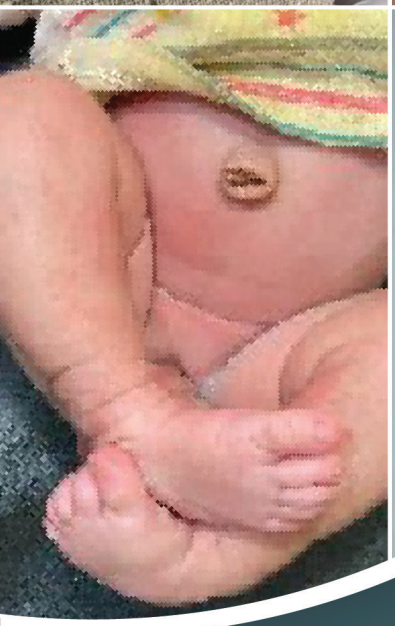
Health Research Advisory Board

Developing Health Research Ecosystem

PAEDIATRIC ORTHOPAEDIC SOCIETY OF PAKISTAN

Paediatric Orthopaedic Registry Pakistan





3rd Annual Report

2024 - 2025

Preface

It is with great honor and privilege that I write the preface for the 3rd Annual Report of the Pediatric Orthopedic Registry Pakistan (PORP). As the field of medicine continues to evolve, so does our approach to clinical assessment and treatment. The establishment of PORP in 2021 marked a significant milestone in our mission to collect prospective data on children with musculoskeletal deformities and their treatment. This initiative plays a crucial role in improving the quality of care, preventing disabilities, and reducing deformities.

PORP exemplifies simplicity and usability, and I strongly encourage all Pediatric Orthopedic Surgeons to contribute their data to the registry. Through collective participation, we can enhance clinical practices, refine research methodologies, and ultimately develop better treatment and prevention strategies for musculoskeletal deformities.

I extend my sincere appreciation to Prof. Dr. Anisuddin Bhatti, Founding Director of PORP, Prof. Dr. Syed Shahid Noor, Chairman of the Registry Committee at HealthRAB, and Prof. Dr. Zakiuddin Ahmed, General Secretary of HealthRAB. The dedication, expertise, and tireless efforts of Prof. Dr. Anisuddin Bhatti have been truly remarkable, and I take this opportunity to express my heartfelt gratitude for his invaluable contributions. It is an honor to collaborate with him.

The 3rd Annual Report of PORP focuses on data related to Developmental Dysplastic Hip (DDH) across Pakistan. Additionally, data on Clubfoot has been seamlessly integrated with the International Clubfoot Registry, with plans to expand the scope to include other musculoskeletal conditions in the future.

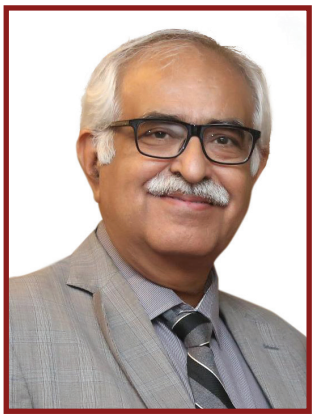
I extend my deepest gratitude to the entire PORP team for their exceptional efforts. I look forward to future initiatives that will further benefit the Pediatric Orthopedic Society and contribute to the advancement of orthopedic surgery in Pakistan.

Sincerely,

Prof. Dr. Muhammad Amin Chinoy

President, POSP

Message



Clinical registries play a crucial role in collecting and analyzing data on epidemiological trends and treatment outcomes, guiding best practices, research, and future strategies. However, ensuring their long-term sustainability remains a challenge, underscoring the need for continuous support and development.

To maximize their impact, registries must go beyond mere data collection and storage, leveraging modern data analytics to develop new preventive and therapeutic strategies and contribute to research publications.

The Pediatric Orthopedic Registry Pakistan (PORP), launched in September 2021 under the Paediatric Orthopaedic Society Pakistan, exemplifies this commitment. With academic and technical support from the Health Research Advisory Board (HealthRAB) and research backing from PharmEvo Pakistan, PORP was developed using comprehensive data collection forms and advanced analytic technology, ensuring security, ease of use, and efficient data retrieval.

Special recognition is due to the Core Committee, particularly Prof. Dr. Mehtab Pirwani and Prof. Dr. Amin Chinoy, as well as the Steering Committee of PORP. Additionally, gratitude is extended to Prof. Dr. Zakiuddin Ahmed and Ms. Marium Soomro from HealthRAB, and Mr. Nauman Siddiqui from PharmEvo, for their invaluable contributions. Initially focused on Pediatric Musculoskeletal (MSK) Deformities, Developmental Dysplastic Hip (DDH), and Clubfoot Deformity (integrated with the International Clubfoot Registry), PORP aims to expand its scope to include Perthes' disease and eventually pediatric MSK injuries. Currently, 28 participants are registered across Pakistan, with 12 actively contributing, having entered 1198 cases of DDH. This report presents 40 months of data, providing insights into case frequencies, distributions, and protected outcome data, which are accessible to principal investigators for clinical audits, patient care improvement, and addressing challenges in treatment.

The continued success of PORP depends on the sustained support of its Steering Committee and registered participants, whose active involvement is essential for its growth. It is hoped that contributors will remain dedicated to PORP and encourage broader participation, strengthening the registry's impact and advancing pediatric orthopedic care in Pakistan.

Sincerely,
Prof. Dr. Anisuddin Bhatti
Founding Director, PORP

Message

I am pleased to present the 3rd Annual Report of the Pediatric Orthopedic Registry Pakistan (PORP). This report marks a significant achievement for the Pediatric Orthopedic Society Pakistan (POSP) and the Health Research Advisory Board (HealthRAB), who collaborated to establish this registry in 2021.

PORP was created with the primary goal of systematically collecting and organizing data on pediatric musculoskeletal (MSK) conditions in a structured and scalable manner. Initially focusing on Developmental Dysplasia of the Hip (DDH), the registry aims to expand its scope to include Perthes' disease, pediatric fractures, and other MSK disorders in the near future.

This report highlights the progress PORP has made since its inception and underscores its contribution to advancing pediatric orthopedic research in Pakistan. It reflects the dedication and commitment of the POSP and HealthRAB teams in successfully implementing this initiative.

On behalf of POSP and HealthRAB, I extend my deepest gratitude to Prof. Dr. Anisuddin Bhatti for his exceptional leadership and unwavering dedication to the success of this registry. I also wish to thank and congratulate all participants whose valuable contributions have made PORP an essential resource for enhancing pediatric orthopedic care in Pakistan.

We look forward to the continued growth and success of this registry, further strengthening research and clinical advancements in the field.

Sincerely,
Prof. Dr. Syed Shahid Noor
Chairman, Registry Committee, HealthRAB

Message

It is a great honor to present the 3rd Annual Report of the Pediatric Orthopedic Registry Pakistan (PORP). This report highlights the significant progress made by the Pediatric Orthopedic Society Pakistan (POSP) and the Health Research Advisory Board (HealthRAB) in establishing and advancing this registry.

