

Supplementary File 5: Secondary chart for both journals' and books' articles

First author/editor's name (date)	Type of article	Summary of descriptive data	Type of data (author conclusion)
Aronsson <i>et al.</i> (1994)	Journal/ multicenter study	<p>DDH more accurately describes the condition previously termed congenital dysplasia of the hip</p> <p>Developmental dysplasia encompasses the wide spectrum of hip problems seen in infants and children</p> <p>The acronym CDH is confusing</p> <p>The word "developmental invokes the dimension of time acknowledging that the dysplasia or dislocation may occur before or after birth. Dysplasia means an abnormality of development and encompasses a wide spectrum of hip problems</p> <p>Definitions</p> <p>DDH includes hips that are unstable, malformed, subluxated, or dislocated</p> <p>A typical dislocation occurs in an otherwise healthy infant and may occur in utero, at birth, or after birth</p>	<p>DDH term replaces CDH</p> <p>Spectrum of hip problems</p> <p>Age: Infants and children</p> <p>Developmental indicates pathology may occur before or after birth</p> <p>Dysplasia means abnormality of development and encompasses a spectrum of hip problems</p> <p>Forms of DDH: Unstable, malformed, subluxated, or dislocated</p> <p>Typical DDH dislocation occurs in healthy infants</p>
Mooney <i>et al.</i> (1995)	Journal/review	<p>Reports illustrating cases of late diagnosis of hip abnormalities in patients who previously have had normal clinical and/or radiographic examinations as well as recognition of the wide spectrum of abnormalities from dislocation to dysplasia have led the orthopedic and pediatric communities to adopt the term DDH</p> <p>Definitions and categorization</p> <p>Hip dislocation can be categorized as "typical" or "teratologic." "Typical" DDH occurs in neurologically normal infants and encompasses a wide spectrum of deformity and presentation</p> <p>The spectrum of typical DDH at birth includes dislocated hip, located but unstable or dislocatable hip, dysplastic hip</p>	<p>DDH term replaces CDH</p> <p>Typical DDH dislocation occurs neurologically normal infants</p> <p>Encompasses spectrum of deformity and presentation</p> <p>Forms of DDH: Dislocated hip, located but unstable or dislocatable hip, dysplastic hip</p>
Novacheck (1996)	Journal/review	<p>DDH is variable at presentation but is defined as an abnormal formation of the hip joint occurring between organogenesis and maturity as a result of instability</p> <p>The author finds it helpful to think of DDH as a spectrum in both time and severity</p> <p>This spectrum does not include hip abnormalities caused by other diseases, such as cerebral palsy or myelodysplasia</p>	<p>Variable at presentation</p> <p>Abnormal formation of hip joint between organogenesis and maturity</p> <p>As a result of instability</p> <p>Spectrum in both time and severity</p> <p>Does not include hip abnormalities caused by other diseases</p>
Broughton (1997)	Book/chapter	<p>DDH is term now used for what used to be called CDH. The name change recognizes that not all cases are present or detectable at birth, but some develop over the first few months of life</p> <p>It also recognizes that there is a spectrum of disorders ranging from hips that are dislocated and cannot be reduced, through hips that can be reduced and hips that can be dislocated but at rest are enlocated to hips which cannot be dislocated, but have some abnormality of development of the acetabulum</p>	<p>DDH term replaces CDH</p> <p>Spectrum of disorders</p> <p>Forms of DDH: Dislocated unreducible, dislocated reducible, dislocatable, dysplastic</p>
American Academy of Pediatrics (2000)	Journal/ guidelines	<p>DDH is the preferred term to describe the condition in which the femoral head has an abnormal relationship to the acetabulum</p> <p>DDH includes frank dislocation (luxation), partial dislocation (subluxation), instability wherein the femoral head comes in and out of the socket, and an array of radiographic abnormalities that reflect inadequate formation of the acetabulum</p> <p>Because many of these findings may not be present at birth, the term developmental more accurately reflects the biologic features than does the term congenital</p> <p>The acronym DDH includes hips that are unstable, subluxated, dislocated (luxated), and/or have malformed acetabula</p> <p>The typical dislocation occurs in an otherwise healthy infant and may occur prenatally or postnatally</p>	<p>DDH term replaces CDH</p> <p>Femoral head has abnormal relationship to acetabulum</p> <p>Forms of DDH: Dislocation, subluxation, instability, dysplasia</p> <p>Developmental not congenital</p> <p>Typical DDH dislocation occurs in healthy infant prenatally or postnatally</p>

