Health Research Advisory Board

Developing Health Research Ecosystem

PAEDIATRIC ORTHOPAEDIC SOCIETY OF PAKISTAN

Paediatric Orthopaedic Registry Pakistan

4th Annual Report

2025 - 2026

Preface

It is a great honor and privilege to present the 4th Annual Report of the Pediatric Orthopedic Registry Pakistan (PORP). As the field of pediatric orthopedics continues to advance, so too does our approach to clinical assessment, treatment, and patient care. Since its establishment in 2021, PORP has been a cornerstone initiative in collecting prospective data on children with musculoskeletal deformities, supporting evidence-based clinical practices, preventing disabilities, and improving patient outcomes.

PORP stands out for its simplicity, usability, and wide applicability. I strongly encourage all Pediatric Orthopedic Surgeons across Pakistan to actively contribute their data to the registry. Through collective participation, we can strengthen clinical practices, enhance research methodologies, and develop more effective strategies for the treatment and prevention of musculoskeletal deformities.

I would like to express 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. Their dedication, expertise, and tireless efforts have been instrumental in the continued success of PORP. I am particularly grateful to Prof. Dr. Anisuddin Bhatti for his exceptional leadership and invaluable contributions to this initiative.

This 4th Annual Report highlights data on Developmental Dysplastic Hip (DDH) and continues to integrate data on Clubfoot with the International Clubfoot Registry. Looking ahead, PORP aims to expand its scope to include additional musculoskeletal conditions, further enriching the knowledge base and supporting clinical and research advancements in pediatric orthopedics.

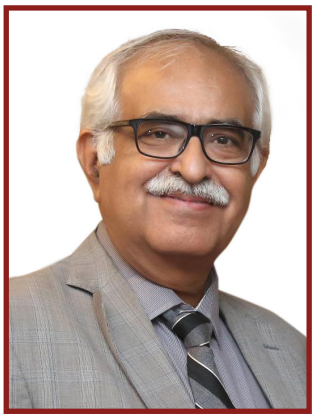
I extend my heartfelt thanks to the entire PORP team for their outstanding dedication and efforts. I look forward to future initiatives that will continue to strengthen the Pediatric Orthopedic Society of Pakistan and advance orthopedic care for children nationwide.

Sincerely,

Prof. Dr. Muhammad Amin Chinoy

President, POSP

Message



Clinical registries are essential for collecting and analyzing data on epidemiological trends and treatment outcomes, guiding best practices, supporting research, and informing future strategies. Ensuring their long-term sustainability, however, remains a challenge, highlighting the need for ongoing support, development, and active participation.

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

The Pediatric Orthopedic Registry Pakistan (PORP), launched in September 2021 under the Paediatric Orthopaedic Society Pakistan, embodies 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 tools 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. I also extend my gratitude to Prof. Dr. Zakiuddin Ahmed, Ms. Marium Soomro, Miss Kanwal Latif from HealthRAB, and Mr. Nauman Siddiqui from PharmEvo for their invaluable contributions.

Initially focused on Pediatric Musculoskeletal 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 musculoskeletal injuries. Currently, 32 participants are registered across Pakistan, with 12 actively contributing, having entered 1,355 cases of DDH. This report presents 50 months of data, offering insights into case frequencies, distributions, and outcome data, which are accessible to principal investigators for clinical audits, improving patient care, and addressing treatment challenges.

The continued success of PORP relies on the sustained engagement of its Steering Committee and registered participants. I hope that all contributors will remain dedicated and continue to 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 4th Annual Report of the Pediatric Orthopedic Registry Pakistan (PORP). This report represents a significant milestone for the Pediatric Orthopedic Society Pakistan (POSP) and the Health Research Advisory Board (HealthRAB), who jointly established this registry in 2021.

PORP was developed with the primary goal of systematically collecting and organizing data on pediatric musculoskeletal (MSK) conditions in a structured and scalable manner. Initially focused on Developmental Dysplasia of the Hip (DDH), the registry is set 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 emphasizes its contribution to advancing pediatric orthopedic research in Pakistan. It reflects the dedication and commitment of the POSP and HealthRAB teams in successfully implementing and sustaining 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 indispensable resource for improving pediatric orthopedic care across the country.

We look forward to the continued growth and success of PORP, further strengthening research, clinical practice, and patient care in pediatric orthopedics in Pakistan.

