UNITED IMAGING
CONSULTANTS

Neonatal Hip Ultrasound

Exam Date		Room #	
Tech Name		Tech Phone	
Ordering MD Name		Ordering MD Phone	
Nurse Name		Nurse Phone	

Patient Name	
DOB	
MR#	
(Sticker OR Fill-out)	

Indication for exam and patient history: ☐ Breech ☐ Click ☐ Fam Hx ☐ Oligohydramnios ☐ First born

Right:

Alpha angle: _____

Beta angle: _____

Instability: Y / N

Left:

Alpha angle: _____

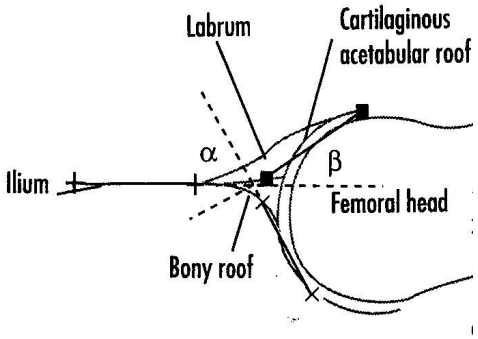
Beta angle: _____

Instabilty: Y / N

Technologist Impression:

Graf Classification:

Type I: alpha angle > 60 (normal)
- **Ia**: beta angle <55
- **Ib**: beta angle >55

Type II:
- **IIa**: alpha angle 50-59 (before 3 months)
- **IIb**: alpha angle 50-59 (after 3 months)
- **IIc**: alpha angle 43-49, beta angle 70-77

Type D: 43-49, beta angle >77
Type III: alpha angle <43
Type IV: alpha angle <43, dislocated