HealthRAB, a registered society and a think tank of senior clinicians, researchers, and academicians, is dedicated to strengthening the health research ecosystem in Pakistan. Over the years, HealthRAB has successfully developed several national disease registries, including those for cardiology, orthopedics, gynecology, and diabetes. These registries have played a vital role in improving clinical care and shaping evidence-based treatment protocols. Establishing national registries is crucial for identifying gaps in care, tracking patient outcomes, and ultimately enhancing healthcare standards.

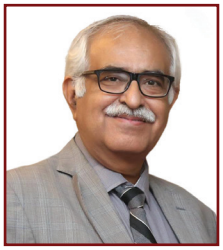
PORP marks a significant step forward in pediatric orthopedic care in Pakistan and serves as a model for other countries seeking to establish similar registries. It plays a crucial role in systematically collecting and organizing pediatric musculoskeletal (MSK) data in a structured and scalable manner. While its primary focus is on improving pediatric orthopedic care in Pakistan, I am confident that PORP will also contribute significantly to global clinical advancements and the development of evidence-based treatment protocols for pediatric MSK conditions.

A special note of gratitude to Prof. Dr. Anisuddin Bhatti, whose unwavering support and leadership have been instrumental in making this project a reality. I also commend the dedicated teams at POSP and HealthRAB for their relentless efforts in establishing PORP, transforming it into an invaluable resource for enhancing pediatric orthopedic care across Pakistan.

Sincerely,
Prof. Dr. Zakiuddin Ahmed
General Secretary, HealthRAB

List of Editors

Prof. Dr. Anisduddin Bhatti
Founding Director, PORP



Ms. Marium Soomro
Manager, PORP
General Manager, HealthRAB

Prof. Dr. Zakiuddin Ahmed
General Secretary, HealthRAB

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Introduction to PORP

ThePaediatric Orthopaedic Society Pakistan (POSP) initiated a pilot project in November 2019 in Collaboration with Health Research Advisory Board (HealthRAB) to establish the “Paediatric Orthopaedic Registry Pakistan” (PORP).

PORPserves as the primary registry for POSP and will initially focus on three common congenital/developmental MSK issues, namely DDH, Perthes and Paediatric Fractures. The registry will expand to include other MSK issues after a year or two.

This PORP is owned by POSP in collaboration with HealthRAB. PORP is supported by an unrestricted research grant by PharmEvo.

To ensure the smooth functioning of PORP, a steering committee and core committee have been established with the responsibility of supervising the PORP operations in accordance with the agreed terms of reference.

Aims & Objectives

- To collect, enter & retrieve data of Paediatric MSK problems, procedures carried out in order to establish data base.
- Data that can be used to improve the quality of care prevent disabilities developing among deformities.
- Data to provides actionable information to guide PORP user, for decision-making and research with overall benefit to the patients care & Disability prevention. Data that shall be strictly Password protected.
- Cumulative data retrievable by the user in CVS / PDF format for their study & research.
- The PORP may publish cumulative general demographic data for a scientific evidence, that to improve health policy.

Steering Committee

S. No	Steering Committee Members	Role
1	Dr. Anisuddin Bhatti	Director
2	Dr. Zakiuddin Ahmed	Secretary
3	Dr. Mehtab Ahmed Pirwani	Member
4	Dr. Syed Shahid Noor	Member
5	Dr. Rana Dilawez Nadeem	Member
6	Dr. Mohammad Amin Chinoy	Member
7	Dr. Javed Iqbal	Member
8	Dr. Atiq uz Zaman	Member
9	Dr. Sikander Hayat	Member
10	Dr. Nusrat Rasheed	Member
11	Dr. Saeed Ahmed	Member
12	Dr. M. Aslam Baloch	Member
13	Ms. Marium Soomro	Manager

Core Committee

S. No	Core Committee Members	Role
1	Dr. Anisuddin Bhatti	Director
2	Dr. Zakiuddin Ahmed	Secretary
3	Dr. Mehtab Ahmed Pirwani	Member
4	Dr. Rana Dilawez Nadeem	Member
5	Dr. Mohammad Amin Chinoy	Member
6	Dr. Saeed Ahmed	Member
7	Dr. Nusrat Rasheed	Member
8	Ms. Marium Soomro	Manager

Participating Institutions by Province

Province	City	Participating Institutions
Balochistan	Quetta	Bolan Medical Complex Hospital
		Sheikh Khalifa Bin Zahid Medical Complex
		Tariq Hospital
KPK	Peshawar	Khyber Teaching Hospital
		Prime Teaching Hospital
Punjab	Faisalabad	Children's Hospital
	Lahore	Ghurki Trust Teaching Hospital
	Multan	Nishtar Medical College & Hospital
		Rehman Medical Center
	Rawalpindi	Benazir Bhutto Hospital
Sindh	Karachi	Ankleseria Hospital
		Bantva Hospital
		Charania Hospital
		Civil Hospital
		Health Care Hospital
		Jinnah Postgraduate Medical Center
		Kutiyana Memon Hospital
		Liaquat National Hospital
		Mehran Medical Centre
		National Institute of Child Health
		National Medical Center
		Neurospinal & Cancer Care Institute
		OMI Hospital
		Saifee Hospital
		Indus Hospital and Health Network (IHHN)
		Ziauddin Hospital, Clifton Campus
	Larkana	Shaheed Mohtarma Benazir Bhutto Medical University
	Sukkur	Bhatti Hospital
		Civil Hospital

Registered Participants

S. No	Names
1	Dr. Adeel Ahmed Siddiqui
2	Dr. Anisuddin Bhatti
3	Dr. Asif Peracha
4	Dr. Atiq uz Zaman
5	Dr. Ayesha Saeed
6	Dr. Badruddin Sahito
7	Dr. Jagdesh Kumar
8	Dr. Jamil Ahmed Zehri
9	Dr. Javed Iqbal
10	Dr. Karim Baksh
11	Dr. M. Aslam Baloch
12	Dr. Malik Waseem Ahmed
13	Dr. Mansoor Ali Khan
14	Dr. Mehtab Ahmed Pirwani
15	Dr. Mohammad Amin Chinoy
16	Dr. Muhammad Jamil
17	Dr. Nadeem Baloch
18	Dr. Noman Parekh
19	Dr. Nusrat Rasheed
20	Dr. Pervez Ali
21	Dr. Rana Dilawez Nadeem
22	Dr. Saeed Ahmed Jadoon
23	Dr. Salik Kashif
24	Dr. Sikander Hayat
25	Dr. Soughat
26	Dr. Syed Shahid Noor
27	Dr. Zaki Idrees
28	Dr. Zamir Ahmed Soomro

Contributors

S. No	Names
1	Dr. Anisuddin Bhatti
2	Dr. Asif Paracha
3	Dr. M. Aslam Baloch
4	Dr. Atiq Uz Zaman
5	Dr. Ayesha Saeed
6	Dr. Javed Iqbal
7	Dr. Mansoor Ali Khan
8	Dr. Muhammad Amin Chinoy
9	Dr. Muhammad Badar Uddin Zafir
10	Dr. Muhammad Jamil
11	Dr. Pervez Ali
12	Dr. Saeed Ahmad Jadoon

