

Limping Child

For use by healthcare professionals only



• PRIORITIES OF CLINICAL ASSESSMENT

- Limp - abnormal gait pattern usually caused by pain, weakness or deformity
- See [table 2](#) for common and significant causes of limp.
- The differential diagnosis is broad and includes trauma and non-trauma
- Usually relates to hip, other joints should be considered more concerning

RED FLAGS

- History of trauma
- Underlying bone disease or immunocompromised
- Septic appearance
- Concerns about safeguarding particularly in young or pre-verbal children

Green	Amber	Infection Red Flags	Malignancy Red Flags	Other
<ul style="list-style-type: none"> • Symptoms less than 72 hours or >72 hours and improving • No history of trauma • No safeguarding concerns 	<ul style="list-style-type: none"> • Symptoms more than 72 hours and no improvement 	<ul style="list-style-type: none"> • Temperature >38°C 	<ul style="list-style-type: none"> • Fatigue, anorexia, weight loss, night sweats 	<ul style="list-style-type: none"> • History of trauma
<ul style="list-style-type: none"> • Able to weight bear but limping 	<ul style="list-style-type: none"> • Unable to weight bear 	<ul style="list-style-type: none"> • Red, swollen joint 	<ul style="list-style-type: none"> • Pain waking child at night 	<ul style="list-style-type: none"> • Safeguarding concerns
<ul style="list-style-type: none"> • Well 	<ul style="list-style-type: none"> • No red flags 	<ul style="list-style-type: none"> • Pain on moving joint (passive) 		
<ul style="list-style-type: none"> • No red flags 				

GREEN ACTION	AMBER ACTION	RED ACTION Urgent Action	RED ACTION Urgent Action	RED ACTION other
<ul style="list-style-type: none"> • Likely Transient Synovitis • Provide with age appropriate advice sheet • Regular analgesia with ibuprofen and paracetamol • Review in 48 - 72 hours • Concerns about slipped upper femoral epiphysis should be referred for same day x-ray 	<ul style="list-style-type: none"> • Phone secondary care as per local pathway to arrange urgent assessment 	<ul style="list-style-type: none"> • Send child to Paediatric Emergency Department or Paediatric Assessment Unit 	<ul style="list-style-type: none"> • Phone Paediatrician-On-Call to arrange urgent assessment 	<ul style="list-style-type: none"> • In all cases the referrer must contact Social Care as per local guidance prior to referral if there are safeguarding concerns • If history of trauma refer to ED as per local policy

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





Table 2

Age Less than 3 Years	Age 3 – 10 years	Older than 10 years	Any Age
<p>Septic Arthritis (SA)/Osteomyelitis</p> <ul style="list-style-type: none"> • Usually febrile • Most commonly occurs under 4 years of age • Pain and inability to weight bear • Child often looks unwell • Passive movement of joint is extremely painful • SA of Hip, hip often held flexed and abducted • Femoral OM children may have some passive range of movement if no extension into joint • Requires urgent assessment and treatment. • Septic Arthritis is a medical emergency <p>Developmental Dysplasia of hip</p> <p>Transient synovitis is less common below 3 years of age.</p> <p>Fracture/ soft tissue injury</p> <p>Non Accidental Injury</p>	<p>Transient synovitis</p> <ul style="list-style-type: none"> • Typically acute onset following a viral infection. • No systemic upset. • Peak onset age 5/6 years, more common in boys. • No pain at rest and passive movements are only painful at the extreme range of movement. • Recurs in up to 15% of children. • Managed with oral analgesia. <p>Septic arthritis (SA)/ osteomyelitis (OM)</p> <p>Fracture/soft tissue injury</p> <p>Perthes disease</p> <ul style="list-style-type: none"> • Usually occurs in children aged 4-10 years (peak 5 and 7 years.) • Affects boys more than girls • Bilateral in 10% • Consider if persisting limp 	<p>Septic arthritis (SA) / osteomyelitis (OM)</p> <p>Slipped upper femoral epiphysis (SUFE)</p> <ul style="list-style-type: none"> • Usually occurs aged 11-14 years. • More common in obese children and in boys. • Bilateral in 20-40%. • May present as knee pain • Same day Xray essential – delayed treatment associated with poor outcome. <p>Perthes disease</p> <p>Fracture/soft tissue injury</p>	<p>Septic arthritis (SA) / osteomyelitis (OM)</p> <p>Malignancy including leukaemia</p> <ul style="list-style-type: none"> • Weight loss or poor appetite • Easy bruising • Pallor • Abdominal mass • Miserable <p>Non-malignant haematological disease e.g. haemophilia, sickle cell</p> <p>Metabolic disease e.g. rickets</p> <p>Neuromuscular disease e.g. cerebral palsy, spina bifida</p> <p>Limb abnormality e.g. length discrepancy</p> <p>Inflammatory joint or muscle disease e.g. JIA</p> <ul style="list-style-type: none"> • Consider where limp persistent for 6 weeks or more • Affects the hip in 30-50% and usually bilateral • Uncommon for hip monoarthritic as initial presentation • Typically present with groin pain, may have referred thigh or knee pain • Often history of morning stiffness with gradual resolution of pain with activity • There is painful or decreased range of motion especially in internal rotation • Analgesia should be started and referral to paediatric/paediatric rheumatology