Limping Child Pathway

Clinical assessment/management tool for children

Management – Primary Care and Community Settings



Yes



First Draft Version: November 2017 Review Date: November 2019

Patient presents

Limp - abnormal gait pattern usually caused by pain, weakness or deformity

See table 2 for common and significant causes of limp.

Any history of trauma?

No history of trauma
Assess child on basis of age and
history/examination

- Low threshold for same day X-rays
- Consider referral to A&E
- Consider child protection in younger children

Table 1

Green	Amber	Infection (SA/OM) red Flags	Malignancy red flags
Symptoms less than 72 hours or >72 hours and improving	Symptoms more than 72 hours and no improvement	Temperature >38.5°C in preceding week	Fatigue, anorexia, weight loss, night sweats
Mobile but limping	No red flags	Unable to weight bear	Pain waking child at night
Well		Pain on moving joint (passive)	
No red flags			

Green Action: Likely Transient Synovitis

- Provide with age appropriate advice sheet
- Regular analgesia with ibuprofen and paracetamol
- If any safeguarding concerns or concerns about slipped upper femoral epiphysis, low threshold for same day Xrays.
- · Review in 48 72 hours

Amber Action

If not improving at 48-72 hours, not resolved by 1 week or any uncertainty about diagnosis

 Phone secondary care as per local pathway to arrange urgent assessment

Urgent Action

Phone secondary care as per local pathway to arrange urgent assessment

Urgent Action

 Phone Paediatrician-On-Call to arrange urgent assessment

Record your findings (See "Good Medical Practice" http://bit.ly/1DPX/2b)

Limping Child Pathway

Clinical assessment/management tool for children

Management – Primary Care and Community Settings





Table 2: causes of limp by age

Age less than 3 Year	Age 3 – 10 Years	Older than 10 years	Any Age
Septic arthritis (SA)/ osteomyelitis (OM)	Transient synovitis	Septic arthritis (SA) / osteomyelitis (OM)	Septic arthritis (SA) / osteomyelitis (OM)
 Usually febrile Most commonly occurs under 4 years of age. Pain + inability to bear weight. 	 Typically acute onset following a viral infection. No systemic upset. 	Slipped upper femoral epiphysis	Malignancy including leukaemia
 If SA hip, hip often held flexed and abducted. Child often looks unwell and passive 	 Peak onset age 5/6 years, more common in boys. 	Usually occurs aged 11-14 years.More common in obese children and in boys.	Non-malignant haematological disease e.g. haemophilia, sickle cell
movement of the joint extremely painful. • Septic arthritis is a medical emergency requiring urgent treatment.	 Managed with oral analgesia. No pain at rest and passive movements are only painful at the extreme range of movement. 	 Bilateral in 20-40%. May present as knee pain Same day Xray essential – delayed treatment 	Metabolic disease e.g. rickets
Femoral osteomyelitis presents similarly to septic arthritis with fever and pain but children	Recurs in up to 15% of children.	associated with poor outcome.	Neuromuscular disease e.g. cerebral palsy, spina bifida
have some passive range of motion unless there is extension of the infection into the joint.	Septic arthritis (SA)/ osteomyelitis (OM)	Perthes disease	Limb abnormality e.g. length discrepancy
Transient synovitis is less common below 3 years of age.	Perthes disease • Usually occurs in children aged 4-10 years	Fracture/soft tissue injury	Inflammatory joint or muscle disease e.g. JIA • Affects the hips in 30-50% of cases and is usually bilateral.
Fracture/ soft tissue injury	(peak 5 and 7 years.) • Affects boys more than girls		 Uncommon for hip monoarthritis to be the initial manifestation.
Developmental dysplasia of hip Toddler fracture	Bilateral in 10%		Children typically present with groin pain but may have referred thigh or knee pain. Often
Non-Accidental Injury			 have morning stiffness, with gradual resolution of pain with activity. There is painful or decreased range of motion, especially in internal rotation.