Data Report
2024 - 2025

Development Dysplastic Hip : 1198

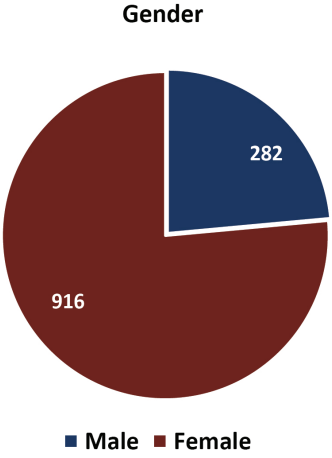
Associated Deformities

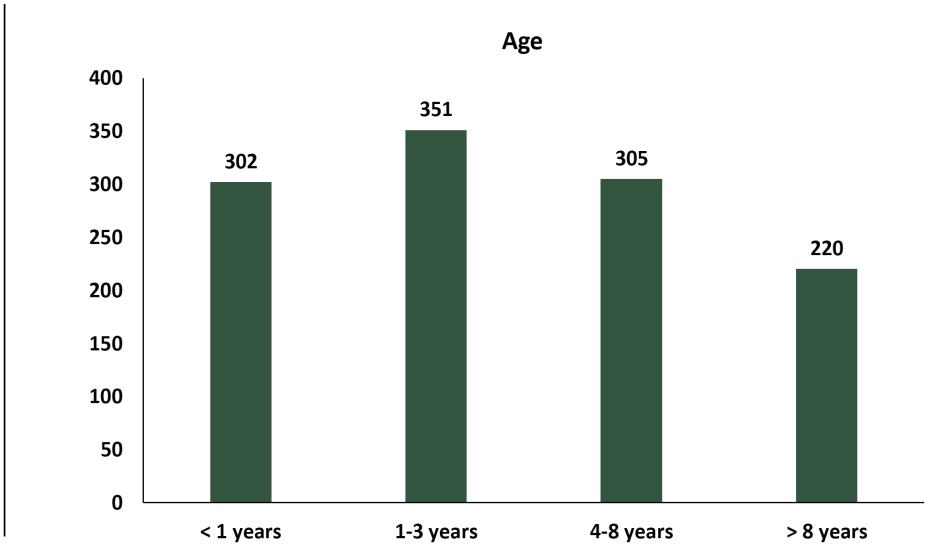
Diseases Index (N=1198)	N	%
Club Foot	68	6%
Development Dysplastic Hip	1198	100%
Perthes	48	4%
Pediatric Fractures	9	1%
Epiphyseal Injuries	8	1%
Pediatric Trauma Dislocation	11	1%
SCFE/SUFE	22	2%
Coxa Vara	81	7%
Proximal Focal Femoral deficiency (PFFD)	23	2%
Congenital Pseudo-Arthrosis (CPT)	6	1%
Congenital Knee Dislocation (CDK)	44	4%
Hemimelia	17	1%
Pes Plano Valugus	13	1%
Pes Plano Valugus Rigidus	9	1%
Arthrogryposis Multiplex Congenita	71	6%
Torticollis	79	7%
Radial Club Hand	10	1%
Osteogenesis Imperfecta (OGIP)	16	1%
Rickets/Osteomalacia	23	2%
Genu_Valgus	14	1%
Genu Varus	16	1%
Scoliosis	16	1%

