### GMFCS I
- Initial clinical assessment and antero-posterior (AP) pelvic radiograph at 12-24 months of age (or at identification if older than 24 months).
- Review at 3 years of age:
  - Verify GMFCS level.
  - If GMFCS I is confirmed, repeat clinical assessment. AP pelvic radiograph is NOT required.
- Review at 5 years of age:
  - Verify GMFCS level.
- If GMFCS level has changed, ongoing surveillance according to confirmed classification.
- If identified as Winters, Gage and Hicks (WGH) IV hemiplegia, ongoing surveillance according to WGH IV classification.
- Winters, Gage and Hicks hemiplegia group
- GMFCS IV

### GMFCS II
- Initial clinical assessment and AP pelvic radiograph at 12-24 months of age (or at identification if older than 24 months).
- Review at 4-5 years of age:
  - Verify GMFCS level.
  - If GMFCS II is confirmed, repeat clinical assessment and AP pelvic radiograph.
  - If GMFCS level has changed, or if identified as WGH IV hemiplegia, ongoing surveillance according to confirmed classification.
- If MP is stable, review at 8-10 years of age:
  - If MP is abnormal and/or unstable, continue 12 monthly surveillance until stability is established.
  - Review at 8-10 years of age, puberty:
    - Verify GMFCS level.
  - If MP is stable, below 30%, and gross motor function is stable, AP pelvic radiographs may be discontinued until puberty.
  - 12 monthly AP pelvic radiographs must resume prepuberty and continue until skeletal maturity.
- At skeletal maturity, in the presence of pelvic obliquity, leg length discrepancy or deteriorating gait, continue 12 monthly surveillance.

### GMFCS III
- Initial clinical assessment and AP pelvic radiograph at 12-24 months of age.
- Review 6 months later:
  - Verify GMFCS level.
  - If GMFCS III is confirmed, repeat clinical assessment and AP pelvic radiograph.
  - If GMFCS level has changed, ongoing surveillance according to confirmed classification.
- If MP is abnormal and/or unstable, continue 6 monthly surveillance until MP stability is established.
  - When MP is stable, review at 4-5 years of age:
    - Verify GMFCS level.
    - Review at 7 years of age:
      - Verify GMFCS level.
      - If GMFCS level has changed, ongoing surveillance according to confirmed classification.
      - If MP is stable, reduce frequency to 12 monthly surveillance.
      - Review at 12 years of age.
    - If MP is abnormal and/or unstable, continue 6 monthly surveillance until MP stability is established.
- Independent of MP, when clinical and/or radiographic evidence of scoliosis or pelvic obliquity is present, 6 monthly surveillance is required until skeletal maturity.
- At skeletal maturity, if MP is abnormal and progressive scoliosis or significant pelvic obliquity is present, continue 12 monthly surveillance.

### GMFCS IV
- Initial clinical assessment and AP pelvic radiograph at 12-24 months of age.
- Review 6 months later:
  - Verify GMFCS level.
  - If GMFCS IV is confirmed, repeat clinical assessment and AP pelvic radiograph.
  - If GMFCS level has changed, ongoing surveillance according to confirmed classification.
- If MP is abnormal and/or unstable, continue 6 monthly surveillance until MP stability is established.
  - When MP is stable, reduce frequency to 12 monthly surveillance.
  - Review at 7 years of age.
  - If MP is stable, below 30% and gross motor function is stable, surveillance may be discontinued until puberty.
  - 12 monthly AP pelvic radiographs must resume prepuberty and continue until skeletal maturity.
- Independent of MP, when clinical and/or radiographic evidence of scoliosis or pelvic obliquity is present, 6 monthly surveillance is required until skeletal maturity.
- At skeletal maturity, if MP is abnormal and progressive scoliosis or significant pelvic obliquity is present, continue 12 monthly surveillance.

### GMFCS V
- Initial clinical assessment and AP pelvic radiograph at 12-24 months of age.
- Review 6 months later:
  - Verify GMFCS level.
  - If GMFCS V is confirmed, continue 6 monthly surveillance until 7 years of age, or until MP stability is established.
  - When MP is stable, review at 10 years of age:
    - Verify WGH IV.
    - If WGH IV confirmed, repeat clinical assessment and AP pelvic radiograph.
    - Continue 12 monthly surveillance until skeletal maturity.
  - If MP is abnormal and/or unstable, continue 12 monthly surveillance until skeletal maturity.
- Independent of MP, when clinical and/or radiographic evidence of scoliosis or pelvic obliquity is present, 6 monthly surveillance is required until skeletal maturity.
- At skeletal maturity, if MP is abnormal and progressive scoliosis or significant pelvic obliquity is present, continue 12 monthly surveillance.

### Winters, Gage and Hicks Hemiplegia Group

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- Winters, Gage and Hicks Hemiplegia Classification

### Endorsed by:

**Australian Hip Surveillance Guidelines for children with Cerebral Palsy 2014**


**Due for review by December 2019**