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

Message

It is a great honor to present the 4th Annual Report of the Pediatric Orthopedic Registry Pakistan (PORP). This report showcases the remarkable progress made by the Pediatric Orthopedic Society Pakistan (POSP) and the Health Research Advisory Board (HealthRAB) in establishing and advancing this important registry.

HealthRAB, a registered society and think tank comprising senior clinicians, researchers, and academicians, is committed to strengthening Pakistan's health research ecosystem. Over the years, HealthRAB has successfully developed several national disease registries, including those for cardiology, orthopedics, gynecology, and diabetes. These registries have been pivotal in improving clinical care, shaping evidence-based treatment protocols, and identifying gaps in healthcare delivery, ultimately raising national healthcare standards.

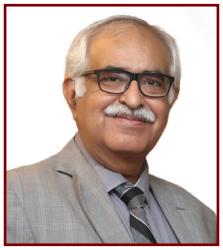
PORP represents a significant milestone in pediatric orthopedic care in Pakistan and serves as a model for other countries seeking to establish similar registries. It systematically collects and organizes pediatric musculoskeletal (MSK) data in a structured and scalable manner. While its primary aim is to improve pediatric orthopedic care in Pakistan, I am confident that PORP will also contribute meaningfully to global clinical advancements and the development of evidence-based treatment protocols for pediatric MSK conditions.

I would like to extend special gratitude to Prof. Dr. Anisuddin Bhatti, whose leadership and unwavering support have been instrumental in making this initiative a reality. I also commend the dedicated teams at POSP and HealthRAB for their relentless efforts in establishing PORP and 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



Prof. Dr. Zakiuddin Ahmed
General Secretary, HealthRAB

Ms. Kanwal Latif
Manager, PORP
Manager, HealthRAB

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Introduction to PORP

The Paediatric 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. Badruddin Sahito	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. Salik Kashif	Member
11	Dr. Jamil Ahmed Zehri	Member
12	Dr. Pervez Ali	Member
13	Dr. Saeed Ahmed	Member
14	Dr. M. Aslam Baloch	Member
15	Dr. Shahzad Anwer Qureshi	Member
16	Ms. Marium Soomro	Member
17	Ms. Kanwal Latif	Manager

Core Committee

S. No	Core Committee Members	Role
1	Dr. Anisuddin Bhatti	Director
2	Dr. Zakiuddin Ahmed	Secretary
3	Dr. Atiq uz Zaman	Member
4	Dr. Badruddin Sahito	Member
5	Dr. Mohammad Amin Chinoy	Member
6	Dr. M. Aslam Baloch	Member
7	Dr. Saeed Ahmed Jadoon	Member
8	Dr. Sikander Hayat	Member
9	Ms. Marium Soomro	Member
10	Ms. Kanwal Latif	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
		Mercy Teaching Hospital
		Prime Teaching Hospital
Punjab	Faisalabad	Children's Hospital
	Lahore	Ghurki Trust Teaching Hospital
	Multan	Nishtar Medical College & Hospital
		Rehman Medical Center
		Ibn E Sena Multan
	Rawalpindi	Benazir Bhutto Hospital
Sindh	Karachi	Ankleseria Hospital
		Bantva Hospital
		Charania Hospital
		Civil Hospital
		Dr. Ruth K. M. Pfau, Civil Hospital Karachi
		Health Care Hospital
		Indus Hospital and Health Network (IHHN)
		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
		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
2025 - 2026

