

## The efficiency and clinical benefits of co-locating a physiotherapist and sonographer hip dysplasia clinic David Harding, Glenda McLean, Janet Hough

### Introduction

Evaluation of children with signs of hip dysplasia usually requires a clinical examination and an ultrasound followed by consultation with an experienced orthopaedic professional, such as an advanced practice physiotherapist. This project brought together the services of the sonographer and physiotherapist into a single clinic.

### Aims

Evaluate the perceived benefits of the new model for staff, family satisfaction, and burden of care.

### Methods

The model was trialled over a six month period, and the following outcomes were measured.

#### Professional Interaction

Impact of professional interaction on consultation outcome for 100 consecutive consultations was measured using a questionnaire completed independently by the physiotherapist and sonographer.

#### Family Satisfaction

A survey was designed for the project, and results compared for families attending the new and usual models of care.

#### Burden of care

Number of appointments required by each family over a three month period was measured using a retrospective audit and compared across groups



### Results

#### Professional Interaction

Both sonographers and physiotherapists identified the classification of hip dysplasia as the most beneficial feature of their professional interaction.



Other benefits noted by sonographers included the evaluation of physical symmetry, and the ability to confidently remove the brace for the scan. Other benefits noted by physiotherapists included whether all bony landmarks were visible, and whether there was femoral head stability during imaging.

#### Family Satisfaction Surveys

84% of families attending the new service reported that it was more convenient for them. 12% were unsure and 4% disagreed.

#### Burden of Care

By providing a new clinic model the number of attendances in a 3 month period reduced, on average from 8 to 6.



#### Conclusions

A co-located physiotherapist and sonographer led hip dysplasia clinic improves family and staff satisfaction, and reduces burden of care in infants with developmental dysplasia of the hips. This approach to service delivery should be considered in other clinical presentations.

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