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Morrissy <i>et al.</i> (2001)	Book/chapter	<p>The term “developmental” is more encompassing and is taken in the literal sense of organ growth and differentiation, which includes the embryonic, fetal, and infantile periods. This terminology includes all cases that are clearly congenital and those that are developmental, and it incorporates subluxation, dislocation, and dysplasia of the hip</p> <p>One of the most confusing areas in DDH is the terminology used to discuss the condition. What different investigators mean by “instability,” “dysplasia,” “subluxation,” and “dislocation” varies considerably. In this chapter, the term “DDH” denotes developmental dysplasia of the hip and encompasses all the variations of the condition described</p>	<p>Developmental not congenital</p> <p>Forms of DDH: Instability, dysplasia, subluxation, dislocation</p>
Yamamuro (2005)	Journal/editorial	<p>DDH is the more appropriate nomenclature. First, when assessing neonates, teratologic dislocation, a distinct clinical entity, must first be excluded. Second, the so-called CDH is not caused by a single gene, but by multiple genetic factors, as suggested by female dominance in incidence and familial occurrence. Multigenetic diseases such as osteoporosis and rheumatoid arthritis are not called congenital; likewise, this hip disorder should not be. This hip disorder not only can develop and even be exacerbated when certain environmental factors are present but can also recede without further intervention following elimination of those same factors at an early developmental stage. Multiple genetic factors are thought to be involved in the etiology of this hip disorder, but it is incorrect to use of the term “congenital” to call it. Its manifestation and progression are subject to perinatal environmental factors. DDH should thus be considered the more appropriate terminology</p>	<p>DDH term replaces CDH</p>
Storer <i>et al.</i> (2006)	Journal/review	<p>DDH refers to a continuum of abnormalities in the immature hip that can range from subtle dysplasia to dislocation</p> <p>The term DDH has replaced congenital dislocation of the hip because it more accurately reflects the full spectrum of abnormalities that affect the immature hip</p> <p>DDH can predispose a child to premature degenerative changes and painful arthritis</p> <p>Definitions</p> <p>Hip dysplasia refers to an abnormality in the size, shape, orientation, or organization of the femoral head, acetabulum, or both</p> <p>Acetabular dysplasia is characterized by an immature, shallow acetabulum and can result in subluxation or dislocation of the femoral head</p> <p>In a subluxed hip, the femoral head is displaced from its normal position but still makes contact with a portion of the acetabulum</p> <p>With a dislocated hip, there is no contact between the articular surface of the femoral head and the acetabulum</p> <p>An unstable hip is one that is reduced in the acetabulum but can be provoked to subluxate or dislocate</p> <p>Teratologic hip dysplasia, which is outside the scope of this discussion, refers to the more severe, fixed dislocation that occurs prenatally, usually in those with genetic or neuromuscular disorders</p>	<p>Spectrum of abnormalities in immature hip</p> <p>DDH term replaces CDH</p> <p>Predispose to premature degenerative changes and painful arthritis</p> <p>Hip dysplasia refers to abnormality in size, shape, orientation or organization of femoral head and/or acetabulum</p> <p>Forms of DDH: Dysplasia, subluxated, dislocated, unstable</p> <p>Teratogenic hip dysplasia has fixed dislocation occurs prenatally in those with genetic or neuromuscular disorders</p>

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Benson <i>et al.</i> (2010)	Book/chapter	DDH should replace “CDH” as it embraced the concepts of instability and imperfect formation but had the further advantage of not specifying when the displacement or dysplasia occurred Early treatment encourages the hip joint to grow normally and makes dysplasia less likely. It limits the otherwise inevitable progression to deformation, lost function, and eventual osteoarthritis	DDH terms replaces CDH If does not treated, inevitable progression to deformation, lost function, and eventual osteoarthritis
