### Principles of Pavlik Harness Treatment for Hip Dysplasia

#### Treatment Initiation

1. Treatment is generally, but not always, started before age 6 months
2. A clinical examination is necessary prior to starting treatment
3. An ultrasound is recommended prior to starting treatment

#### Application and Follow-Up

1. A health-care professional should apply the harness at the start of treatment
2. A health-care professional should check that the harness is applied correctly at each clinic visit

#### Complications

1. If femoral nerve palsy occurs, treatment should be temporarily discontinued until return of nerve function and then reinstituted

#### Weaning

1. There is a role for weaning (night-time use only)
2. Weaning (night-time use only) may be instituted once the hip is normal on ultrasound*

#### End of Treatment

1. At the conclusion of treatment hips should be assessed via ultrasound or radiograph for normality*
2. As long as the harness is tolerated, there is no maximum length of Pavlik harness treatment

*According to the AAOS AUC, normality on ultrasound is defined as an alpha angle of ≥60° and femoral head coverage of >45% and normality on radiographs is defined as IHDI grade I.
### Pavlik Harness Treatment by Severity of Hip Dysplasia

#### Stable Dysplastic Hip

1. Treatment should ideally begin at, but not before, 6 weeks of age
2. The harness may be worn 23 hours/day at the outset of treatment
3. A clinic visit should occur every 2-4 weeks to check and adjust the harness and assess for complications
4. The hip should be monitored via ultrasound every 4-6 weeks
5. Treatment should be continued until the hip is normal on ultrasound*, and for a minimum of 6 weeks

#### Dislocatable Hip

1. Treatment should ideally begin before 7 weeks of age
2. The harness may be worn for 23 hours/day at the outset of treatment
3. A clinic visit should occur every 2-4 weeks to check and adjust the harness and assess for complications
4. The hip should be monitored via ultrasound every 2-4 weeks
5. Treatment should continue until the hip is normal on ultrasound*, and for a minimum of 8 weeks

#### Dislocated Hip (Reducible or Irreducible)

1. Treatment should start immediately following diagnosis, ideally before 7 weeks of age
2. The harness should be worn 24 hours/day until the hip is reduced, at which point it may be worn for 23 hours/day
3. The hip should be monitored weekly for reduction via clinical examination without stress maneuvers
4. The hip should be monitored weekly via ultrasound until it is reduced
5. Once the hip is reduced, a clinic visit should then occur every 2-4 weeks to check and adjust the harness and assess for complications
6. Once reduced, hip progress should be monitored via ultrasound every 2-4 weeks
7. If hip reduction is not achieved within 3-4 weeks as determined by clinical examination and ultrasound, treatment should be abandoned
8. If hip reduction, determined via ultrasound, is achieved within 3-4 weeks, harness treatment should continue until the hip is normal on ultrasound*, and for a minimum of 8 weeks

*According to the AAOS AUC, normality on ultrasound is defined as an alpha angle of ≥60° and femoral head coverage of >45% and normality on radiographs is defined as IHDI grade I.