Development Dysplastic Hip : N=1355

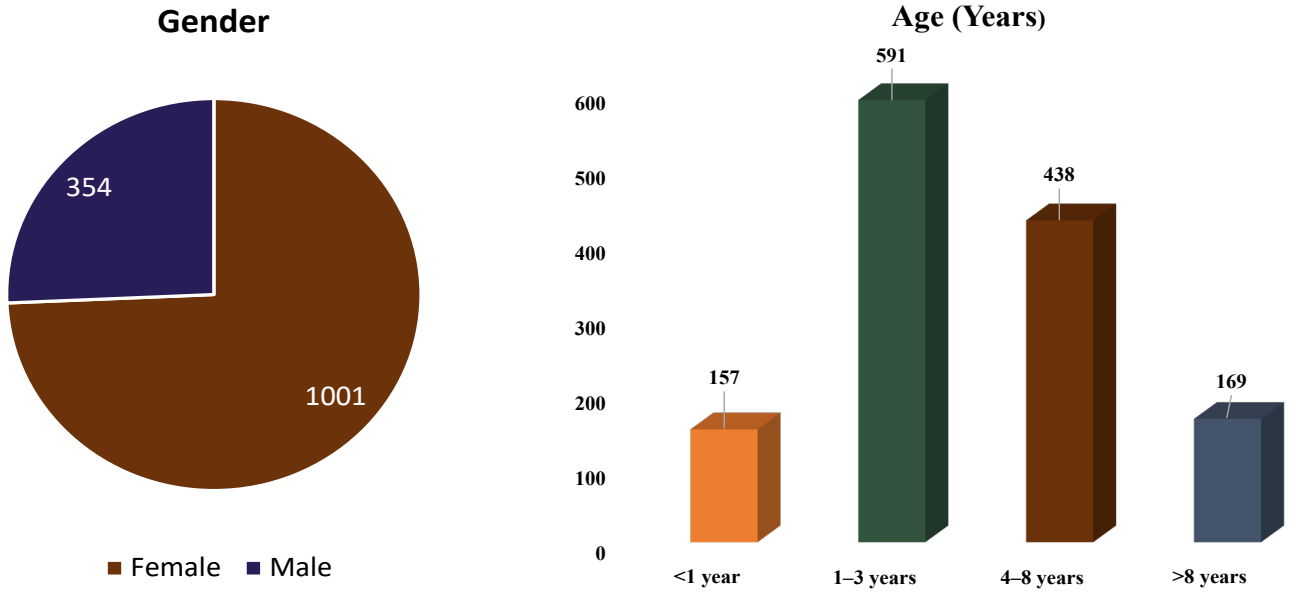
Associated Deformities

Diseases Index (N=1355)	N	%
Club Foot	74	5.5%
Development Dysplastic Hip	1147	84.7%
Perthes	51	4%
Pediatric Fractures	11	0.8%
Epiphyseal Injuries	10	0.7%
Pediatric Trauma Dislocation	14	1%
SCFE/SUFE	24	2%
Coxa Vara	95	7%
Proximal Focal Femoral deficiency (PFFD)	24	1.8%
Congenital Pseudo-Arthrosis (CPT)	8	0.6%
Congenital Knee Dislocation (CDK)	50	4%
Hemimelia	19	1.4%
Pes Plano Valugus	14	1%
Pes Plano Valugus Rigidus	11	0.8%
Arthrogryposis Multiplex Congenita	78	6%
Torticollis	93	7%
Radial Club Hand	11	0.8%
Osteogenesis Imperfecta (OGIP)	16	1%
Rickets/Osteomalacia	24	2%
Genu_Valgus	14	1%
Genu Varus	16	1.2%
Scoliosis	18	1.3%