Ebnezar (2010)	Book/chapter	Definition DDH is defined as partial or complete displacement of the femoral head from the acetabular cavity since birth Stages of DDH There are three stages of DDH: (1) dysplastic stage, (2) dislocatable or subluxation stage, and (3) dislocation stage	Partial or complete displacement femoral head from acetabulum Since birth Forms of DDH: Dysplastic, subluxation, dislocation
Noordin <i>et al.</i> (2010)	Journal article	Terminology The term DDH has replaced congenital dislocation of the hip as it describes the full range of abnormalities affecting the immature hip more accurately. Some children may have a normal femoroacetabular relationship at birth and only later go on to develop a dysplastic hip Definition Any abnormality in the shape, size, and orientation of the femoral head, acetabulum, or both is referred to as hip dysplasia It has been seen that the majority of abnormalities arise as a result of maldevelopment of the acetabulum. The femoral head is involved secondarily as a result of nonphysiological biomechanics from the anteverted acetabulum or as a result of treatment A hip is unstable when the tight fit between the femoral head and the acetabulum is lost and the femoral head is able to move within or outside the confines of the acetabulum Subluxation of hip refers to incomplete contact between the articular surfaces of the femoral head and acetabulum A dislocated hip has no contact between the femoral head and acetabulum A TDH shows very marked and advanced changes in the hip joint at the time of birth and is in a fixed dislocated position. There is an association with other severe malformations, such as spina bifida, arthrogryposis multiplex congenita, lumbosacral agenesis, chromosomal abnormalities, diastrophic dwarfism, Larsen syndrome, and other rare syndromes	DDH term replaces CDH Hip dysplasia is any abnormality in the shape, size, and orientation of the femoral head, acetabulum, or both The majority of abnormalities arise as a result of maldevelopment of the acetabulum. The femoral head is involved secondarily Forms of DDH: Unstable, subluxation, dislocation Teratogenic Dislocation of hip has fixed dislocation at birth and associated with other severe malformation
Nemeth <i>et al.</i> (2012)	Journal/review	Definition DDH encompasses the spectrum of hip abnormalities involving the relationship between the femoral head and the acetabulum during early growth and development A hip may be dislocated at rest, dislocatable, subluxed, subluxable, or appear normal on physical examination yet have an abnormally shaped acetabulum or femoral head radiographically The previously used term “CHD” has been abandoned in recognition of this spectrum, acknowledging as well the fact that a child may have normal examination findings at birth but progress to dislocation later in life Strictly speaking, the term DDH does not apply to abnormal development of the hip due to other diseases	Spectrum of hip abnormalities Involving relationship between femoral head and acetabulum During early growth and development Forms of DDH: Dislocated at rest, dislocatable, subluxed, subluxable, dysplastic DDH term replaces CDH DDH term does not apply to abnormal hip development due to other diseases

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Gosselin <i>et al.</i> (2014)	Book/chapter	<p>DDH encompasses a spectrum of physical and imaging findings from mild instability to frank dislocation. Looseness within the acetabulum is instability, nonconcentric position is subluxation, and deformity of the femoral head and acetabulum is dysplasia</p> <p>With maturity, the patient can develop painful, early-onset degenerative arthritis</p>	<p>Spectrum of physical and imaging findings</p> <p>Forms of DDH: Instability, subluxation, dislocation, dysplasia</p> <p>Predispose to painful early onset degenerative arthritis</p>
Weinstein <i>et al.</i> (2014)	Book/chapter	<p>In patients with DDH, most abnormalities are on the acetabular side. Femoral side changes are secondary to anteversion and pressure changes on the head from the acetabulum or ilium associated with subluxation or dislocation</p> <p>The terminology in DDH is somewhat confusing. The term dysplasia is used to describe a child with a positive Ortolani sign (the hip that can be provoked to dislocate or the hip is dislocated and can be relocated in the acetabulum). The term dislocation describes the presence of a negative Ortolani sign in a child who has secondary adaptive changes of shortening, decreased abduction and asymmetry of the folds and a hip that cannot be reduced</p> <p>If the diagnosis of DDH is missed at birth, the natural history of the disorder can follow one of four scenarios: The hip can become normal, it can go on to subluxation