Baseline

Age & Gender of Respondents

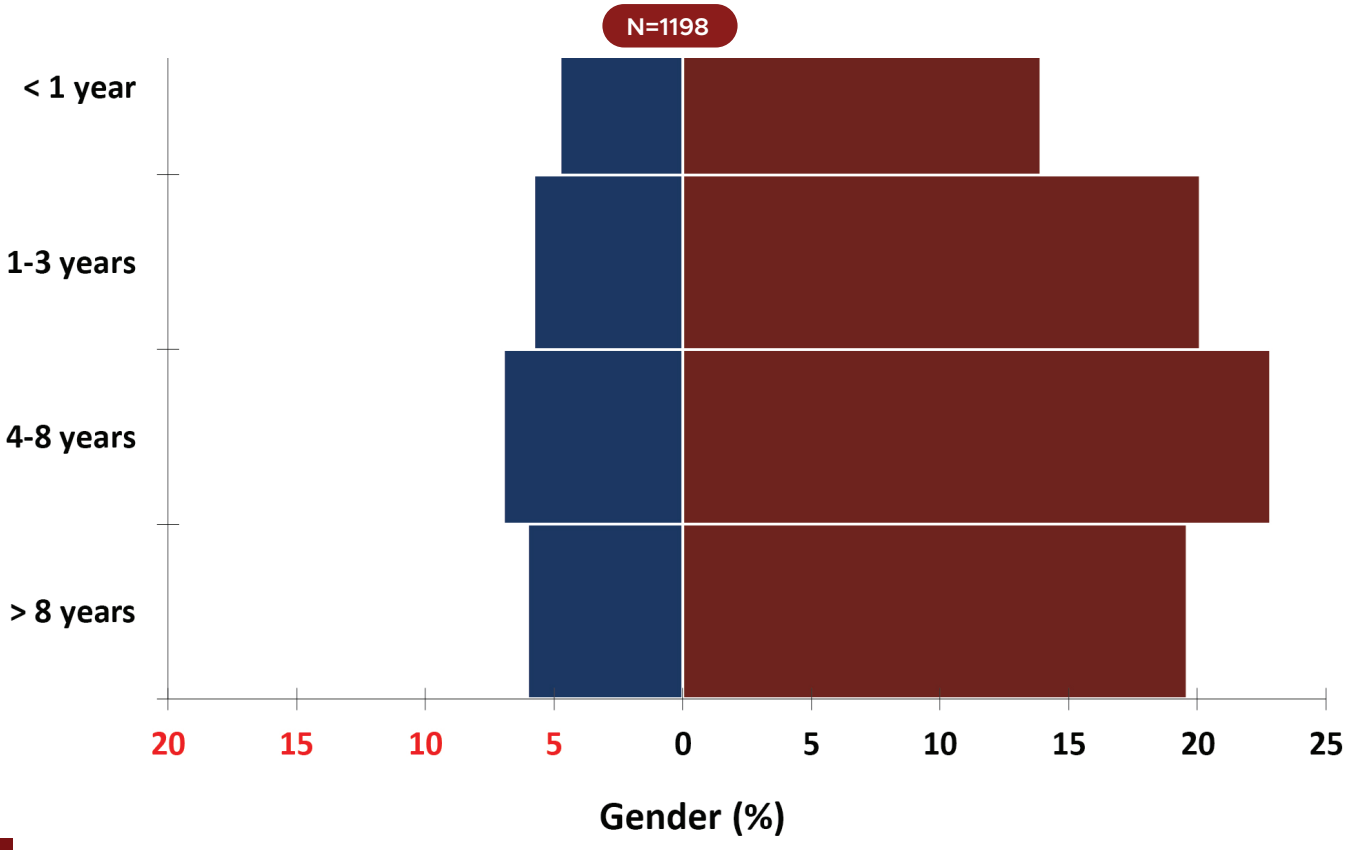
N=1198





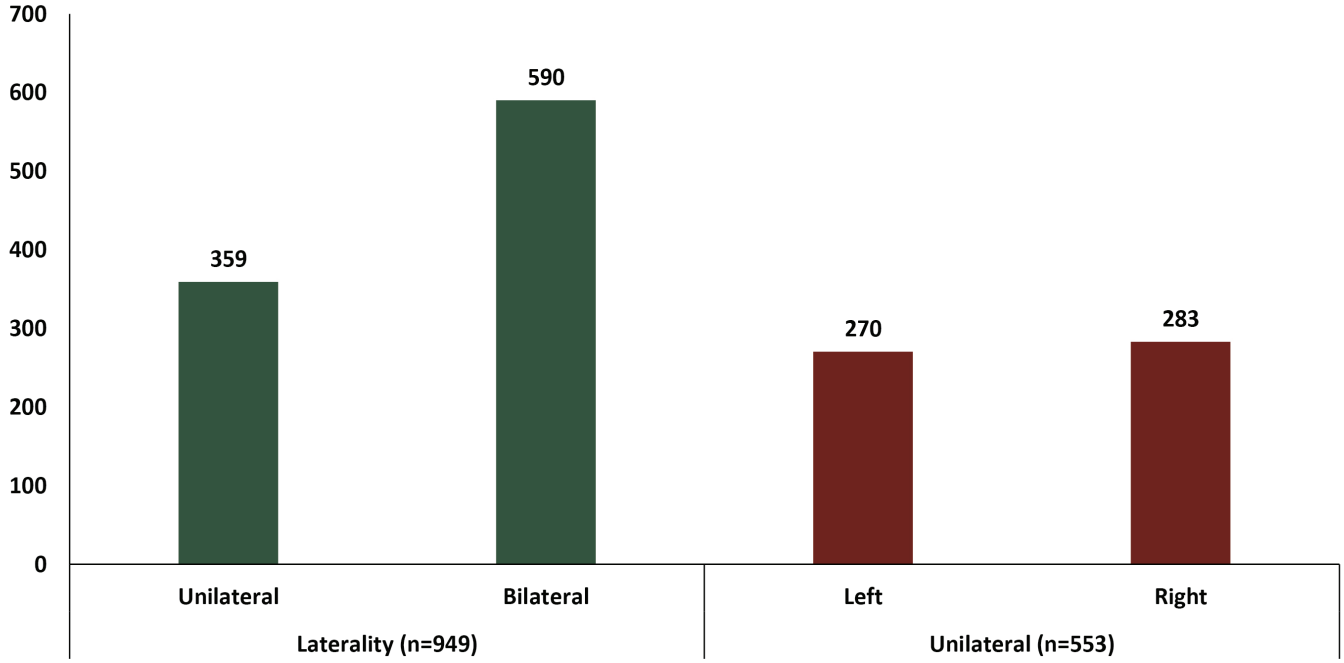
Age & Gender Correlation (%)

N=1198



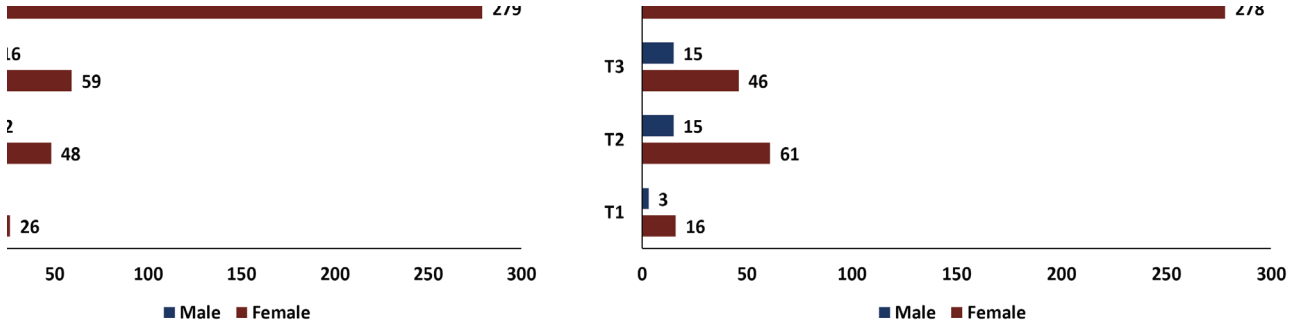
Distribution of Laterality and Unilateral

N=949

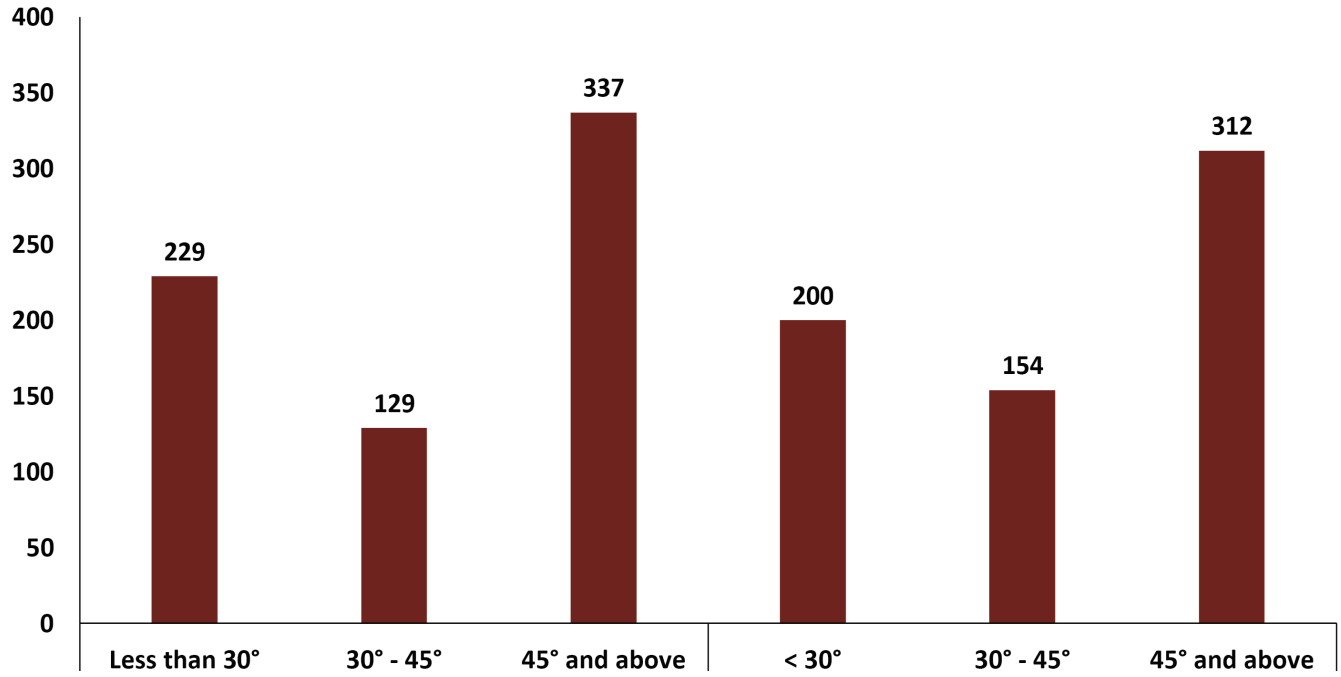


Tonnis Height Dislocation (%)

