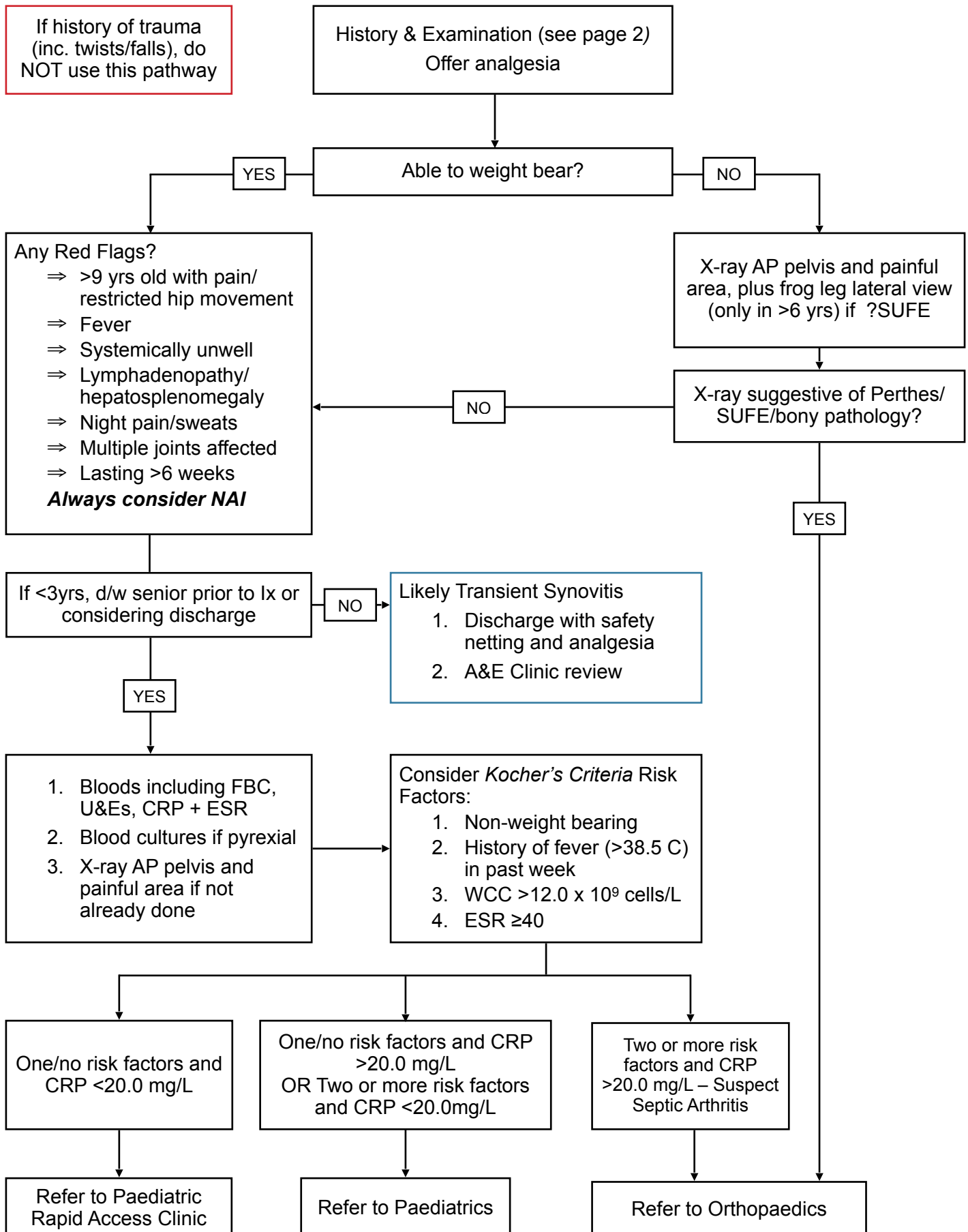


Paediatric Atraumatic Limp



History	Examination
Trauma, including twists/falls (if yes, do NOT use this pathway)	Observations and weight
Duration of symptoms (if delayed, consider NAI)	Rashes, bruising or petechiae
Previous injuries	Pallor
Fever	Lymphadenopathy
Recent viral infection	Hepatosplenomegaly
Weight loss	Testes – torsion can present as limp
Tiredness	pGALS screening:
Joint swelling	<ul style="list-style-type: none"> Gait (antalgic/Trendelenburg?), toe and heel walking
Joint stiffness, especially early morning	<ul style="list-style-type: none"> Arms (reduced ROM, stiffness, swelling, erythema, tenderness)
Birth history including hip screening	<ul style="list-style-type: none"> Legs (as with arms, plus bruising, deformity, leg lengths, warmth and knee effusion. Restricted internal hip rotation sensitive for pathology) In knee pain, consider referred pain from hip → thorough hip exam
Sickle cell status	<ul style="list-style-type: none"> Spine
Development disorders e.g. cerebral palsy	Interaction between child and parents

Always consider septic arthritis, malignancy and non-accidental injury as possible causes of a limp in childhood

Common causes of limping in children		
All ages <ul style="list-style-type: none"> Trauma (fracture, haemarthrosis, soft tissue) Infection (septic arthritis, osteomyelitis, discitis) Secondary to various viral illnesses Tumor Sickle cell disease Serum sickness 		
Toddler (1-3 years) <ul style="list-style-type: none"> Transient synovitis Toddler's fracture Child abuse Developmental dysplasia of the hip Juvenile arthritis (pauciarticular) Neuromuscular disease Haemophilia Hennoch-Schoenlein purpura 	Child (4-10 years) <ul style="list-style-type: none"> Transient synovitis Juvenile arthritis (pauciarticular) Perthes disease Rheumatic fever Haemophilia Hennoch-Schoenlein purpura 	Adolescent (11-16 years) <ul style="list-style-type: none"> Slipped upper femoral epiphysis Overuse syndromes Osteochondritis dissecans