or partial contact, it can go on to complete dislocation, or the hip can remain located but retain dysplastic features</p> <p>Natural history in untreated patients</p> <p>The natural history of untreated complete hip dislocations depends on two factors: bilaterality and the development or lack of development of a false acetabulum</p> <p>In bilateral, untreated, high dislocations without a false acetabulum, patients have good range of motion and no pain. Hyperlordosis and low back pain develop over time. If the complete dislocation articulates with the ilium and there is a false acetabulum, secondary degenerative arthritis will develop in the false acetabulum</p> <p>In the unilateral untreated complete dislocation, the symptoms of pain are associated with the development or lack of development of a false acetabulum. Other associated problems include ipsilateral valgus knee deformity, with attenuation of the medial collateral ligament; lateral knee compartment degenerative changes; significant limb-length inequalities (up to 10 cm); gait disturbances; and secondary scoliosis</p> <p>It is necessary to define terms when discussing the natural history of dysplasia and subluxation in untreated adults. Dysplasia has an anatomic definition, which is inadequate development of the femoral head, the acetabulum, or both</p> <p>The radiographic definition is determined by the presence or absence of an intact Shenton line. Radiographically, a patient with dysplasia has anatomic abnormalities of the femoral head and/or acetabulum (anatomic dysplasia) with an intact Shenton line. Radiographically, a patient with subluxation has anatomic abnormalities of the femoral head and/or acetabulum (anatomic dysplasia) and a disrupted Shenton line</p> <p>The natural history of hip subluxation is clear; degenerative joint disease will develop in all patients, usually in the third to fourth decade of life</p> <p>The natural history of untreated adults with dysplasia is more difficult to predict because the physical signs are usually lacking and patients present with dysplasia only as an incidental finding on radiographs or if they have symptoms. However, there is good evidence that dysplasia, particularly in females, leads to degenerative joint disease in adults</p>	<p>Most abnormalities are on the acetabular side. Femoral side changes are secondary</p> <p>Forms of DDH: Subluxation, dislocation, dysplasia</p> <p>Untreated patients have different future problem: Low back pain, secondary scoliosis, gait disturbance, hip degenerative arthritis, knees deformities, and degenerative changes</p> <p>Clinical definition</p> <p>Anatomic definition</p> <p>Radiographic definition</p>

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Herring (2014)	Book/chapter	<p>Definition</p> <p>DDH is a spectrum of disorders of development of the hip that presents in different forms at different ages</p> <p>The syndrome consists of instability, dislocated but reducible, dislocated and cannot be reduced, hip dysplasia</p> <p>The older term congenital dislocation of the hip has gradually been replaced by developmental dysplasia, which was introduced to include infants who were normal at birth but in whom hip dysplasia or dislocation subsequently developed</p> <p>Teratologic dislocation of the hip is a distinct form of hip dislocation that usually occurs with other disorders</p>	<p>Spectrum of disorders of hip development in different form at different ages</p> <p>Forms of DDH: Instability, dislocated but reducible, dislocated and cannot be reduced, hip dysplasia</p> <p>DDH term replaces CDH</p> <p>Teratogenic dislocation of hip occurs with other disorders</p>
Jackson <i>et al.</i> (2014)	Journal/review	<p>DDH denotes an abnormality of the acetabulum or femoral head and their congruence that presents at birth or in infancy</p> <p>It is more inclusive than the previous term "CHD" because it includes abnormalities other than overt dislocation</p> <p>Terminology used in describing DDH includes dislocation, dysplasia, equivocal examination, hip click, hip clunk, limited hip abduction, mild instability, and subluxation</p>	<p>Abnormality of acetabulum or femoral head and their congruence</p> <p>Presents at birth or in infancy</p> <p>DDH term replaces CDH</p> <p>Terms used in DDH: Dislocation, dysplasia, equivocal examination, hip click, hip clunk, limited hip abduction, mild instability, and subluxation</p>