Baseline

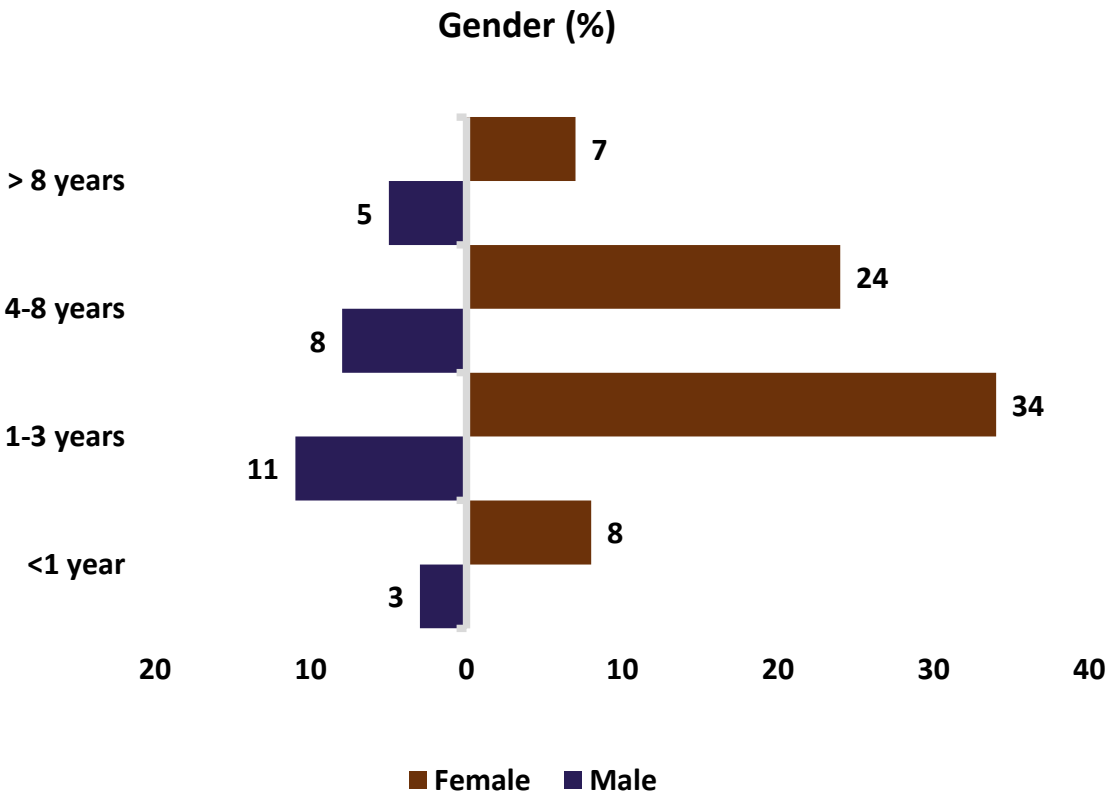
Age & Gender of Respondents

N=1355



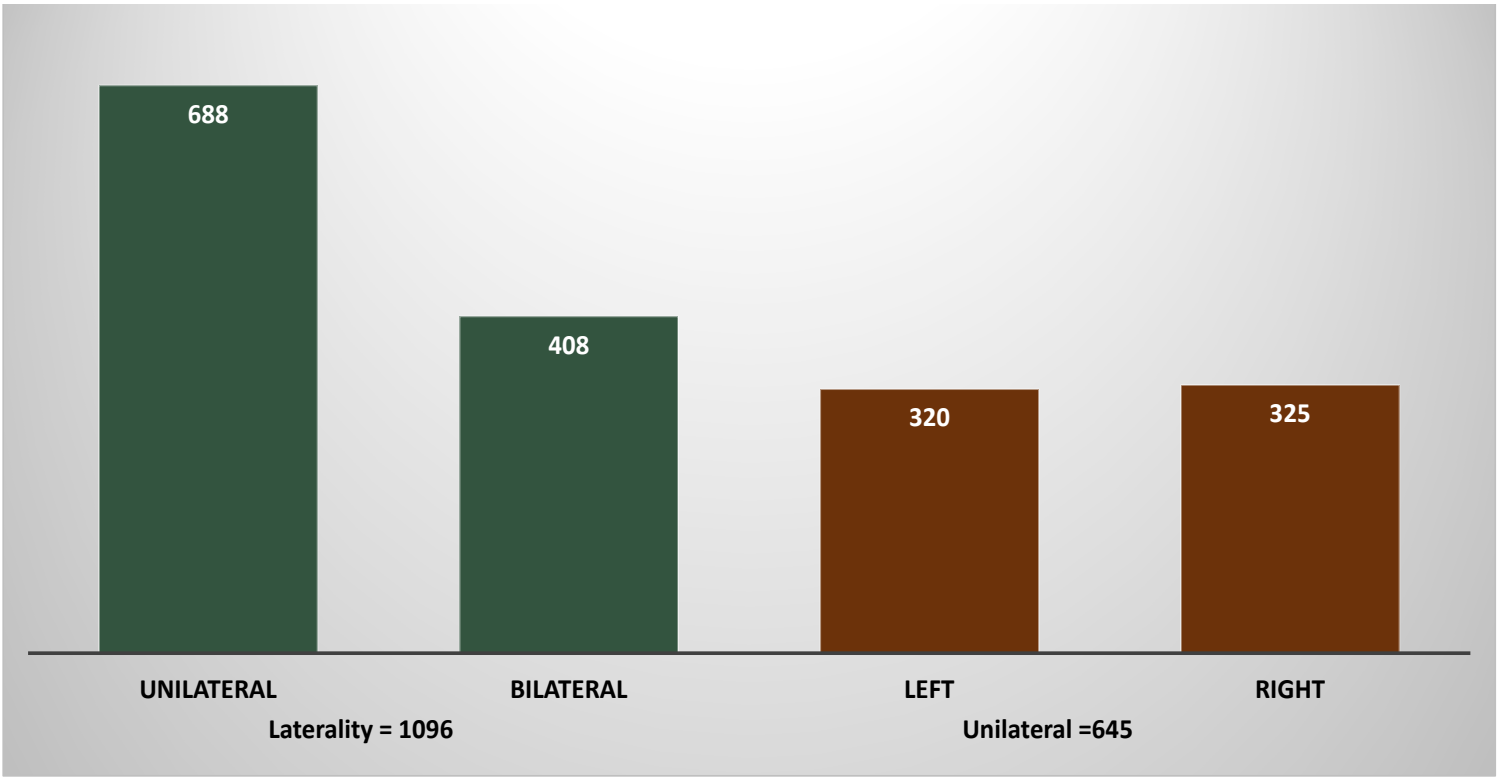
Age & Gender Correlation (%)

