It all began when a mother had the vision and the resources to help others avoid the problems she faced with her son. One paragraph written by Cara Whitney captures the essence of what we are trying to achieve. “Once I started questioning the system of curing hip dysplasia I realized there was no system. No categories, no percentages. The only thing that has been agreed is that ‘We don’t know,’” she says. “We need a place to learn, create and gather information about something that is curable but could be cured more efficiently with less harness hours logged and avoiding surgeries. Developing a system that all doctors with less experience can use confidently (avoiding the ‘I don’t know’). The possibility of creating a universal harness and a website that is informative to doctors and parents who want the answers I was seeking.”

The International Hip Dysplasia Institute (IHDI) is a not-for-profit effort to improve the health and quality of life of those afflicted with hip dysplasia.

The IHDI is supported by the Arnold Palmer Hospital Foundation in Orlando, Florida, with major sponsorship from Dan Whitney (“Larry the Cable Guy”) and his wife, Cara. With this combined effort, we have joined forces with several noted medical centers around the world to promote prevention, diagnosis and treatment of hip dysplasia.

When you visit hipdysplasia.org, you will enter a website developed for the sole purpose of answering your questions about hip dysplasia. A website developed so you can find in one place the answers you need. A website that is always changing to keep you updated with the most current information. Some examples are:

- Information for parents
- Finding a specialist
- Practical tips during treatment
- Living with hip dysplasia
- Questions to ask the doctor

FACTS ABOUT HIP DYSPLASIA

- What are the symptoms and signs of hip dysplasia?
- Hip dysplasia treatment methods
- What if treatment fails?

LEARN MORE ABOUT US

- Our Mission
- Our Affiliates
- The Medical Advisory Board
- The International Advisory Board
- Sponsored Research and Clinical Trials

For answers to your questions go to hipdysplasia.org

The International Hip Dysplasia Institute depends completely on the generous support of those who believe in the mission of reducing the burden of hip dysplasia through family support, prevention, advocacy, education, research, and treatment of hip dysplasia worldwide. For more information on how you can make a charitable contribution, please visit our website, hipdysplasia.org. Children and families around the world appreciate your support. Thank you!
Hip dysplasia is the medical term for instability, or looseness, of the hip joint. This affects thousands of children each year and ranges from mild instability to complete dislocation. About one out of every 20 full-term babies has some hip instability and two or three per thousand will require treatment.

Hip dysplasia is not a “birth defect” because nothing is missing. This looseness is because the mother makes hormones that help ligaments relax during the birth process. The birth position may also stretch the hips and make them loose.

Fortunately, most loose hips in babies tighten up naturally and the hips grow correctly. Tight swaddling, genetics, and other conditions can prevent natural correction from occurring.

Prevention and early diagnosis are the keys to simple treatment before the hip dislocates or becomes stuck in a bad position.

**WHAT IS HIP DYSPLASIA AND HOW COMMON IS IT?**

**HOW IS HIP DYSPLASIA DIAGNOSED?**

Hip dysplasia and dislocation are usually diagnosed by routine examination of the hip joint. An ultrasound study of the hip may be recommended for a baby at risk or when the pediatrician has any concern about hip dysplasia. The ultrasound study is harmless and painless and gives the doctor a picture of the hip joint.

The American Academy of Pediatrics recommends an ultrasound study at six weeks of age for almost all baby girls who were in the breech, or bottom-first position. Babies with other risk factors may also benefit from an ultrasound, especially when the pediatrician has any concerns about the examination of the hips. An X-ray at four months of age or older is sometimes recommended.

**WHAT CAN YOU DO TO PROTECT YOUR BABY’S HIPS?**

Swaddling babies the wrong way can cause serious hip problems. It is important to leave the hips free to move and not tightly strapped down with the legs straight out and pressed together. Let the baby hold his or her hips bent up like they were when the baby was born and allow room for the legs to move freely.

About 40 years ago, before the advent of all the modern technology of medicine, some well-respected doctors recommended bulky diapers, or something called “abduction pants”, to protect babies’ hips in the first few months of life while the hips are growing rapidly.

Protecting the hips in this position may allow the mother’s hormones to leave the baby as the hip sockets become tighter and stronger. The baby will still have plenty of time to stretch out the hip joints before they start to walk. This natural method has been used in Serbia, Japan and in other parts of the world and has helped prevent hip dysplasia.

Cultures that hold their babies hips in a “jockey” position strapped on their mother’s back have very low frequency of hip dysplasia. Cultures that wrap their babies tightly on a papoose board with the legs straight out have the high rates of hip dysplasia.

**WHICH BABIES ARE AT RISK FOR HIP DYSPLASIA?**

Babies at risk for hip dysplasia include those who have:

- Family history of hip dysplasia
- Breech position in the womb
- Twisted neck or foot
- Birth weight more than 8 lbs 1 3 oz
- Mother more than 35 years old
- Hip click

You can help your baby have healthy hips by recognizing risk factors, keeping your doctor appointments, and protecting your baby’s hips without swaddling the legs too tightly in the first few months of life.

Visit our website at hipdysplasia.org