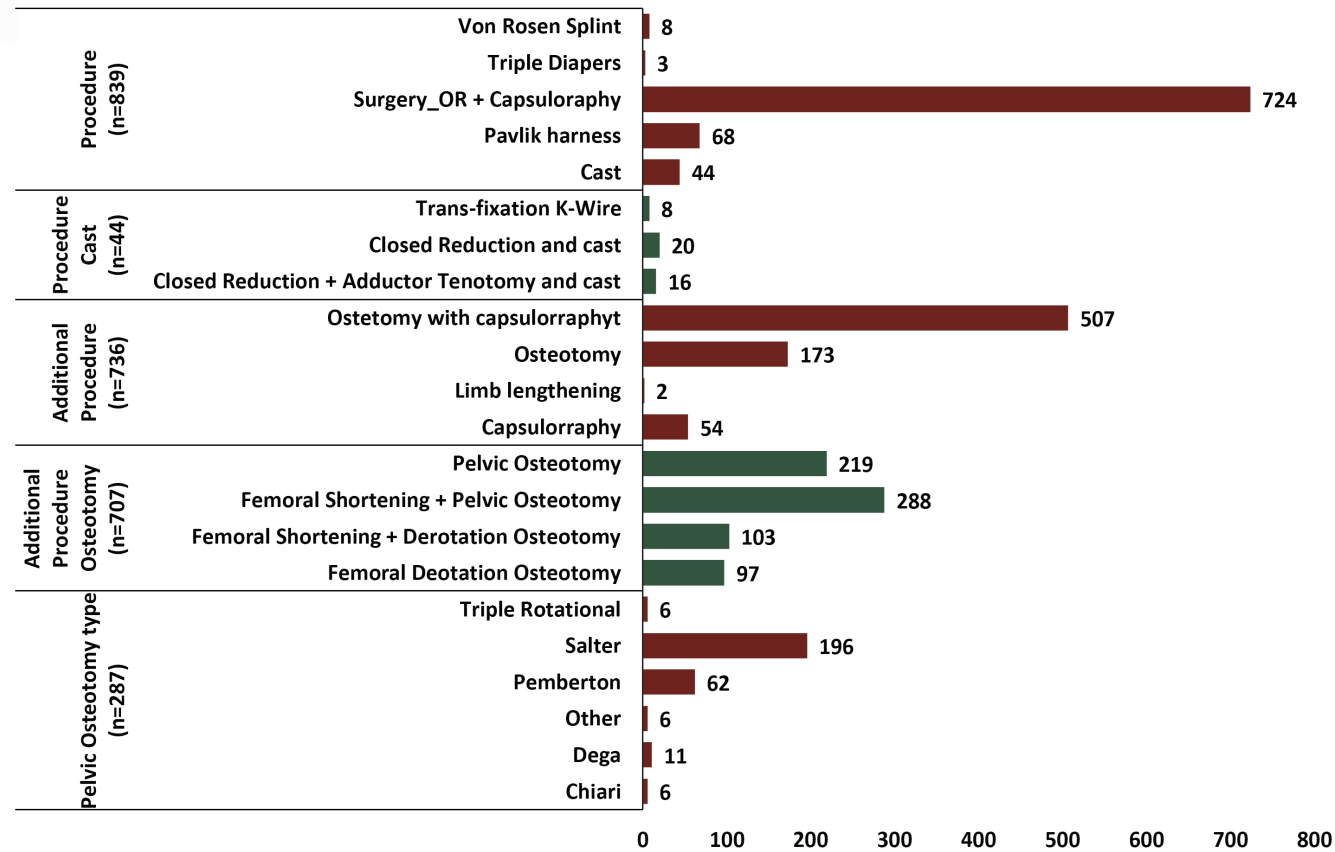
N=1015



Acetabular Index



Procedures Performed



Follow-Up

N=1191

Follow Up	n	%
<1 years	245	21%
1 - 3 years	541	45%
3 -7 years	159	13%
7-10 years	58	5%
>10 years	188	16%
Total	1191	100%

Disease Index Form

Paediatric Orthopaedic Registry Pakistan (PORP)

A.	**Demographic Data**				
1	Registration/MR No		2	Visit Date	
3	Consent: Informed consent taken from parents/ guardian for registry, photographs and publication	☐ Yes ☐ No	4	Patient Name	
5	Father Name		6	DOB	
7	Age	☐ Week ☐ Month ☐ Year	8	Gender	☐ Male ☐ Female
9	Province	☐ Sindh ☐ Punjab ☐ Balochistan ☐ Khyber Pakhtunkhwa ☐ Gilgit Baltistan ☐ Azad Kashmir	10	City	☐ Karachi ☐ Hyderabad ☐ Sukkur ☐ Larkana ☐ Nawabshah ☐ Mirpurkhas ☐ Shaikapur ☐ Jacobabad ☐ Khairpur ☐ Lahore ☐ Faislabad ☐ Islamabad ☐ Rawalpindi ☐ Gujranwala ☐ Multan ☐ Bhawalpur ☐ Sargodha ☐ Sialkot ☐ Rahim Yar Khan ☐ Quetta ☐ Hub ☐ Sui ☐ Der Allah Yar ☐ Chaman ☐ Gwadar ☐ Peshawar ☐ Abbottabad ☐ Mardan ☐ Nowshera ☐ Dera Ismail Khan ☐ Astore ☐ Bunji ☐ Chilas ☐ Danyor ☐ Gahkuch ☐ Gilgit ☐ Skardu ☐ Hunza ☐ Muzaffarabad ☐ Mirpur ☐ Rawal Kot ☐ Kotli ☐ Dhir Kot ☐ Bagh ☐ Hajira ☐ Bhimbar ☐ Plandri ☐ Chakswari ☐ Other: _____
11	Hospital		12	Contact # 1	
13	Contact # 2		14	Parent's NIC #	
15	Email ID		16	Assessment done by	
B.	**Disease Index: Group A**				
1	Club Foot	☐ Yes ☐ No	2	Development Dysplastic Hip (DDH)	☐ Yes ☐ No
C.	**Disease Index: Group B**				
1	Perthes	☐ Yes ☐ No	2	Pediatric Fractures	☐ Upper limb long bones ☐ Lower limb long bones
3	Epiphyseal Injuries	☐ Shoulder ☐ Elbow ☐ Wrist	4	Pediatric Trauma Dislocation	☐ Shoulder ☐ Elbow ☐ Hip

