Paediatric Orthopaedic Top Tips	
DDH (Development Dysplasia of the Hip)	**8 week check** – Gentle check with Barlow manoeuvre and Ortolani tests just to (very subtly) check for any posterior subluxation of the hip. If positive arrange ultrasound scan If abnormal refer to orthopaedics for Pavlik harness treatment. **Asymmetry of skin creases** USS <4 months and x ray > 6 months. (4 – 6 months grey area, usually try USS first)
In Toeing Gait	Be aware of NORMAL VARIANCE Children normally walk at from 12 - 18 months From this time up to 2 - 3 years they will have GENU VARUM (bow legs) and their feet will turn in Between 3 - 5 years GENU VALGUM (knock knees) with possible out turning of feet is normal Between 6 -7 years children become more adult in alignment N.B. A femoral rotation or persistent femoral anteversion can continue to improve up to the age of 9 or 10 Dissuade children from sitting in the "W position" to reduce risk of increasing femoral anteversion during growth **Overall look for symmetry – if both feet turn in or there is a <u>symmetrical malalignment it is unlikely to be a problem</u>** **Red Flag : Any ASYMETTRY refer to orthopaedics**
Flat Feet	Flexible or fixed? **Test = standing on tip toes** – if the medial arch recreates and the heel swings back into varus then most likely to be flexible If no change - It is likely to be **<u>fixed</u>** due to a <u>tarsal coalition</u> which will need **<u>referral</u>** Flexible flat feet do not usually cause pain long term and in adult. Insoles do not help painless flat feet If a child is <u>symptomatic</u> and has some aching or pain <u>insoles can help</u> and support the foot during this time but they will not change the eventual developed foot shape.

Back Pain	*Children do not usually have back pain and needs investigation* (However low back pain is often seen in adolescents due to too much X-box and not enough exercise) CRP to exclude inflammatory conditions otherwise refer to physio XRAY only if really affecting daily living and activities N.B. Scoliosis is not usually painful
Limping and Hip Pain	**N.B. Any limping, thigh or knee pain – think HIP** **Perthes Disease:** usually boys age 4-9 years Do X-ray AP pelvis **Slipped Femoral Epiphysis** quite rare but would be seen in typically boys around age 10 – 13 Do X-ray frog lateral X-ray same day if difficulty weight bearing If x-rays normal consider inflammatory/infection
Trigger Thumb or Fixed Flexion Deformities	Due to bunched up long flexor tendon being caught in the fibrous sheath (A1 pulley) **Refer** to orthopaedics and **do not inject**
Heel Pain	Often seen in boys aged 8 -12 frequently caused by SEVER'S DISEASE (apophysitis of the heel) – no surgery needed Xray helpful to confirm diagnosis and exclude other pathology Responds to silicone type cushioned heel cups, physiotherapy stretching of the tendon Achilles if tight and strapping Self limiting course which can take up to a year or so to fully settle
Anterior Knee Pain	In teenage (usually boys) often Osgood-Schlatter's disease (apophysitis of proximal tibial tubercle) **Treatment** – modification of activities and reduction particularly in impact or turning/loading type activities. Swimming is helpful (cycling may be a problem as it involves bending and straining the patella tendon around the knee) VMO exercises ect
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