N=1355



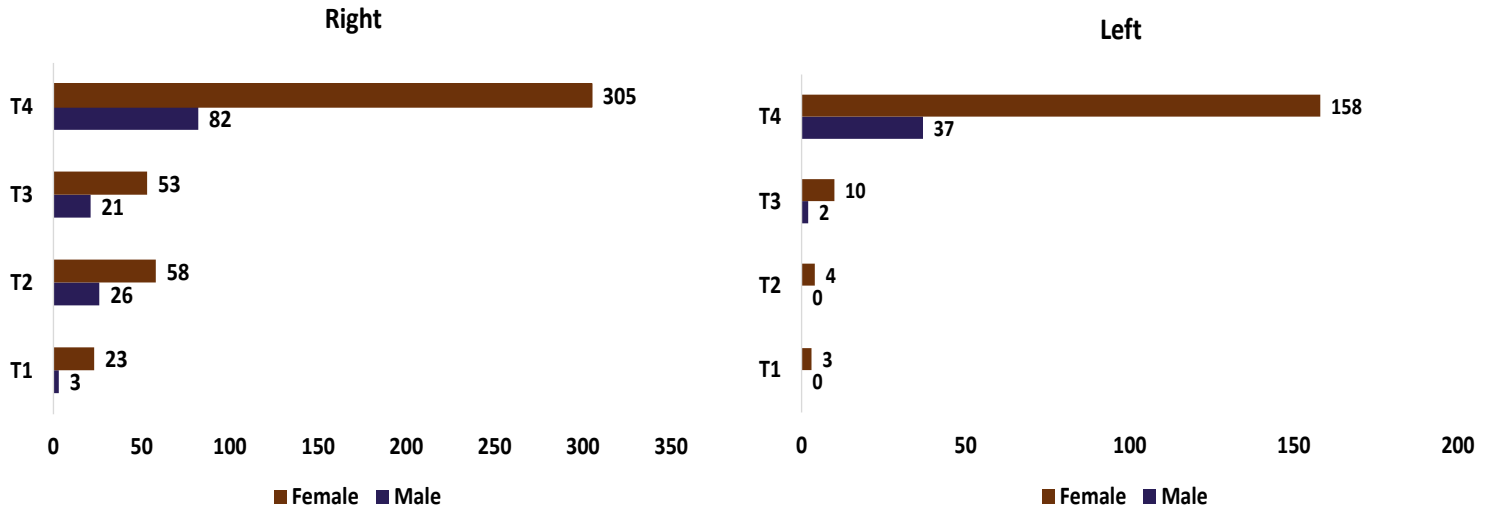
Distribution of Laterality and Unilateral