Disease Index Form

		☐ Hip-Delbet type ☐ Knee ☐ Ankle ☐ Talus			
5	Slipped Capital Femoral Epiphysis(SCFE/SUFE)	☐ Yes ☐ No	6	Coxa Vara	☐ Congenital ☐ Developmental
7	Proximal Focal Femoral deficiency (PFFD)	☐ Yes ☐ No	9	Congenital Pseudo-Arthrosis (CPT)	☐ Tibia ☐ Femur
10	Congenital Knee Dislocation (CDK)	☐ Hyperextension ☐ Flexion	11	Hemimelia	☐ Tibia ☐ Femur
12	Pes Plano Valugus	☐ Flexus ☐ Rigidus	13	Pes Plano Valugus_Rigidus	☐ Vertical talus ☐ Tarsal coalition
14	Arthrogryposis Multiplex Congenita	☐ Yes ☐ No	15	Torticollis	☐ Congenital ☐ Developmental
16	Radial Club Hand	☐ Yes ☐ No	17	Osteogenesis Imperfecta (OGIP)	☐ Yes ☐ No
18	Rickets/Osteomalacia	☐ Yes ☐ No	19	Genu Valgus	☐ Yes ☐ No
20	Genu Varus	☐ Yes ☐ No	21	Scoliosis	☐ Yes ☐ No
22	Other	☐ Yes ☐ No	23	Other, please specify	

DDH Baseline Form

Average time to enter baseline data : 2 mins

Paediatric Orthopaedic Registry Pakistan (PORP)
DDH-Baseline Form

A.	**Demographic Data**							
1	Registration/MR No				2	Visit Date		
3	Consent: Informed consent taken from parents/ guardian for registry, photographs and publication						☐ Yes ☐ No	
4	Patient Name			5	Father Name			
6	DOB		7	Age	☐ Week ☐ Month ☐ Year	8	Gender	☐ Male ☐ Female
9	Province	☐ Sindh ☐ Punjab ☐ Balochistan ☐ Khyber Pakhtunkhwa	10	City	☐ Karachi ☐ Hyderabad ☐ Sukkur ☐ Larkana ☐ Nawabshah ☐ Mirpurkhas ☐ Shaikapur ☐ Jacobabad ☐ Khairpur ☐ Lahore ☐ Faislabad ☐ Islamabad	☐ Rawalpindi ☐ Gujranwala ☐ Multan ☐ Bhawalpur ☐ Sargodha ☐ Sialkot ☐ Rahim Yar Khan ☐ Quetta ☐ Hub ☐ Sui ☐ Der Allah Yar ☐ Chaman	☐ Gwadar ☐ Peshawar ☐ Abbottabad ☐ Mardan ☐ Nowshera ☐ Dera Ismail Khan ☐ Other: _____	
11	Hospital		12	Contact # 1		13	Contact # 2	
14	Parent's NIC #		15	Email ID		16	Assessment done by	
17	Born at	☐ Hospital ☐ Home	18	Delivery type	☐ Vertex ☐ Breech	19	MSK screening done	☐ Yes ☐ No
20	MSK deformity/ dislocation noticed at	☐ Birth ☐ 6 months ☐ 12 months ☐ 18 months ☐ 24 months ☐ More than 24 months	21	Associated Deformities	☐ Cleft palate ☐ Cleft lip ☐ Club foot ☐ Knee disloction ☐ Other	22	Family history of DDH/ Other MSK congenital deformity	☐ Yes ☐ No
23	Medications during pregnancy	☐ Yes ☐ No		24	Which medications during pregnancy			
B.	**DDH Characteristics**							
1	Laterality	☐ Unilateral ☐ Bilateral		2	Unilateral	☐ Right ☐ Left		
3	Tonnis Height Dislocation Right	☐ T1 ☐ T2 ☐ T3 ☐ T4		4	Tonnis Height Dislocation Left	☐ T1 ☐ T2 ☐ T3 ☐ T4		
5	Acetabular Index Right	☐ Less than 30° ☐ 30° - 45° ☐ 45° and above		6	Acetabular Index Left	☐ Less than 30° ☐ 30° - 45° ☐ 45° and above		

DDH Baseline Form

7	Double Acetabulum	☐ Yes ☐ No	8	Previous treatment received	☐ Yes ☐ No
8	Previous treatment received if yes	☐ Pavlik Harness ☐ Von Rosen Splint ☐ Triple Diapers ☐ Cast ☐ Surgery	9	Previous treratment Surgery	☐ OR + Capsuloraphy ☐ OR + Pelvic Osteotomy ☐ OR + Femoral Shortening + Pelvic Osteotomy ☐ OR + Femoral shortening
10	Post operative wound infection	☐ Yes ☐ No	11	Post operative wound infection type	☐ Superficial ☐ Deep
12	Post operative stiffness	☐ Mild ☐ Moderate ☐ Gross ☐ Ankylosis	13	Post operative subluxation	☐ Yes ☐ No
14	Post operative dislocation	☐ Yes ☐ No	15	Post operative Avascular Necrosis	☐ Yes ☐ No
C. Current Procedure Performed					
1	Surgeon		2	Assistant	
3	Date		4	Procedure	☐ Pavlik harness ☐ Von Rosen Splint ☐ Triple Diapers ☐ Cast ☐ Surgery_OR + Capsuloraphy
5	Procedure Cast	☐ Closed Reduction and cast ☐ Closed Reduction + Adductor Tenotomy and cast ☐ Trans-fixation K-Wire	6	Procedure Surgery OR + Capsuloraphy Approach	☐ Smith Petersen ☐ Bikini ☐ Medial ☐ Other
7	Additional Procedure	☐ Osteotomy ☐ Ostetomy with capsulorraphy ☐ Capsulorraphy	8	Additional Procedure Osteotomy	☐ Femoral Deotation Osteotomy ☐ Pelvic Osteotomy ☐ Femoral Shortening + Pelvic Osteotomy ☐ Femoral Shortening + Derotation Osteotomy
9	Pelvic Osteotomy type	☐ Salter ☐ Pemberton ☐ Dega ☐ San Diego ☐ Chiari ☐ Triple Rotational ☐ Other	10		
10	Remarks				

