December 2019 Newsletter

HIP SURVEILLANCE PROGRAM

for Children with Cerebral Palsy

LEAD BENEFACTOR save-on-foods

The **Child Health BC Hip Surveillance Program for Children with Cerebral Palsy** aims to ensure that all children in BC with cerebral palsy (CP) receive appropriate screening and are referred to a pediatric orthopaedic surgeon at the appropriate time to minimize or prevent complications associated with hip dislocations.

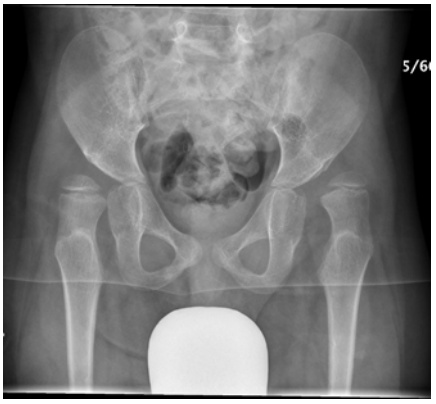
Within this newsletter:

WE NEED YOUR FEEDBACK!

We recognize the critical role that pediatric physiotherapists in the province play in The Child Health BC Hip Surveillance Program for Children with Cerebral Palsy. Implementation of the program is built on a collaborative partnership between pediatric physiotherapists and the team at BC Children's Hospital. We aim to support you enrolling children in the program and completing clinical exams.

In order to evaluate how we're doing with supporting your learning and resource needs, we will be distributing an anonymous, online survey shortly. We ask that you complete the survey and provide your feedback. Survey results will be used to develop new learning opportunities and resources in 2020. Similar surveys were conducted in 2015 and 2017 and provided valuable information.

When you receive the survey request, please consider providing us with your feedback. We thank you in advance for your participation.



Enrollment Fast Facts:

As of October 31, 2019:

- 937 children enrolled
- 52% of the estimated children with CP in BC born 2010 to 2017
- 240 (26%) children have been discharged
- 101 Referrals or re-referrals to Orthopaedics

Thank you to everyone who has enrolled a child in the program and completed clinical exams when we've requested.

Anyone can enroll a child in the Hip Surveillance Program. A physician's referral is not required.

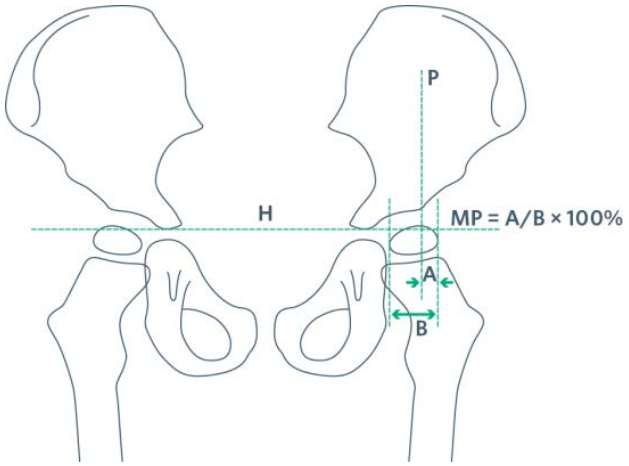
Find enrollment forms at www.childhealthbc.ca/hips

or

contact Stacey at hips@cw.bc.ca or 1-888-300-3088 ext. 4099

Migration Percentages: What do they really mean?

Migration percentage (MP) is the radiological measure used to monitor hip displacement. It is defined as the percentage of the ossified femoral head positioned outside of the lateral margin of the ossified acetabulum (Figure 1). Once the MP is > 30%, the hip is considered to be at risk of progressive displacement.



It is recommended that a child be followed by a pediatric orthopaedic surgeon once the MP is greater than 30%. Surgical intervention is not considered until the MP is more than 40% - 50%.

When surgery is recommended will depend on a number of additional factors including:

- how quickly the MP has progressed,
- the age of the child,
- the hip range of motion,
- the presence of pain, and
- the wishes of the child and family.

Figure 1: Measurement of Migration Percentage (MP).
Illustration reproduced with permission from Wynter M et al., 2014 Australian Hip Surveillance Guidelines for Children with CP.

Busting Hip Displacement & Surveillance Myths

Myth: Clinical exam findings are an accurate indicator for hip displacement.

Fact: Only an x-ray can determine whether a child has hip displacement. Clinical exam findings are poor indicators of hip displacement. As a result, we have kept the hip surveillance clinical exam to a minimum.

Myth: Risk of hip displacement is related to motor type.

Fact: Movement type (spasticity, dystonia, hypotonia, etc) and topography (hemiplegia, diplegia, quadriplegia) are poor predictors of risk of hip displacement. GMFCS level is the most important factor in determining a child's risk.

Myth: All children in the Hip Surveillance Program are seen by an orthopaedic surgeon.