N=1096

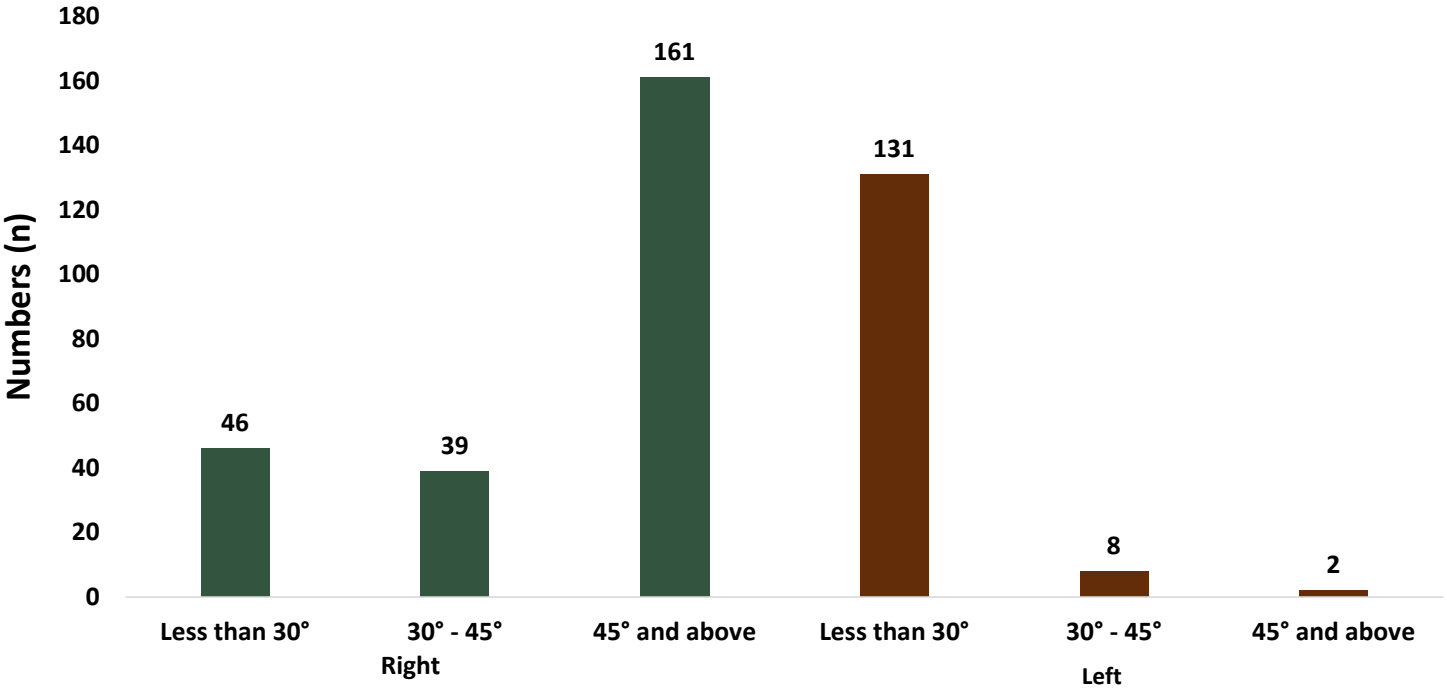


Tonnis Height Dislocation (%)

