Explanatory Statement to Accompany the

This document is endorsed by:

Australasian Academy of Cerebral Palsy and Developmental Medicine

This document can be downloaded from:

The Royal Children's Hospital Melbourne
Queensland Government
Government of Western Australia
Child and Adolescent Health Service
Princess Margaret Hospital
Background and development

The risk of hip displacement in children with cerebral palsy (CP) varies greatly in the literature and has been reported from 2% to 75% (Bagg et al. 1993). Hagglund et al. (2007) state the overall risk as being 15% to 20%. A clear link between ambulatory ability and risk of progressive hip displacement has been recognised (Vidal 1985, Gordon and Simkiss 2006). In 2006, Soo et al. identified a linear relationship between progressive hip displacement and Gross Motor Function Classification System (GMFCS) (Palisano et al. 1997).

Although the evidence is growing to support the beneficial outcomes of hip surveillance programs in the management of children with CP, to date, no clear guidelines have been available regarding the required frequency of surveillance.

These standards of care are based on:

- Reduction of morbidity by
  - Early identification of risk factors
  - Early identification of hip displacement, to allow timely referral for individual management and intervention
- Reduction of health costs by
  - Use of screening and stratification techniques
  - Early identification and early intervention
- Standardisation of monitoring programs by balancing risk versus benefit: that is reducing exposure to radiation in those children in lower risk categories.

Between 1997–2007 hip surveillance for children with CP was conducted in all states of Australia. There was variation in criteria for entry to surveillance programs, age of commencement, frequency of review and criteria for discharge. A national working group was established to develop clear guidelines and recommendations for a best practice hip surveillance program.

The ‘Consensus Statement on Hip Surveillance for Children with Cerebral Palsy: Australian Standards of Care’ (‘Standards of Care’) has been developed for the use of health professionals to guide appropriate inclusion of hip surveillance into current services, and also for the education and
information of all health professionals working with children with CP and their families.

The ‘Standards of Care’ has been developed by a national working group consisting of 5 physiotherapists and an orthopaedic surgeon from 3 tertiary facilities treating children with CP across 3 Australian states.

This project which commenced in late 2006 consisted of a literature review and numerous forays for expert opinion. The formalised external consensus process was conducted 2007–2008 with the ‘Consensus Statement on Hip Surveillance for Children with Cerebral Palsy: Australian Standards of Care’ receiving endorsement from The Australasian Academy of Cerebral Palsy and Developmental Medicine (AusACPDM) in Oct 2008. The ‘Standards of Care’ has been developed by a multidisciplinary working group. The group consisted of:

- Noula Gibson, Physiotherapist, Princess Margaret Hospital for Children, Perth, Western Australia
- Professor H. Kerr Graham, Orthopaedic Surgeon, The Royal Children’s Hospital, Melbourne, Victoria
- Megan Kentish, Physiotherapist, Cerebral Palsy Health Service, Royal Children’s Hospital, Brisbane, Queensland
- Sarah Love, Physiotherapist, Princess Margaret Hospital for Children, Perth, Western Australia
- Pam Thomason, Physiotherapist, The Royal Children’s Hospital, Melbourne, Victoria
- Meredith Wynter, Physiotherapist, Cerebral Palsy Health Service, Royal Children’s Hospital, Brisbane, Queensland

The initial draft was evidence based. Where there was conflicting evidence or paucity of evidence, expert opinion was sought to gain consensus. The consensus process for the development of the ‘Standards of Care’ was undertaken in three separate formats:

- Direct mail out to corresponding working party
- Survey at AusACPDM Conference 2008
- Survey to selected professions identified as missing from the previous survey respondents
This process included orthopaedic surgeons, paediatricians, rehabilitation physicians, therapists, and a small number of other relevant medical and allied health professionals working with children with CP. The surveys were grouped according to level of experience and profession, and results collated.

There has been consumer participation allowing persons with CP and their families the opportunity to comment on the ‘Standards of Care’. In particular, consumers were asked to comment on the recommended clinical decision making processes, when to seek an orthopaedic consultation, and most importantly the issue of benefit vs risk in attempts to minimise radiation exposure.

This ‘Standards of Care’ is based on the best evidence and expert opinion of knowledge of natural history of CP available at the time of publication. We acknowledge that none of the published studies include complete data on a population of children with CP. There may well be a range of unknown factors yet to be determined in hip surveillance for children with CP. Clinical judgement and appropriate action can and should over-ride these guidelines when clinical or carer concerns are noted.

The ‘Standards of Care’ has two overarching aims:

- To give services, existing or new, appropriate guidelines for clinical decision making related to commencement, frequency and completion of hip surveillance

- To guide timely triage onto individual orthopaedic management

This 'Standards of Care' does not seek to be prescriptive of hip surveillance service model or delivery set up.

The ‘Standards of Care’ is due for review on 28th October 2011.
These hip surveillance standards of care for children with cerebral palsy were endorsed by
the Australasian Academy of Cerebral Palsy and Developmental Medicine (AusACPDM) on
28th October 2008. Endorsement by AusACPDM is granted for a period not exceeding five
years, at which date the approval expires. The AusACPDM expects that these standards of
care will be reviewed no less than once every five years.

These Standards of Care are due for review by 28/10/2011

This document is one of three:

1. Consensus Statement on Hip Surveillance for Children with Cerebral Palsy:
   Australian Standards of Care

2. Annotations and References for the Consensus Statement on Hip Surveillance
   for Children with Cerebral Palsy: Australian Standards of Care

3. Explanatory Statement to Accompany the Consensus Statement on Hip Surveillance
   for Children with Cerebral Palsy: Australian Standards of Care

Disclaimer

This document is endorsed as a general outline of appropriate clinical practice, based
on a review of the best evidence available at the time of publication, and is to be followed
subject to the clinician’s judgment and the patient’s preference in each individual case.
The AusACPDM takes no responsibility for evidence or information published subsequent
to this review.

Acknowledgment

The authors extend appreciation and thanks to all our colleagues for their valuable input
and comments and to all participants of the consensus process.