The risk of hip dislocation increases with the severity and extent of CP, exceeding 70% in the most severe cases. Hip dislocation causes pain in up to 30% of cases, carries a risk of orthopaedic and cutaneous complications, and hinders patient installation and nursing care. These adverse outcomes warrant routine screening, which has been proven effective in lessening the frequency and severity of hip displacement. Preventive techniques including physical therapy, orthoses, and treatments to alleviate spasticity are strongly recommended in every case. The beneficial effects of treating spasticity, if needed via neurosurgical procedures, have been convincingly established. Orthopaedic surgery is required when prevention fails. Soft-tissue release is designed to correct the asymmetry in the forces applied by the muscles. Femoral osteotomy creates the possibility for spontaneous correction of secondary acetabular dysplasia. Progress has been made in standardising the use of multilevel surgery involving the soft tissues, femur, and pelvis, which is often effective in correcting the morphological abnormalities and stabilising the joint. When hip pain or alterations are severe, hip resection or total hip arthroplasty are highly effective in alleviating the pain and improving patient comfort. The spastic hip is a complex condition in which currently available screening protocols and treatment strategies have been proven effective in benefitting patient outcomes [1)].

1)
Dohin B. The Spastic Hip in Children and Adolescents. Orthop Traumatol Surg Res. 2018 Jul 26. pii: S1877-0568(18)30197-X. doi: 10.1016/j.otsr.2018.03.018. [Epub ahead of print] Review. PubMed PMID: 30056240.