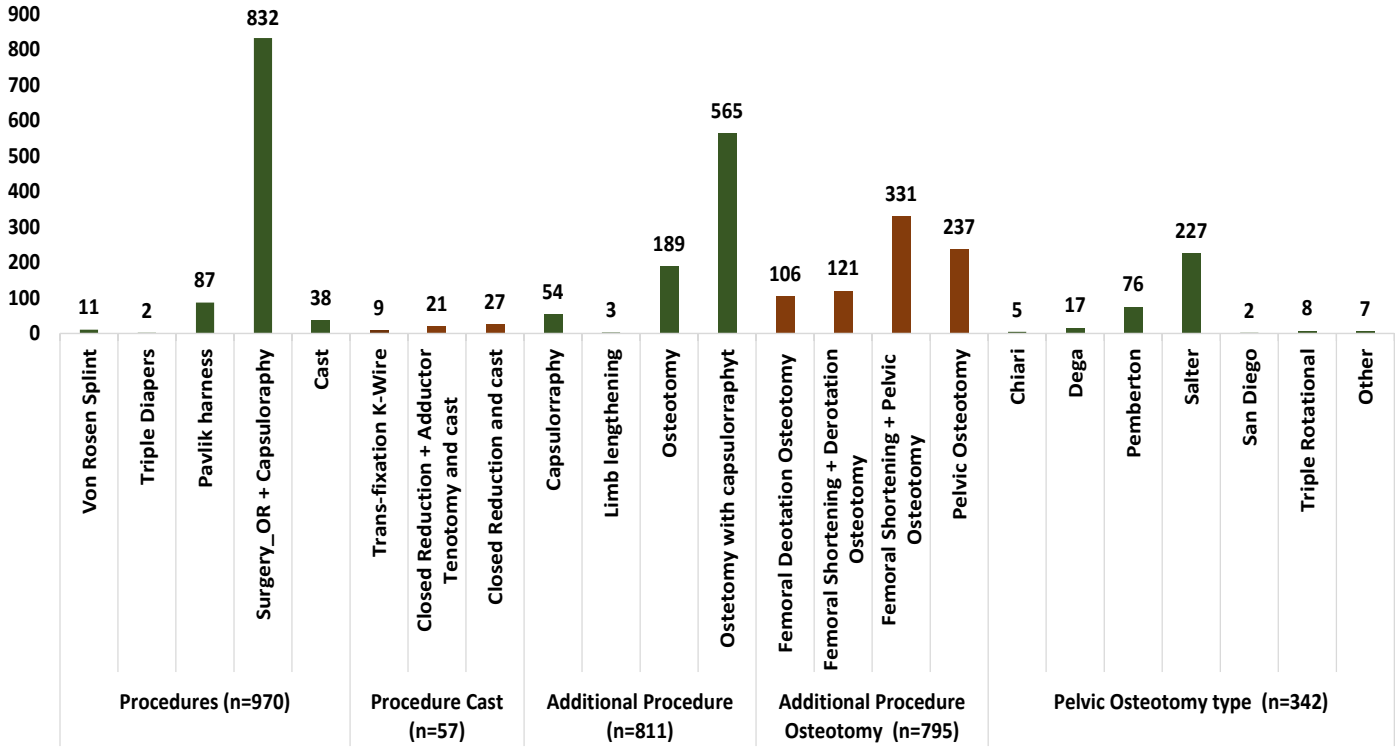
N=1355



Acetabular Index



Procedures Performed



Follow-Up

N=1214

Follow Up	n	%
<1 years	734	61%
1 - 3 years	232	19%
3 -7 years	149	12%
7-10 years	26	2%
>10 years	73	6%
Total	1214	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

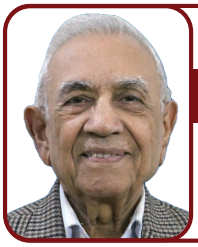
Health Research Advisory Board (HealthRAB) a registered society. It is a "think tank" of senior clinicians, researchers & academicians who are committed to the mission of HealthRAB which is to "Developing Health Research Ecosystem"

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

DNP (Distinguished National Professor), JSMU/JPMC. Adjunct Prof. BCM, USA. Former Dean, JPMC, CPSP & JSMU

