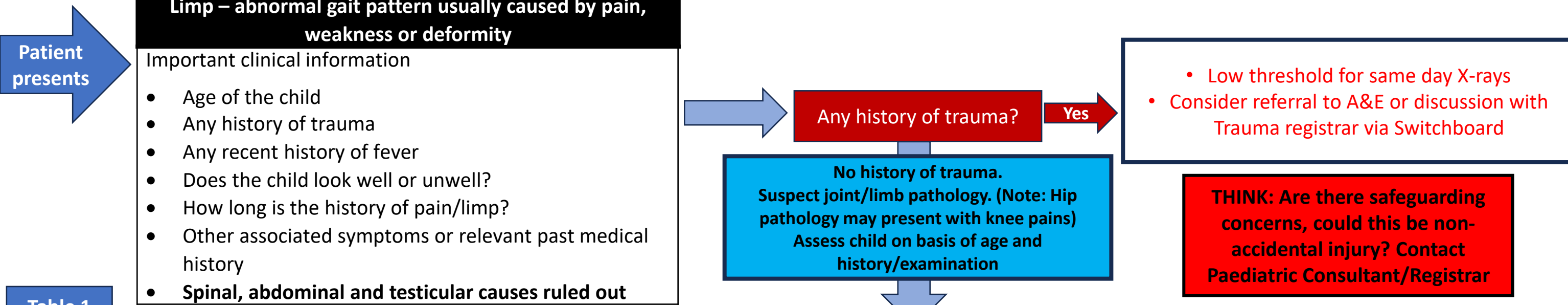


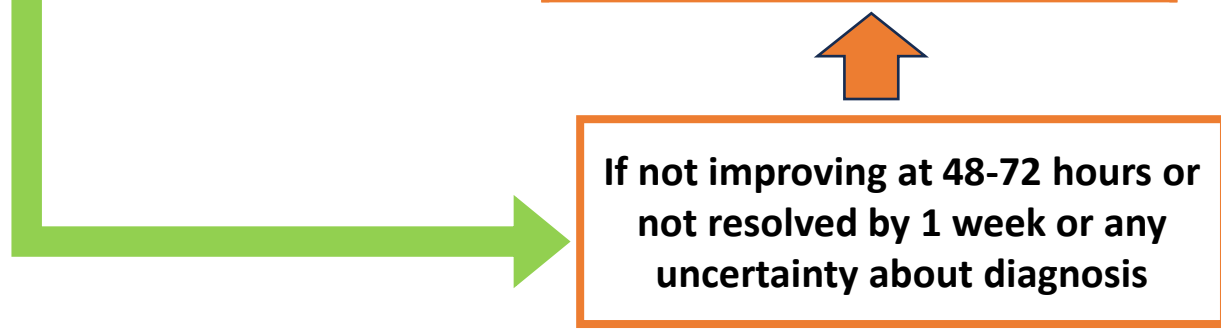
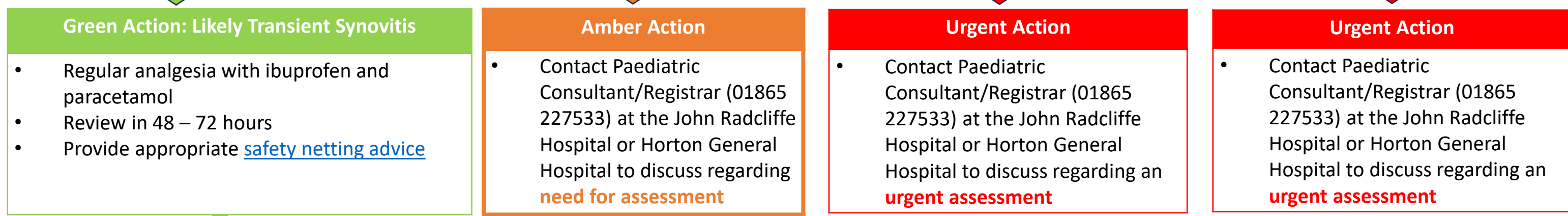
# Limping Child Primary Care and Community Pathway



## Clinical Assessment / Management Tool for Children – Oxfordshire Patient Pathway



Green	Amber	Infection 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 pain at rest and passive movements are only painful at the extreme range of movement	If there are concerns about slipped upper femoral epiphysis or Perthe's, arrange for same day referral for urgent hip X-ray	Unable to weight bear	Pain waking child at night
Well	Under 3 years old	Significant pain on moving joint (passive) or at rest and reduction in range of movements at joint	
No red flags	Swollen/hot joints		
	No red flags		



