

# AAP, POSNA release 5 pediatric orthopedic recommendations

15 February 2018



minimally symptomatic or asymptomatic flat feet.

Advanced imaging studies such as [computed tomography](#) and [magnetic resonance imaging](#) should not be ordered for most musculoskeletal conditions until all appropriate clinical, laboratory, and plain radiographic examinations have been completed. If buckle (or torus) fractures are no longer tender or painful, follow-up X-rays should not be ordered.

"There should always be a conversation between physician and patient on what procedures and tests are really necessary," Brian Shaw, M.D., a member of the AAP Section on Orthopedics, said in a statement. "We want to provide the best care, and when it comes to testing, sometimes less is more."

**More information:** [More Information](#)

(HealthDay)—As part of the *Choosing Wisely* campaign, the American Academy of Pediatrics and Pediatric Orthopaedic Society of North America have released a list of five orthopedic tests and procedures that are commonly ordered but are not always necessary for treatment of children with certain musculoskeletal conditions.

The Pediatric Orthopaedic Society of North America's Evidence-Based Medicine Committee and the Advocacy Committee worked together to develop a list of five procedures that should not be performed routinely.

According to the report, a screening hip ultrasound should not be ordered to rule out developmental hip dysplasia or dislocation in the absence of risk factors and if the baby has a clinically stable hip examination. For a child aged younger than 8 years with simple in-toeing gait, radiographs should not be ordered and bracing or surgery should not be advised. Custom orthotics or shoe inserts should not be ordered for a child with

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