General Secretary

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

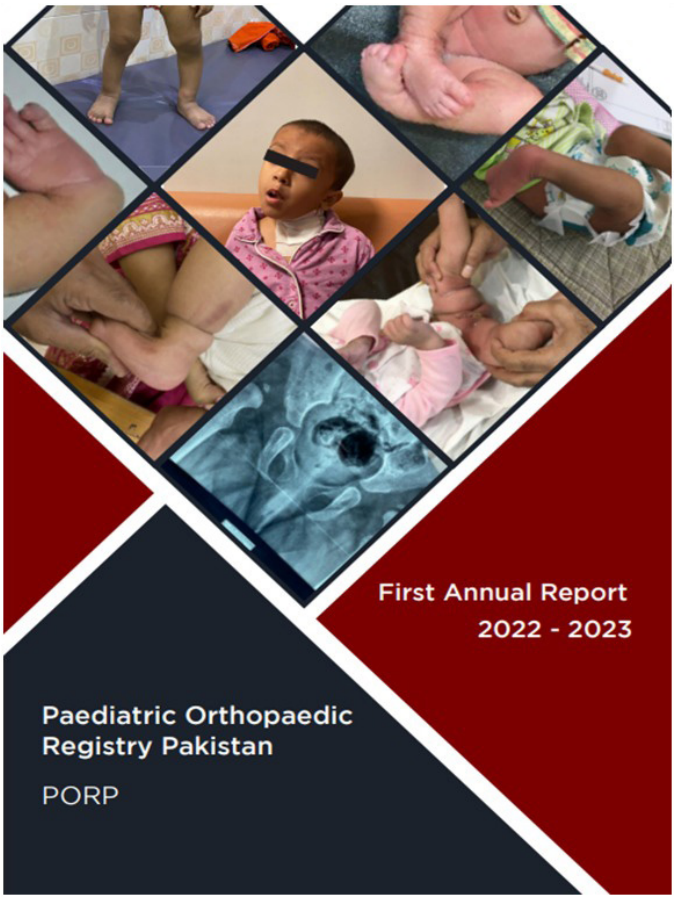
Steering Committee | 15 June 2020

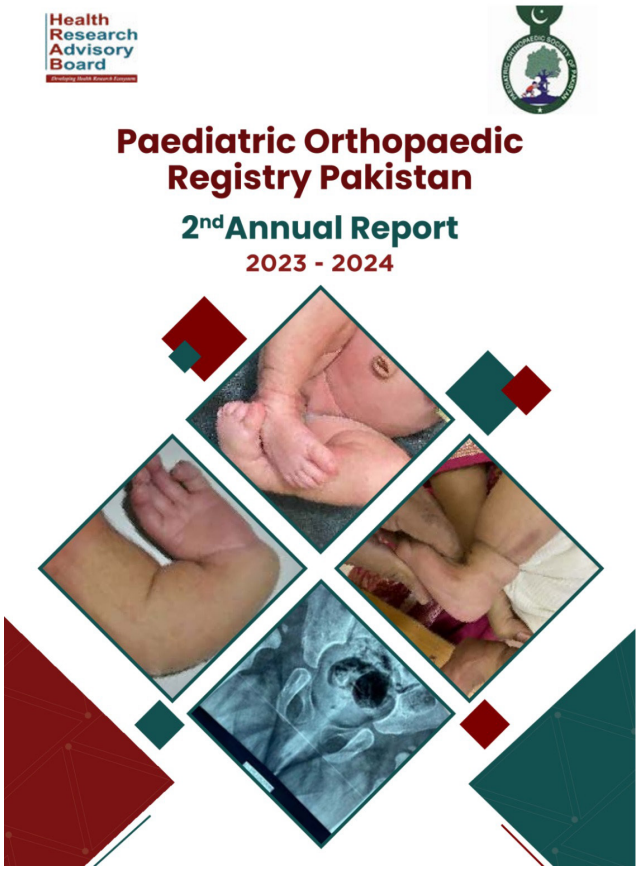
Core Committee | 12 March 2020

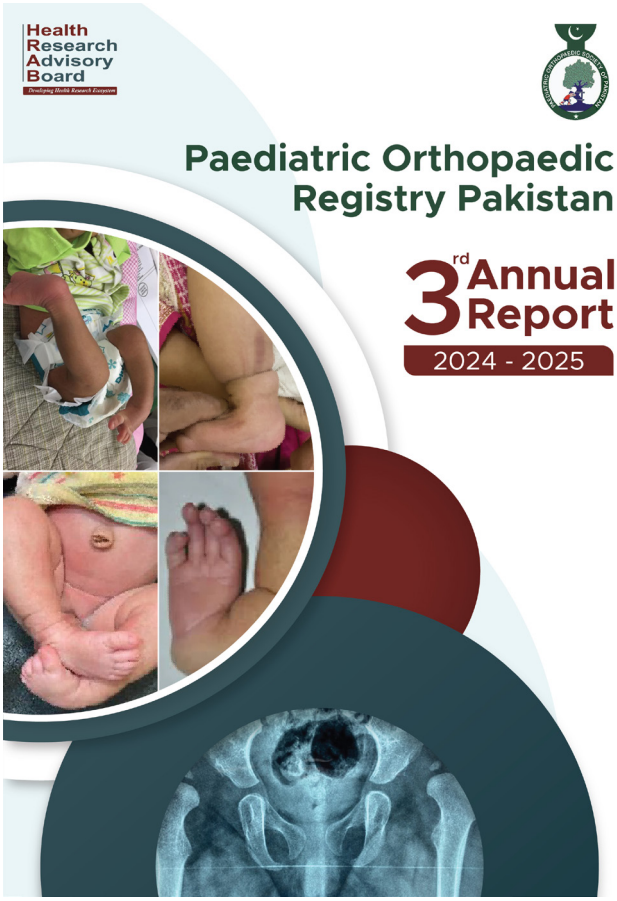
Core Committee | 1 January 2020

Core Committee | 26 November 2019

Paediatric Orthopaedic Registry Pakistan (PORP) - Annual Reports







Acknowledgements

Research Support from

Born with Deformity!
Why to live with Disability

Prof. Dr. Anisuddin Bhatti