7	8	9
US hips	Usually appropriate	Strong	O 0 mSv	O 0 mSv [ped]	8	8	0	0	0	0	1	0	1	7	6

			References			Study	Quality										
			74 (12198463)				2										
			73 (26047647)				2										
			75 (8496228)				3										
			76 (12002504)				1										
			77 (12604946)				2										
			78 (9597592)				2										
			79 (15076582)				3										
			80 (8543600)				2										
			81 (11371819)				3										
Radiography pelvis	Usually approp		Moderate	�� 0.1-1n	nSv	�� 0.03- 0.3 mSv [ped]	3	3	2	5	4	1	2	1	1	0	0
			References			Study	Quality										
			59 (2119119)				4										
			76 (12002504)				1										
			82 (19571898)				2										
CT pelvis with IV contrast	Usually approp		Expert Consensus	<b>≎≎≎</b> 1-1 mSv	0	���� 3- 10 mSv [ped]	1	1	12	3	0	0	1	0	0	0	0
CT pelvis without IV contrast	Usually approp	y not riate	Expert Consensus	��� 1-1 mSv	0	���� 3- 10 mSv [ped]	1	1	10	5	0	0	0	1	0	0	0
CT pelvis without and with IV contrast	Usually approp		Expert Consensus	<b>≎≎≎≎</b> 10- mSv	-30	���� 3- 10 mSv [ped]	1	1	13	3	0	0	0	0	0	0	0
MRI pelvis without IV contrast	Usually approp		Expert Consensus	O 0 mSv	v	O 0 mSv [ped]	1	1	13	2	0	0	0	0	0	0	0
MRI pelvis without and with IV contrast	Usually approp		Expert Consensus	O 0 mSv	v	O 0 mSv [ped]	1	1	9	2	2	2	0	1	0	0	0

#### **Appendix Key**

A more complete discussion of the items presented below can be found by accessing the supporting documents at the designated hyperlinks.

**Appropriateness Category**: The panel's recommendation for a procedure based on the assessment of the risks and benefits of performing the procedure for the specified clinical scenario.

**SOE**: Strength of Evidence. The assessment of the amount and quality of evidence found in the peer reviewed medical literature for an appropriateness recommendation.

- **References:** The citation number and PMID for the reference(s) associated with the recommendation.
- Study Quality: The assessment of the quality of an individual reference based on the number of study quality elements described in the reference.

RRL: Relative Radiation Level. A population based assessment of the amount of radiation a typical patient may be exposed to during the specified procedure.

Rating: The final rating (1-9 scale) for the procedure as determined by the panel during rating rounds.

Median: The median rating (1-9 scale) for the procedure as determined by the panel during rating rounds.

Final tabulations: A histogram showing the number of panel members who rated the procedure as noted in the column heading (ie, 1, 2, 3, etc.).

Additional supporting documents about the AC methodology and processes can be found at www.acr.org/ac.