

MUSCULOSKELETAL LIMPING CHILD GUIDELINES

This is a common presentation the Emergency Department. An abnormal gait can be due to pain, a musculoskeletal disorder or a neurological disorder. In a painful/ antalgic gait the stance phase on the affected limb is shortened.

There is a large differential diagnosis but there are some simple rules that can help you to reach a safe management plan. The flowchart below will also assist.

Traumatic limps

In cases of genuine trauma where no bone injury is seen on XR and the child is still non weight bearing, the child must be followed up in an ED soft tissue clinic. Such cases should be discussed with a senior prior to discharge.

A-traumatic limps

Ensure CEWS score is documented and perform full systemic examination including an examination of the child's spine.

All children should be discussed with a senior, bled and usually referred to paediatrics/ orthopaedics if they have any of the following

- Night pain
- Systemic upset
- Non weight bearing in non- trauma patient
- Abnormal CEWS score

All children with an a-traumatic limp who are not referred on to a specialty **MUST** be brought back for follow up in an appropriate ED clinic.

Beware of an a-traumatic limp being triaged or presenting as an injury. Young children fall frequently and often a trivial injury is offered as an explanation to the recent onset of limp. Careful history taking will usually allow easy distinction between trauma and non-trauma.

As in all paediatric presentations, always think of NAI as a differential diagnosis.