

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.

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### THE IMPACT OF COVID-19 on HIP SURVEILLANCE

Due to public health guidelines related to COVID-19, hip surveillance was suspended on March 15, 2020. All children due for surveillance were contacted and advised that hip surveillance had been temporarily paused. Caregivers were advised to contact the program coordinator should there be any new clinical concern, particularly pain. Beginning on June 4, 2020, services were restarted with children identified as high risk prioritized for imaging.

In December 2020, we reviewed how well we were doing with catching up on missed surveillance. Radiographs of 114 children due between March 15 and June 3, 2020 and 64 children with incomplete imaging from the 6 months prior were reviewed. Only 13 children had imaging during the suspension period due to urgent concerns. Six months after resumption of services, 68% of children had imaging completed, on average, 142 days late. Of these, 30 children had an MP that increased greater than 7% suggesting a true change; 16 of which had an MP over 30%. Most (25/30) were already followed by an orthopedic surgeon. A change in MP greater than 20% (20-28%) was seen in 5 hips with most recent MP between 51%-66% at an average 230 days overdue; one child required re-referral to Orthopaedics. No dislocations occurred. We continue to work to support those children who have not yet had their imaging.

### Enrollment Fast Facts:

**As of March 31, 2021:**

- 1134 children enrolled
- 71% of the estimated children with CP in BC born 2010 to 2019
- 57% enrolled by community PTs
- 334 (29%) children have been discharged

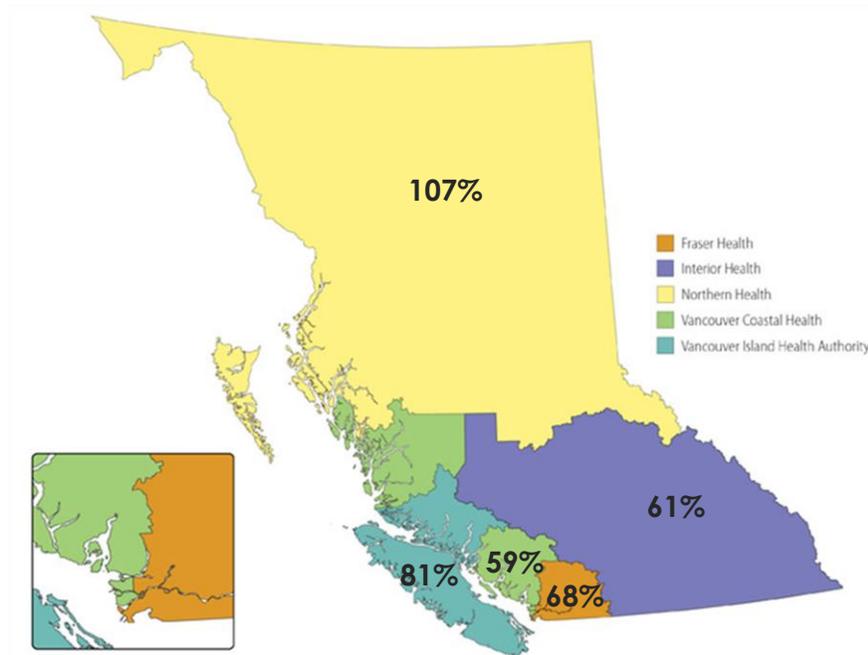
**Thank you to everyone who has enrolled a child in the program and completed clinical exams when we've requested.**

### PANDEMIC ENROLLMENT

Enrollment dropped off in the spring of 2020 as we were all asked to stay at home but picked up in the second half of 2020. In the two years prior to the pandemic, we averaged 13.1 enrollments per month. From March to December 2020, we averaged 11.9 enrollments per month.

## Provincial Enrollment: Birth Years 2010 – 2019

Enrollment rates differ across the province. All percentages are estimates based on the population of the region and assuming a birth rate of 2.11 per 1000 live births and an equal distribution of children with cerebral palsy across the province. Enrollment rates are reported for children born between and including 2010 and 2019.



### INTERIOR

East Kootenay: 40%  
 Kootenay Boundary: 64%  
 Okanagan: 57%  
 Thompson Cariboo Shuswap: 75%

### FRASER

Fraser East: 76%  
 Fraser North: 46%  
 Fraser South: 81%

### NORTH

Northeast: 48%  
 Northern Interior: 132%  
 Northwest: 134%

### VANCOUVER COASTAL

Vancouver: 60%  
 Richmond: 54%  
 North Shore/Coast Garibaldi: 60%

### VANCOUVER ISLAND

Central Vancouver Island: 68%  
 North Vancouver Island: 60%  
 South Vancouver Island: 100%

## Virtual Health and the Pandemic

In June 2020, we sent a survey out to BC physiotherapists related to hip surveillance. Given the timing, we took the opportunity to ask questions related to the use of virtual visits, defined as face-to-face consultation completed remotely. The survey was completed by 64 participants (60 PTs, 1 OT, 3 dual trained PT/OT) from varied practice settings: 48% metro, 30% urban, 19% rural and 3% remote.

