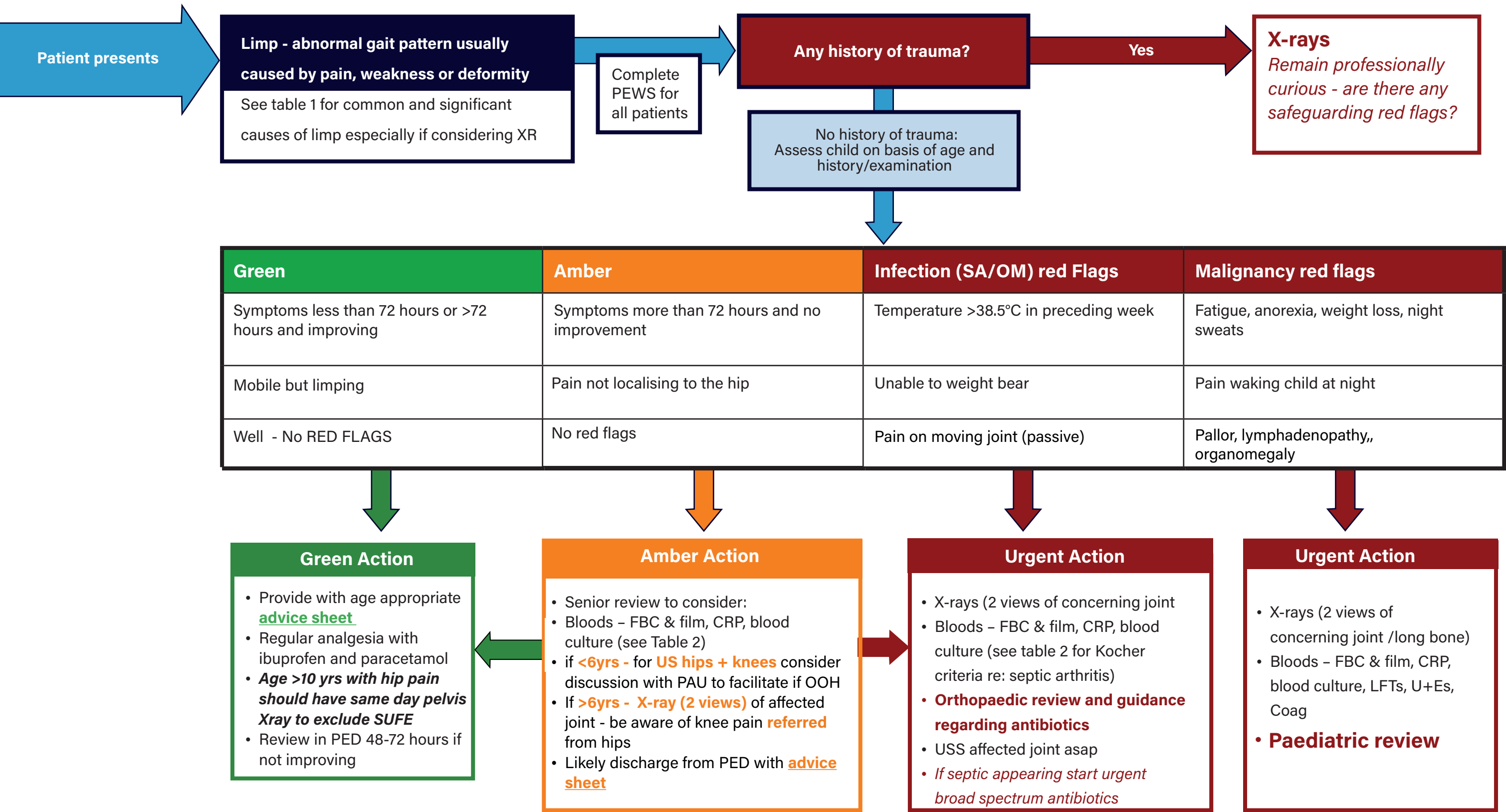




Management - Acute Setting



Version 1: November 2017. Reviewed Dec 2025. Review Date :Dec t 2028

Limping Child Pathway

Clinical Assessment/ Management tool for Children



Management - Acute Setting

Table 1: Causes of limp by age

Age Less than 3 Years	Age 3 - 10 years	Older than 10 years	Any Age
Septic arthritis (SA) <ul style="list-style-type: none">• Usually febrile.• Most commonly occurs under 4 years of age.• Pain + inability to bear weight.• Hip and knee most commonly affected joints• If SA hip, hip often held flexed and abducted.• Child often looks unwell and passive movement of the joint extremely painful.• More common in Sickle Cell Disease• Septic arthritis is a medical emergency requiring urgent treatment.	Transient synovitis <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.▪ Managed with oral analgesia.▪ No pain at rest and passive movements are only painful at the extreme range of movement.▪ Recurs in up to 15% of children• Although frequent in children <3yrs the incidence of SA is proportionally higher warranting caution in this age group	Slipped upper femoral epiphysis <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.• XR Pelvis AP & Frog leg views minimum	Inflammatory joint or muscle disease e.g. JIA <ul style="list-style-type: none">▪ Affects the hips in 30-50% of cases and is usually bilateral.▪ Uncommon for hip monoarthritis to be the initial manifestation.▪ Children typically present with groin pain but may have referred thigh or knee pain. Often have morning stiffness, with gradual resolution of pain with activity.▪ There is painful or decreased range of motion, especially in internal rotation.
Osteomyelitis (OM) <p>Often indistinguishable from SA Femoral osteomyelitis presents similarly to septic arthritis with fever and pain but children have some passive range of motion unless there is extension of the infection into the joint.</p>	Perthes disease <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%• Diagnosed on XR AP Pelvis	Perthes disease	Malignancy <p>Leukaemia Bony malignancy - if suspicious will need XR of concerning bone/joint</p>
Developmental dysplasia of hip <p>?family history ?breech delivery ?born outside the UK</p> Toddler fracture <p>- spiral break of tibia - XR two views</p> Non Accidental Injury <p>Can occur at any age but younger children are at increased risk</p>			Septic arthritis (SA) / osteomyelitis (OM) Fracture/soft tissue injury Non-malignant haematological disease e.g. haemophilia, sickle cell Metabolic disease e.g. rickets Limb abnormality e.g. length discrepancy Neuromuscular disease e.g. cerebral palsy, spina bifida

Table 2: Amended Kocher’s criteria for septic arthritis

<p>Fever >38.5°C, Unable to weight bear, CRP>20mg/L WCC >12</p> <p>1 criterion = 3% probability for septic arthritis / 2 criteria = 40% probability / 3 criteria = 93% probability / 4 criteria = 99.6% probability</p> <p>See https://www.mdcalc.com/kocher-criteria-septic-arthritis and Caird M et al. <i>J Bone Joint Surg Am.</i> 2006 Jun;88(6):1251-7</p>