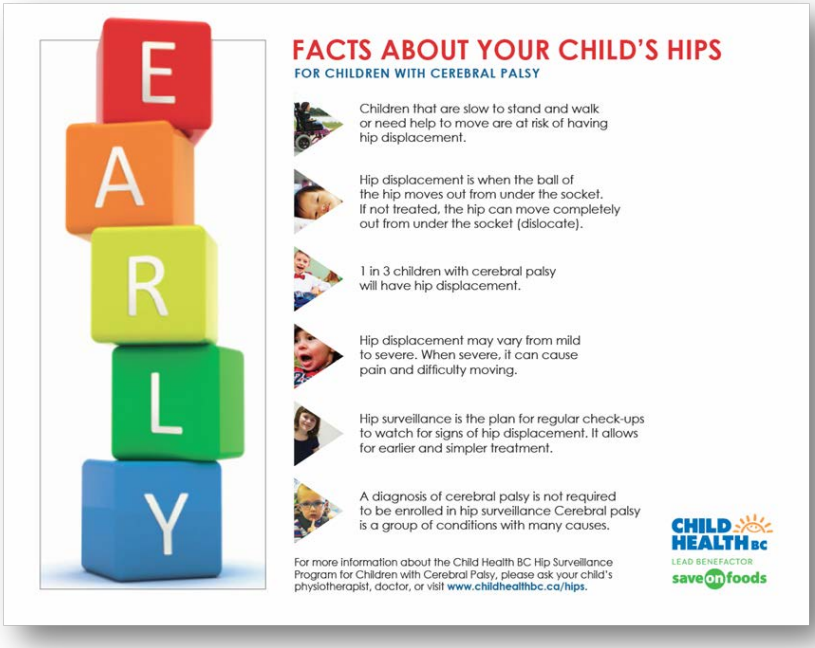
Fact: Children are only seen when they are identified as having hip displacement, decreased hip abduction range of motion, or hip pain. Surveillance will, otherwise, be completed in a child's home community.

NEW RESOURCES

Two new resources are now available on our website: www.childhealthbc.ca/hips under Clinical Tools. If you'd like printed color copies, please contact us.

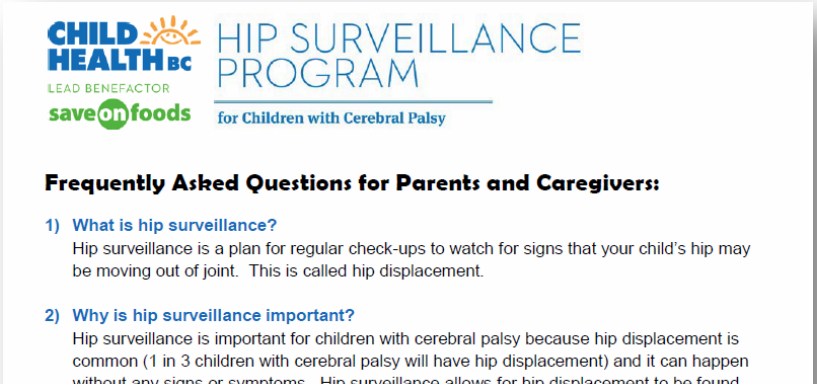
Facts About Your Child's Hips

This one page handout can be used to introduce hip displacement and the need for hip surveillance with families.



Frequently Asked Questions for Parents & Caregivers

In this handout, parents can find answers to common questions related to hip surveillance and how the program works in BC.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Frequently Asked Questions for Parents and Caregivers:

1) **What is hip surveillance?**
Hip surveillance is a plan for regular check-ups to watch for signs that your child's hip may be moving out of joint. This is called hip displacement.

2) **Why is hip surveillance important?**
Hip surveillance is important for children with cerebral palsy because hip displacement is common (1 in 3 children with cerebral palsy will have hip displacement) and it can happen without any signs or symptoms. Hip surveillance allows for hip displacement to be found

Visit our program website: www.childhealthbc.ca/hips to find all of the following resources:

- Family booklets in English, Traditional Chinese, Simplified Chinese, Arabic, Korean, and Punjabi
- Clinician booklets
- 'Quick Guide' Poster
- Clinical exam instructions
- E-learning module (updated in 2019 to include content on the MACS and CFCS)
- YouTube video about why the program was started is available on the program website or at the following link: https://youtu.be/Jizgox9JQzM
- Launch checklist
- Enrollment forms
- Frequently Asked Questions for Professionals
- Radiology Resources

Contact us if you need additional printed copies of the clinician or family booklets, Quick Guide posters, or our new "EARLY" poster. Family booklets are available in Traditional and Simplified Chinese, Arabic, Punjabi, and Korean.

Genetic Conditions & the Clinical Diagnosis of CP

Cerebral palsy (CP) is "a group of permanent disorders of movement and posture, causing activity limitation, that are attributed to non-progressive disturbances that occurred in the developing fetal or infant brain" (Rosenbaum et al., *Dev Med Child Neurol*, 2007; 49:8-14). It is an umbrella term that is diagnosed based on clinical signs, not etiology.

Evidence suggests that a potential genetic etiology can be identified in between 10% and 30% of children with CP. Genetic variants may be a new variant not inherited from either parent (de novo) or inherited. At a 2018 meeting of the International Cerebral Palsy Genomics Consortium, there was "clear consensus that the clinical diagnosis of cerebral palsy should not change despite the identification of a genetic or nongenetic cause if the person exhibits a nonprogressive permanent disorder of movement and posture." (MacLennan et al., 2019, *J Child Neurol*). The authors noted not providing the clinical diagnoses of CP may cause children to miss out on surveillance programs.

Find the full article at the following link:
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6582263/

REPORTS:

Are you receiving our dictated reports? If not, add your name by calling 604-806-9696 or emailing transcriptionalerts2@vch.ca. Ask to have your name added to the "database for dictations".

CHANGE in PT?

Has your caseload changed? Has a child moved or transitioned to school? Please let us know so we can send the clinical exam request to the correct therapist. If a child is new to your caseload and you're unsure if they are enrolled, call or email us.

CONTACT US:

If you have questions, thoughts, comments, or concerns, please contact Stacey (Coordinator) or Jennifer (Program Assistant) at hips@cw.bc.ca or 1-888-300-3088 ext. 4099.