Background

- Children with cerebral palsy (CP) commonly experience hip problems. Hip displacement occurs in approximately one-third, causing significant damage to the acetabulum and femoral head, which can result in limited range of movement, hip pain and scoliosis.
- The risk of hip displacement is directly related to the gross motor function in a given child, ranging from 1% in spastic hemiplegia to 75% in spastic quadriplegia. The severity of CP is classified according to the Gross Motor Function Classification System (GMFCS).
- Screening patients both clinically and radiologically allows earlier detection of hip abnormalities and consequently allows preventative measures to be taken. As a result of this evidence, a surveillance programme was started in 2008 in Aberdeen.

Audit Standards

1. CP children referred for X-ray of the hips should have their GMFCS group stated on the referral.
2. CP patients should be referred for X-rays at the appropriate time intervals.
   - For 1st round audit: as per the NHS Grampian Cerebral Palsy Hip Monitoring policy.
   - For 2nd round audit: as per the Scottish National Hip Surveillance Programme.

Indicators | Target
---|---
1. The GMFCS severity classification | 100%
2. Timing of first X-ray and timing of subsequent X-rays in relation to severity of CP | 95%

Methodology:

- Children up to 16 years of age were identified from a local database.
- Referral documentation and imaging records were reviewed against the set standards.

Results summary

Conclusions:

In regard to hip imaging in CP, the introduction and implementation of the new Scottish surveillance programme - CPIPS - has resulted in improved referral information and compliance with recommended timing intervals.