Guarniero (2010)	Journal/review	<p>This new nomenclature (DDH) more precisely describes the spectrum of abnormalities possible for hip disorders among newborns</p> <p>DDH is a generic term that describes a wide range of anatomical abnormalities of the hip, which may be congenital in nature or may develop during children's first months of life</p> <p>In reality, the term DDH describes the wide spectrum of abnormalities that affect growing hips, from dysplasia to joint dislocation, and going through the different degrees of coxofemoral subluxation</p> <p>Definitions</p> <p>Dysplasia of the hip is a term that denotes an abnormality of size, morphology, or anatomical orientation, in relation to the organization of either the femoral head or the acetabular cavity, or both</p> <p>Acetabular dysplasia is characterized by an immature acetabulum, which may cause subluxation or luxation of the femoral head</p> <p>In cases of subluxation of the hip, the femoral head is dislocated from its normal anatomical position but still maintains some contact with the acetabular cavity</p> <p>In cases of luxation of the hip, there is no contact between the femoral head and the acetabular cavity</p> <p>Hips are described as "unstable" when the joint is reduced, in the anatomical position, but when subluxation or luxation of the joint can be caused</p> <p>Teratologic dislocation is produced during the first months of intrauterine life. This category includes dislocations associated with arthrogryposis, Larsen syndrome, proximal femoral deficiency (with all its variants) and neuromuscular disorders, and dislocations that occur in genetic syndromes</p>	<p>DDH term replaces CDH</p> <p>Wide range of anatomical hip abnormalities</p> <p>Develop during children's first months of life</p> <p>Spectrum of abnormalities affect growing hip</p> <p>Dysplasia denotes abnormality of size, morphology, or anatomical orientation of femoral head and/or acetabulum</p> <p>Forms of DDH: Dysplasia, subluxation, luxation, unstable</p> <p>Teratogenic dislocation occurs during first months of intrauterine life and associated with other disorders</p>
Hefti (2015)	Book chapter	<p>Definition</p> <p>DDH: Inadequate development of the hip with impaired ossification of the lateral acetabular epiphysis</p> <p>CDH: Displacement of the femoral head from its central position in the acetabulum</p>	<p>DDH is inadequate development of the hip</p> <p>CDH is displacement of femoral head from acetabulum</p>

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Kotlarsky <i>et al.</i> (2015)	Journal/review	<p>The term DDH describes the whole range of deformities involving the growing hip including frank dislocation, subluxation and instability, and dysplasia of the femoral head and acetabulum</p> <p>This term replaced the previously accepted “congenital dysplasia of the hip,” which did not describe the developmental aspect of the disorder</p> <p>Dislocations are divided into two subtypes: Dislocation that occurs in an otherwise healthy infant is called typical and it may occur pre- or post-natally. Dislocation that is associated with neuromuscular disorders is called teratologic and it occurs prenatally</p>	<p>Range of abnormalities involving growing hip</p> <p>Forms of DDH: Dislocation, subluxation, instability, and dysplasia</p> <p>DDH term replaces CDH</p> <p>DDH dislocation occurs in healthy infant pre- or postnatally</p>
Aresti <i>et al.</i> (2016)	Book/chapter	<p>DDH represents a spectrum of disorders, which can affect the acetabulum and proximal femur. These can range from a subtle uncovering of the femoral head within the acetabulum to a complete dislocation of the hip, with degrees of instability between the two extremes</p>	<p>Spectrum of disorders from dysplasia to frank dislocation with degrees of instability between them</p>
Joseph <i>et al.</i> (2016)	Book/chapter	<p>DDH includes a wide spectrum of pathology ranging from mild acetabular dysplasia, which may not present until late adolescence or adulthood, to a fixed, total, irreducible dislocation of the hip diagnosed at birth</p> <p>In the past, DDH was known as congenital dislocation of the hip; however, there is now significant evidence that most hips are not dislocated at birth. It is for this reason that the term DDH is now used</p> <p>In this chapter, we will not discuss the relatively rare teratologic hip dislocation which occurs early in fetal life, presents as a fixed, high-riding dislocation at birth, and is often associated with syndromes or other congenital malformations or genetic disorders</p>	<p>Spectrum of pathology</p> <p>DDH term replaces CDH</p> <p>Teratogenic hip dislocation occurs early in fetal life, has fixed dislocation and associated with other diseases</p>
