

COMMON PROBLEMS

Flat foot.

Flat foot is common, particularly under the age of 3 and most cases are due to loose ligaments and this type is mobile and usually pain free apart from some mild aching. There may be a family history. Surgery is rarely required and most cases are treated by appropriate shoes or insoles. There is a rare type in which the foot is stiff and this often requires surgery.

Bow leg and Knock knees.

As children grow the legs change shape as well as getting bigger. Most babies are a little bow legged but by about age 3 or 4 the legs straighten but do not reach the adult shape till about age 7. Observation is usually advised but if there is concern most common diseases can be excluded by X Ray or blood test.

Intoeing.

Intoeing can occur because of a foot, shin or hip problem. Most cases are due to a twist on the upper femur just below the hip that straightens with growth but maximum correction can take up until age 12.

When should I seek advice ?

If your child has pain, is generally unwell or the problem is asymmetric or seems severe you should consult a specialist. If in doubt get it checked.

Mr Robert Hill qualified in 1980 and has been a Consultant since 1992. He has an NHS practice at Great Ormond Street Hospital. He has considerable expertise in all areas of paediatric orthopaedics including hip, knee and foot problems. He has a particular interest in limb reconstruction and deformity problems. He has written many articles and contributed to several books. His experience was recognised by the British Orthopaedic Association who invited him to be the Naughton Dunn lecturer in 2004. He was also Visiting Professor to the Childrens Hospital of Philadelphia in 2003. He continues to travel widely to lecture and see patients.

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SERIOUS PROBLEMS

Fortunately most of these problems are rare with an incidence of less than 1 in 2000

Dislocated Hip (DDH)

This condition varies in severity, most cases are detected shortly after birth by routine examination. The risk is increased with a family history, breech presentation, female sex and first born. An ultrasound scan will detect the problem. In older infants there may be limitation of sideways movement of the leg or a painless limp after walking. If detected early it can be treated by a splint or harness, in the older infant surgery may be needed but it may be difficult to make the hip completely normal.

Club Foot (talipes equino varus)

This can be detected on antenatal ultrasound scanning but it is difficult to assess the severity. Most cases are an isolated problem (idiopathic) but sometimes it occurs in association with other abnormalities. Almost all patients these days are treated by the Ponseti regime of plastering and special boots which gives good results and surgery is quite uncommon except for difficult cases.

Osteomyelitis and septic arthritis.

These are serious infections that require prompt treatment. There may be redness and swelling and the child is unwell with a fever and unwilling to take weight or move a limb.

SPORTS INJURIES & FRACTURES



Whilst children can suffer the same sorts of injuries as adults, ligament injuries are less common and a child is more likely to sustain a fracture (see below). Very sporty children can sometimes develop overuse injuries where the muscle tendons attach to bone that is still a little immature. These conditions may be more frequent if the muscles are tight. The muscles and the bones may not grow at the same rate so these problems are more common during growth

sprints. Patients usually complain of aching pain after or during exercise limiting activity. Common sites are around the knee cap or upper shin bone where a lump may develop (eg Osgood Schlatters disease), the heel and sometimes the hip. Treatment is usually by stretching out tight muscles (don't forget warm ups before sport !), activity restriction and a short course of painkillers.

Fractures in children are different from adults. The bones heal quicker and some deformities will correct with growth unlike the adult. Some fractures involve the growing part of the bone, (growth plate), these can cause serious problems with growth leading to shortening and deformity; the fracture should be lined up as accurately as possible to minimise this risk and surgery may be required. As in adults a fracture that goes into a joint is a serious problem. There is a different pattern of fractures in children compared to adults which is age related.

Some childrens fractures are known to be difficult to be troublesome for example the supracondylar fracture of the elbow and hip fractures. It is worth asking for a paediatric orthopaedic opinion for any growth plate injury and any complex elbow injury.