Prior to the pandemic, 6% of respondents reported using virtual health with 5% reporting being very confident and 22% confident in using healthcare technology. Since the start of the pandemic, 86% of therapists have been providing virtual visits. Eight different platforms for these visits were identified. Of those providing virtual visits, 44% were satisfied or very satisfied with their experience in providing virtual care.

Barriers to providing virtual care included families not being familiar with the virtual platforms, not wanting to be seen virtually, or being able to afford technology and lack of wireless internet or poor connection. Additionally, therapists identified completing a physical assessment, privacy and security concerns, engaging the child and family, and their own learning needs related to use virtual care as barriers.

## 2020 Therapist Survey Results

Since the start of the program, we have completed surveys of pediatric therapists to assess your knowledge and learning needs and the barriers you face to enrolling children in the program. Below are results from last year's survey.

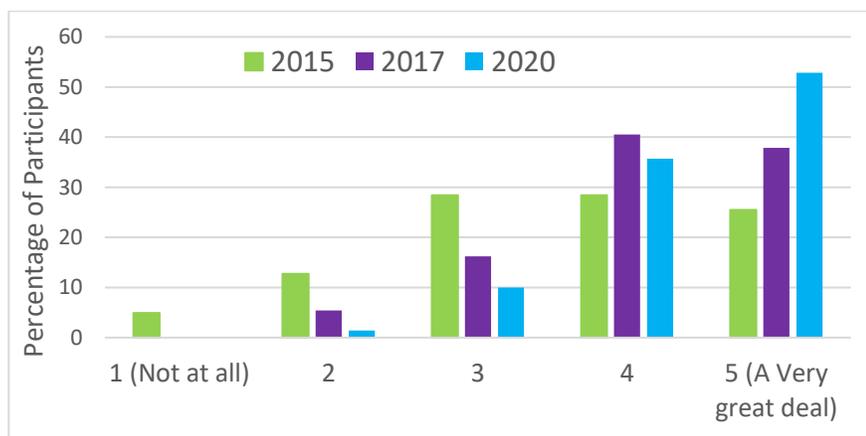
### Therapist Support Surveillance

I think hip displacement in children with CP is a problem that requires standardized monitoring

- 90% very much agree
- 10% agree
- 0% neutral, disagree, strongly disagree

### Confidence in Identifying Children is Increasing

I am confident I can identify which children require hip surveillance.



### Satisfaction with Enrollment

- 76% of respondents reported having enrolled a child
  - 39% were satisfied with the process
  - 48% were very satisfied with the process
- 82% would like to enter data electronically rather than fax

### The Most Common Barriers Reported

- Parents don't agree with enrollment
- Think the child is appropriate but they don't have a diagnosis of CP
- Time
- Space
- I don't think it's my responsibility

**Visit our program website:**  
[www.childhealthbc.ca/hips](http://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.**

## Interesting Open Access Articles

These journal articles are freely available and don't require library access. Use the links provided to download the articles.

### **Variability in Postoperative Immobilization and Rehabilitation Following Reconstructive Hip Surgery in Nonambulatory Children With Cerebral Palsy**

This survey explores the post-operative immobilization and therapy practices of an international group of surgeons after reconstructive hip surgery.

[https://journals.lww.com/pedorthopaedics/Abstract/9000/Variability\\_in\\_Postoperative\\_Immobilization\\_and.98109.aspx](https://journals.lww.com/pedorthopaedics/Abstract/9000/Variability_in_Postoperative_Immobilization_and.98109.aspx)

### **Early Intervention for Children Aged 0 to 2 Years With or at High Risk of Cerebral Palsy. International Clinical Practice Guideline Based on Systematic Reviews**

This systematic review aimed to answer the question: What are the evidence-based recommendations to guide early intervention in children aged 0 to 2 years who have or are at high risk of cerebral palsy?

<https://jamanetwork.com/journals/jamapediatrics/article-abstract/2780012>

### **Physical Therapists Are Key to Hip Surveillance for Children with Cerebral Palsy: Evaluating the Effectiveness of Knowledge Translation to Support Program Implementation**

This article describes the key role PTs play in the Child Health BC Hip Surveillance Program and the knowledge translation strategies used to support the implementation of the program.

<https://www.tandfonline.com/doi/full/10.1080/01942638.2020.1851337>

**ENJOY YOUR  
SUMMER!!**



### **REPORTS:**

Are you receiving our dictated reports? If not, add your name by calling 604-806-9696 or emailing [transcriptionalerts2@vch.ca](mailto: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](mailto:hips@cw.bc.ca) or 1-888-300-3088 ext. 4099.