**Consider Paediatric Urgent Care Pathway**

Alternatives to hospital admission when GPs are considering referral:

- Oxford Paediatric Advice/Referral Line Tel: 01865 227533, Option 1 for HGH and Option 2 for JRH.
- If no response Tel: 01865 741166, Bleep 9403 for HGH or 1711/4734 for JRH Paediatrician on call
- Children's Community Nursing (CCN) Team via single point of access Tel: 01865 902700

**Useful numbers for clinicians in the community**

John Radcliffe Hospital Tel: 01865 741166  
 Horton General Hospital Tel: 01295 275500  
 Royal Berkshire Hospital Tel: 0118 322 5111  
 Great Western Hospital Tel: 01793 604020  
 Stoke Mandeville Hospital Tel: 01296 315000

Table 2: Cause of limp by age

Age less than 3 years	Age 3 – 10 years	Older than 10 years	Any age
<p><b>Septic arthritis (SA)/ osteomyelitis (OM)</b></p> <ul style="list-style-type: none"> <li>• Usually febrile.</li> <li>• Most commonly occurs under 4 years of age.</li> <li>• Reduction in joint movement + inability to bear weight.</li> <li>• If SA hip, there is restricted internal rotation and lack of abduction with groin, thigh or referred knee pain.</li> <li>• Child often looks unwell and passive movement of the joint is extremely painful.</li> <li>• <b>Septic arthritis is a medical emergency requiring urgent treatment.</b></li> <li>• <b>Neonates and infants may present with subtle and atypical signs, hence a higher level of suspicion is needed in this group</b></li> <li>• 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.</li> </ul> <p><b>Transient synovitis is less common below 3 years of age.</b></p> <p><b>Fracture/ soft tissue injury/ sprain</b></p> <p><b>Developmental dysplasia of hip</b></p> <p><b>Toddler fracture</b></p> <p><b>Non Accidental Injury</b></p>	<p><b>Transient synovitis</b></p> <ul style="list-style-type: none"> <li>• Typically acute onset following a viral infection.</li> <li>• No systemic upset.</li> <li>• Peak onset age 5/6 years, more common in boys.</li> <li>• Managed with oral analgesia.</li> <li>• No pain at rest and passive movements are only painful at the extreme range of movement.</li> <li>• Recurs in up to 15% of children.</li> </ul> <p><b>Septic arthritis (SA)/ osteomyelitis (OM)</b></p> <p><b>Fracture/soft tissue injury /sprain</b></p> <p><b>Perthes disease</b></p> <ul style="list-style-type: none"> <li>• Usually occurs in children aged 4-10 years (peak 5 and 7 years.)</li> <li>• Affects boys more than girls</li> </ul>	<p><b>Septic arthritis (SA) / osteomyelitis (OM)</b></p> <p><b>Slipped upper femoral epiphysis</b></p> <ul style="list-style-type: none"> <li>• Usually occurs aged 11-14 years.</li> <li>• More common in obese children and in boys.</li> <li>• Bilateral in 20-40%.</li> <li>• May present as knee pain</li> <li>• <b>Same day Xray essential</b> – delayed treatment associated with poor outcome.</li> </ul> <p><b>Perthes disease</b></p>	<p><b>Septic arthritis (SA) / osteomyelitis (OM)</b></p> <p><b>Malignancy</b> including leukaemia, bone malignancy.</p> <p><b>Non-malignant haematological disease</b> e.g. haemophilia, sickle cell</p> <p><b>Metabolic disease</b> e.g. rickets</p> <p><b>Neuromuscular disease</b> e.g. cerebral palsy, spina bifida</p> <p><b>Muscular</b> e.g. myalgia, myositis</p> <p><b>Limb abnormality</b> e.g. length discrepancy</p> <p><b>Inflammatory joint or muscle disease</b> e.g. JIA</p> <ul style="list-style-type: none"> <li>• Affects the hips in 30-50% of cases and is usually bilateral.</li> <li>• Uncommon for hip monoarthritis to be the initial manifestation.</li> <li>• 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.</li> <li>• There is painful or decreased range of motion, especially in internal rotation.</li> </ul>

This guidance has been reviewed and adapted by the Children’s Hospital at Home Working Group, with representatives from Oxford University Hospitals NHS Foundation Trust, Oxford Health Foundation Trust and General Practice, with consent from the Hampshire development groups.

This document was arrived at after careful consideration of available evidence, including, but not exclusively, NICE, SIGN, EBM data and NHS evidence as applicable. This pathway is to support clinicians in decision making and management.