

This booklet has been designed to help you keep a record about your child's DDH journey. Take this with you every time you have an appointment and seek help to fill it out.

This is not part of your child's formal medical record. It is designed to help you remember the information discussed verbally in appointments, as we know that recalling what is said can be hard, especially when you are tending to your child at the same time.

### What to ask during your appointment:

1. How many hours per day is the harness/brace needed?
2. If my child is doing part-time bracing, can it be broken into two lots? If they tolerate it better in the day than night, can we swap it to daytime only?
3. How do I keep the harness/brace clean?
4. What do I do if my child develops a rash, red marks are left on their skin or the device doesn't look to be sitting correctly?
5. Are there any activities that my child can't do when out of the harness/brace/cast?
6. Now they can stop treatment, what happens next?

### Important contact information:

Specialist name: \_\_\_\_\_

Contact number for clinic/department: \_\_\_\_\_

Orthotist name/contact number: \_\_\_\_\_

After hours/emergency contact: \_\_\_\_\_

*(for pressure area concerns; broken harness/brace; damage to spica cast)*

Other (imaging department; bookings etc): \_\_\_\_\_

PANDA Perinatal Depression Helpline: 1300 726 306



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## Developmental dysplasia of the hip (DDH) INFORMATION RECORD BOOKLET



Healthy Hips Australia is a national not-for-profit organisation providing support, education and resources for those impacted by hip dysplasia

DDH Record For:	DOB:
Date of initial diagnosis:	Age:
Assessment:      Clinical Examination      Ultrasound      X-ray	
Classification Left:	Classification Right:
Findings/Treatment plan:	
Device prescribed:	Wearing time:
Next review due:	Booked <input type="checkbox"/>

  

Review date:	Age:
Assessment:      Clinical Examination      Ultrasound      X-ray	
Classification Left:	Classification Right:
Findings/Treatment plan:	
Device prescribed:	Wearing time:
Next review due:	Booked <input type="checkbox"/>

  

Review date:	Age:
Assessment:      Clinical Examination      Ultrasound      X-ray	
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*When this card is full visit [www.healthyhipsaustralia.org.au](http://www.healthyhipsaustralia.org.au) to print more inserts*

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