

Paediatrics



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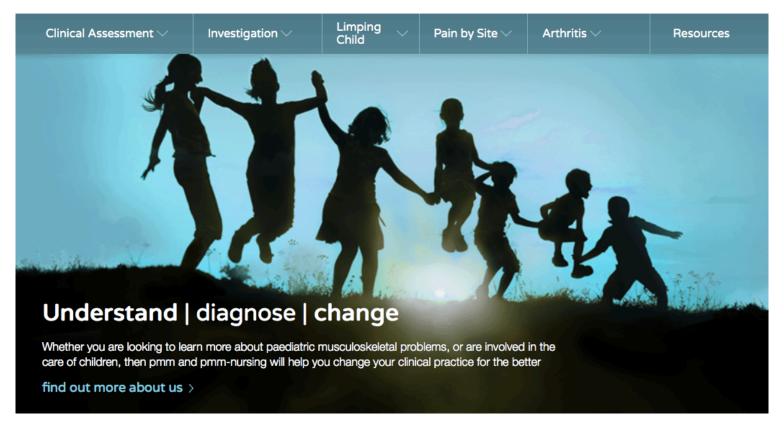
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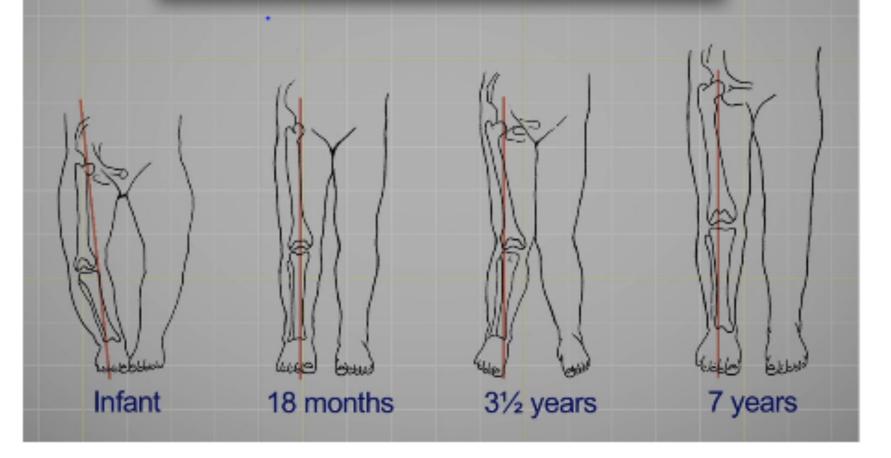


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Physiological bowing/knock knees as part of normal development



Growing pains

- Growing pains have no relation to growth
- Growing pains occur in young children with lower leg aches, often in calves, feet and ankles, after periods of activity, and usually end of the day, or evenings and can wake children from sleep.

The 'rules' of growing pains and when to be concerned.

- Age range 3–12 years.
- Pains symmetrical in lower limbs and not limited to joints.
- Pains never present at the start of the day after waking.
- Child doesn't limp.
- Physical activities not limited by symptoms.
- Physical examination normal (with the exception of joint hypermobility).
- Systemically well.
- Major motor milestones normal.

Indications for concern and warranting referral

- Systemic upset (<u>red flags</u> to suggest sepsis or malignancy fever, malaise, anorexia, weight loss, raised inflammatory markers, bone pain, persistent or worsening night pain).
- Abnormal growth (height and weight).
- Abnormal developmental milestones.
 - Delay in milestones (especially major motor skills)
 - Regression of achieved motor milestones.
- Impaired functional ability (ask about play, sport, schoolwork, 'clumsiness').
- **Limping** (intermittent or persistent).
- Morning symptoms (other than tiredness after disturbed sleep).
- Widespread pain (such as upper limbs and back).
- School absenteeism.



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frthritis Research UK Information sheet

'Growing pains'

Advice to parents and carers

What are growing pains?

- They are common and can be distressing to the whole family.
- They appear to be more common in children who are physically active.
- The cause is not known but children are otherwise completely healthy.
- They do not increase the risk of developing arthritis.
- In most cases no tests are needed to confirm the diagnosis, although sometimes your doctor may request a blood test or an x-ray for your child.
- There is no clear relationship between growing pains and growth problems.
- The term 'growing pains' is a popular, non-technical term but easier to remember than the medical name, 'benign idiopathic noctumal limb pains of childhood'!
- · Most growing pains settle completely with time, although this can take months.

How can I help my child with growing pains?

- Reassure your child that the pains do not mean serious illness but that you understand the pains do really exist.
- Keep a diary of when the pains tend to occur and what sort of activities tend to bring on the pains do tell your doctor as this may help him/her to suggest ways to help.
- Check that your child's footwear is supportive and well fitting. Trainers are ideal. It is important that shoelaces should be tied and that shoes with Velcro are fastened firmly.
- Many trainers come with arch supports and these may be helpful. Very occasionally, specially made insoles (called orthotics) may be advised, but check with your doctor.
- By keeping a diary you may be able to tell when the pains may happen (e.g. after your child has had a busy day). To prevent pains from starting and to prevent night waking, try giving your child a dose of painkillers (such as paracetamol or ibuprofen) before physical activities or at bedtime. (Make sure you use sugar-free medicines to look after his or her teeth!)
- If your child does get pain, try massaging the muscles and joints. You can give more painkillers if necessary (check the packaging for the right dose or, if you are not sure, ask your pharmacist or doctor).

What should I look out for and when should we go back to see the doctor?

If you notice any of the following, make an appointment for the doctor to check your child:

- Joint swelling
- · Pains in one leg rather than both
- Pains affecting arms or back rather than just legs
- · Fever, loss of appetite or weight loss
- · Waking every night with pain
- Reluctance to walk or limping, especially in the mornings
- · Reluctance to take part in sports or play because of pains
- Missing school owing to pains.