DDH Follow-up Form

Average time to enter follow-up data : 1 min

Paediatric Orthopaedic Registry Pakistan (PORP)
DDH-Follow-Up Form

A. Demographic Data					
1	MR No		2	Follow up Visit Date	
3	Patient Name		4	Father Name	
5	Hospital		6	Follow-up duration	☐ 2 weeks ☐ 3 weeks ☐ 4 weeks ☐ 6 weeks ☐ 8 weeks ☐ 12 weeks ☐ More than 16 weeks
7	Visit recorded by (Dr name)				
B. Observations/ Procedures					
1	Brace compliance	☐ Good ☐ Fair ☐ Poor	2	Brace weaning	☐ Yes ☐ No
3	Brace weaning duration	☐ 4 weeks ☐ 6 weeks ☐ 8 weeks ☐ More than 8 weeks	4	Post brace discontinuation outcome	☐ Retained ☐ Subluxated ☐ Dislocated ☐ Femoral nerve palsy ☐ AVN
5	Post operative status	☐ Febrile ☐ Pain	6	Wound inspection (within 2 weeks)	☐ Yes ☐ No
7	Wound inspection side	☐ Right ☐ Left ☐ Both sides	8	Wound type	☐ Dry ☐ Superficial infection ☐ Dehiscence ☐ Deep seated infection
8	Spica cast	☐ No cast ☐ Discontinued ☐ Changed ☐ Repaired	9	Spica cast changed	☐ 2 weeks ☐ 4 weeks ☐ 6 weeks ☐ 8 weeks ☐ More than 12 weeks
10	Spica cast repaired	☐ 2 weeks ☐ 4 weeks ☐ 6 weeks ☐ 8 weeks ☐ More than 12 weeks	11	Spica cast discontinuation	☐ 2 weeks ☐ 4 weeks ☐ 6 weeks ☐ 8 weeks ☐ More than 12 weeks
12	Spica cast discontinuation reason	☐ Age ☐ Infection ☐ Completion ☐ Subluxation ☐ Dislocation			
C. Clinical Outcomes					
1	Clinical outcomes Mackay's clinical evaluation	☐ Excellent (Stable painless hip, Negative trendelenburg ,Full ROM) ☐ Good (Stable painless hip, Slight limb, Slight decreased ROM) ☐ Fair (Stable painless hip, Positive trendelenburg , Limited ROM or a complication) ☐ Poor (Unstable hip, Painful hip, Positive trendelenburg)			
2	Bhatti functional scoring system	☐ Excellent ☐ Good		☐ Fair ☐ Poor	

DDH Follow-up Form

D. Contained Hip							
1	Contained hip (Intact shenton line, Tonnis height {T1, T2}, Acetabular index <30°)	**Right** ☐ Yes ☐ No	**Left** ☐ Yes ☐ No	2	Contained Hip duration		☐ Weeks ☐ Months ☐ Years
E. Radiological outcomes							
1	Radiological outcomes	☐ Class I ☐ Class II ☐ Class III ☐ Class IV ☐ Class V ☐ Class VI		2	Class I: Normal	☐ Class Ia ☐ Class Ib	
3	Class Ia	☐ CE >19° (6-13 years) ☐ CE >25° (14 & above years age)		4	Class Ib	☐ CE >15°-19° (6-13 years) ☐ CE >20°-25° (14 & above years age)	
5	Class II: Moderate deformity of head, femoral neck or Acetabulum	☐ Class Ia ☐ Class Ib		6	Class IIa	☐ CE >19° (6-13 years) ☐ CE >25° (14 & above years age)	
7	Class IIb	☐ CE >15°-19° (6-13 years) ☐ CE >20°-25° (14 & above years age)		8	Class III: Dysplasia without Subluxation	☐ CE <15° (6-13 years) ☐ CE < 20° (14 & above years age)	
9	Class IV	☐ CE+/- 0° (Moderate Subluxation) ☐ CE < 0° (Severe Subluxation)		10	Class V: Femoral head articulates with pseudo acetabulum	☐ Yes ☐ No	
11	Class VI: Resdislocation	☐ Yes ☐ No					
F. Complications							
1	Complications seen	☐ Yes ☐ No		2	Complication seen at		☐ Weeks ☐ Months ☐ Years
3	Subluxation	☐ Right ☐ Left ☐ Both sides		4	Dislocation	☐ Right ☐ Left ☐ Both sides	
5	AVN	☐ Right ☐ Left ☐ Both sides		6	Infection (Deep)	☐ Right ☐ Left ☐ Both sides	
7	Stiffness	☐ Yes ☐ No		8	Ankylosis	☐ Yes ☐ No	
9	Shortening/ Lengthening (in cms)	☐ Yes ☐ No		10	Premature Capital Physeal Fusion	☐ Yes ☐ No	
11	Neuro Deficit	☐ Yes ☐ No		12	Neuro Deficit Type	☐ Femoral nerve ☐ Sciatic nerve	
G. Post Complication Treatment							
1	Treatment given	☐ Conservative ☐ Redo surgery		2	Conservative treatment	☐ Abduction splint ☐ Reassurance and mobilization	
2	Redo Surgery	☐ OR + Capsuloraphy ☐ OR + Pelvic Osteotomy		3	Pelvic Osteotomy type	☐ Salter ☐ Pemberton ☐ Dega	

DDH Follow-up Form

		☐ OR + Femoral Shortening + Pelvic Osteotomy ☐ OR + Femoral shortening			☐ San Diego ☐ Chiari ☐ Other
H. Redo Treatment Outcomes					
1	Mackay's clinical score	☐ Excellent (Stable painless hip, Negative trendelenburg ,Full ROM ☐ Good (Stable painless hip, Slight limb, Slight decreased ROM) ☐ Fair (Stable painless hip, Positive trendelenburg , Limited ROM or a complication) ☐ Poor (Unstable hip, Painful hip, Positive trendelenburg)			
2	Bhatti functional scoring system	☐ Excellent ☐ Good ☐ Fair ☐ Poor	3	Severin's Score	☐ I ☐ II ☐ III ☐ IV
3	Contained	☐ Yes ☐ No	4	Subluxated	☐ Yes ☐ No
5	Infection	☐ Yes ☐ No	6	Infection type	☐ Superficial ☐ Deep
7	Stiffness	☐ Mild ☐ Moderate ☐ Gross	8	AVN type	☐ Salter I ☐ Salter II ☐ Salter III
I. Photograph					
1	Upload Photograph	☐ Yes ☐ No	2	Preoperative Anteroposterior	
3	Preoperative Lateral		3	Postoperative Anteroposterior	
4	Postoperative Lateral				
5	Remarks				

Stakeholders

Paediatric Orthopaedic Society Pakistan

Paediatric Orthopedic Society of Pakistan (POSP), is a registered non-profit Society (KAR NO. 053 of 2019-20 under Societies Act XXI of 1860) of Paediatric Orthopedic Surgeons of Pakistan, who are committed to providing quality care for children with musculoskeletal deformities through research, education, training, and advocacy.

Aims & Objectives

- To encourage, cultivate, propagate and popularize science of pediatric Orthopedics
- The advancement of pediatric orthopaedic surgery in pakistan.
- The enhancement of care for children with musculoskeletal problems.
- To develop and encourage the teaching, research and education of pediatric orthopedics.
- To train professional across of country by providing opportunities & learn the latest evidence based scientific knowledge in the field of pediatric orthopedics by conducting annual/biennial conference, symposia, course, workshops & continuing educational program.