Canale <i>et al.</i> (2017)	Book/chapter	<p>DDH generally includes subluxation (partial dislocation) of the femoral head, acetabular dysplasia, and complete dislocation of the femoral head from the true acetabulum. In a newborn with true congenital dislocation of the hip, the femoral head can be dislocated and reduced into and out of the true acetabulum. In an older child, the femoral head remains dislocated and secondary changes develop in the femoral head and acetabulum</p>	<p>Forms of DDH: Dysplasia, subluxation, dislocation</p>
Blom <i>et al.</i> (2018)	Book/chapter	<p>The term DDH, coined by Klisic in the late 1980s, has replaced the term congenital dislocation of the hip (CDH) in order to reflect a spectrum of abnormalities in the development of the hip joint, ranging from mild acetabular dysplasia to irreducible dislocation</p> <p>Broadly, DDH can be classed into four groups on the basis of a combination of clinical and sonographic examination</p> <ul style="list-style-type: none"> Reduced and stable but dysplastic Reduced but dislocatable Dislocated but reducible Dislocated and irreducible 	<p>DDH term replaces CDH</p> <p>Spectrum of abnormalities</p> <p>Forms of DDH</p> <ul style="list-style-type: none"> Reduced and stable but dysplastic Reduced but dislocatable Dislocated but reducible Dislocated and irreducible

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Shapiro (2019)	Book/chapter	<p>Terminology</p> <p>DDH is a general term referring to a spectrum of deformities, usually diagnosed at neonatal period, in which the structural relationship of the proximal femur to the acetabulum is intermittently or continuously abnormal</p> <p>The spectrum includes: Subluxable or dislocatable, subluxated, dislocated</p> <p>The DDH is not associated with clinically evident connective tissue, neuromuscular, or other diseases</p> <p>CDH was used previously to describe the entity. The entity now referred to as DDH. Developmental has replaced congenital since (i) it focuses on abnormalities in development which predispose to the condition and which worsen in the absence of normal hip positioning and (ii) it is not definite that all dysplastic hips were structurally abnormal and/or detectable at the time of initial postnatal examination</p> <p>Dysplasia is a vague general term referring to a poorly defined disease process. Delayed and thus imperfect development of the acetabulum and the proximal femur is referred to as a dysplastic process</p> <p>Acetabular dysplasia and proximal femoral dysplasia themselves are either primary disorders and/or disorders that occur secondary to growth in the presence of undetected and untreated developmental hip disease</p> <p>DDH therefore encompasses a spectrum of hip abnormality. These include</p> <ul style="list-style-type: none"> Subluxable or dislocatable Subluxation Dislocated hip Unstable hip "NHI" 	<p>Spectrum of deformities</p> <p>Diagnosed at neonatal period</p> <p>Structural relationship between proximal femur and acetabulum is abnormal</p> <p>DDH forms: Subluxable or dislocatable, subluxated, dislocated, unstable</p> <p>DDH is not associated with other diseases</p> <p>DDH term replaces CDH</p> <p>Dysplasia referred to delayed and imperfect development of acetabulum and the proximal femur</p> <p>Dysplastic changes are either primary or secondary</p>
Vaquero-Picado <i>et al.</i> (2019)	Journal/review	<p>The term "DDH" includes a wide spectrum of hip alterations: neonatal instability; acetabular dysplasia; hip subluxation; and true dislocation of the hip</p> <p>Classical terms such as "congenital dislocation of the hip" or "congenital dysplasia of the hip" are used less often these days because they do not include the developmental aspect of the dysplasia, which is important from a medicolegal point of view</p> <p>DDH alters hip biomechanics, overloading the articular cartilage and leading to early osteoarthritis</p>	<p>Spectrum of hip alterations</p> <p>Forms of DDH: Instability; dysplasia; subluxation; dislocation</p> <p>DDH term replaces CDH</p> <p>DDH leads to early osteoarthritis</p>
Yang <i>et al.</i> (2019)	Journal/review	<p>DDH encompasses a broad spectrum of abnormal hip development during infancy and early development</p> <p>The definition encompasses a wide range of severity, from mild acetabular dysplasia without hip dislocation to frank hip dislocation</p>	<p>Spectrum of abnormal hip development</p> <p>During infancy and early development</p>

NHI: Neonatal hip instability, TDH: Teratologic dislocation of the hip, DDH: Developmental dysplasia of the hip, CDH: Congenital dysplasia of the hip, CHD: Congenital hip dislocation