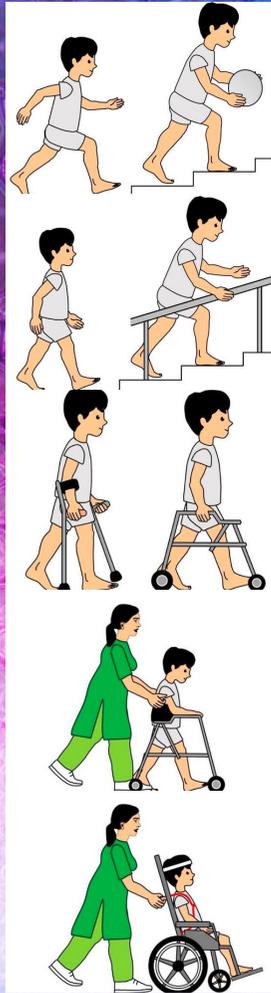


# National Cerebral Palsy Hip Surveillance Guidelines



Years	2	2.5	3	3.5	4	5	6	7	8	9	10	After 10 years to skeletal maturity
GMFCS 1 & 2	▲ ■				▲		▲ ■		▲		▲ ■	▲ ■ * @
GMFCS 3	▲ ■		▲ ■		▲ ■ @							
GMFCS 4 & 5	▲ ■ #											

▲ = Clinical examination    ■ = Radiograph

\* Only for WGH type 4, @ every two yearly, # every yearly