Stakeholders

Health Research Advisory Board

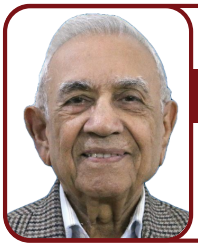
Health Research Advisory Board (HealthRAB) a registered society. It is a "think tank" of senior clinicians, researchers & academicians who are committed to the mission of HealthRAB which is to "Developing Health Research Ecosystem"

Health Research Advisory Board
Developing Health Research Ecosystem

Vision:

Improving health globally by developing a relevant & efficient research ecosystem

Leadership:



Founding Chairman

Prof. Dr. Abdul Gaffar Billoo

Professor Emeritus, Department of Paediatrics & Child Care. Aga Khan University Hospital Founding Chairman, HANDS

Chairman

Prof. Dr. Abdul Basit

Director, Diabetes & Endocrinology Center, Indus Hospital & Health Network

Vice Chairman

Prof. Dr. M Iqbal Afridi

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Prof. Dr. Zakiuddin Ahmed

Adjunct Professor, Digital Health, HSA, Director, RIHIS

Finance Secretary

Prof. Dr. Syed Shahid Noor

HOD Orthopaedics, Liaquat National Hospital Chairman Registry Committee, HealthRAB

Projects:

- National Disease Registries
- International Medical Research Conference (IMRC)
- Capacity Building Workshops
- Research Awards
- Research Support Service
- National Research Policy Document
- Research Funds
- Research Hub & LMS
- Provincial & Student Chapters
- Research Reference Guide

www.healthrab.org

PORP Meetings

Update Meeting | 12th August 2024

PORP Review Meeting I 7 February 2024

PORP 1st Annual Report Launch I 6 May 2023

Core Committee 20 September 2022

Core Committee 1 September 2022

Core Committee | 1 September 2022

PORP Inauguration | 6 July 2021

PORP Meetings

Core Committee | 24 March 2021

Steering Committee | 18 August 2020

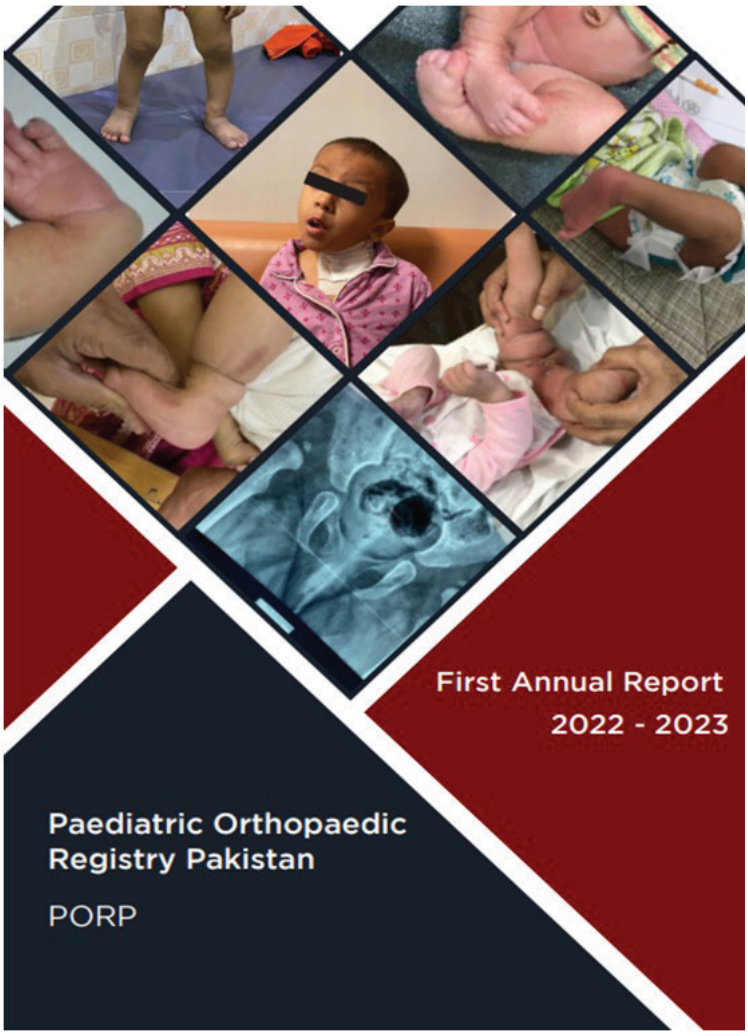
Steering Committee | 15 June 2020

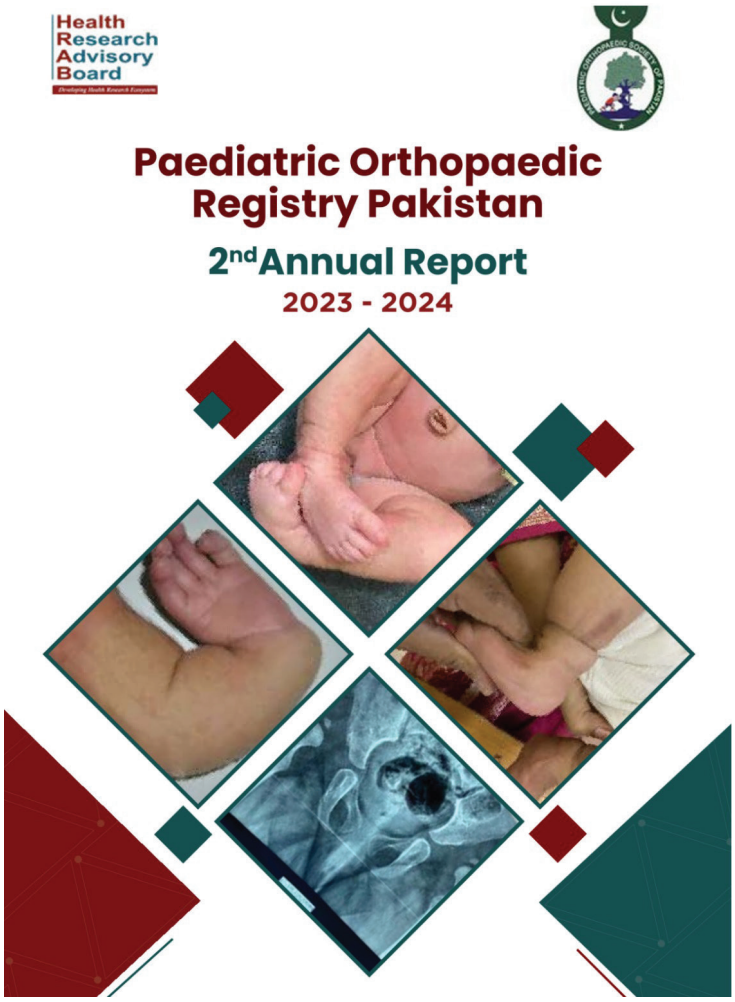
Core Committee | 12 March 2020

Core Committee | 1 January 2020

Core Committee | 26 November 2019

Paediatric Orthopaedic Registry Pakistan (PORP) - Annual Reports





Acknowledgements

Health Research Advisory Board

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Prof. Dr. Anisuddin Bhatti