

Limping Child

Information for parents





Why is my child limping?

Most children who are limping with no injury will have an 'irritable hip' (see below) or another condition which does not need tests to diagnose. These will get better on their own without hospital treatment.

There are some other more serious causes of a limp such as joint or bone infection which do need hospital treatment. The clinician who has assessed you child will have ruled out these more serious causes by taking a history and examining your child carefully.

What is an irritable hip?

Irritable hip (or transient synovitis) is the most common cause of limp in childhood. It is due to inflammation (not infection) of the hip joint. The exact cause is not known but it often happens after a viral illness or an injury. Your child may complain of pain in the hip, groin, thigh or knee and may have difficulty walking or crawling. Usually only one side is affected. It is generally a mild condition which gets better on its own after one or two weeks.

Does my child need to be seen again?

You should bring your child back to the Paediatric Emergency Department if symptoms are not improving 48-72 hours after your initial attendance - ideally Mon-Fri between 9am -12pm.

You should also return as an emergency if they develop any of the following, as these are symptoms that may indicate a more serious problem:

- Your child becomes unwell
- Your child develops a high temperature
- Your child is unable to put any weight at all on the affected leg despite pain relief
- Your child develops night pain or night sweats

What can I do to help my child at home?

You should encourage your child to rest the affected leg as much as possible over the next few days. This may mean that your child does not attend school or nursery until the clinic appointment.

Children should be given regular pain relief, and ideally regular Ibuprofen, which can be given every 6-8 hours (no more than three times in 24 hours). If your child is not able to take Ibuprofen due to other health problems or allergies then Paracetamol can be used. Always follow the dose prescribed or detailed on the medication.

Most children will show some improvement over the next few days.

What will happen if I return at 48-72 hours because my child is not getting better?

If your child is unwell, not improved at all, or is worse, then the clinician may arrange further investigations such as blood tests, x-rays or an ultrasound scan. These are often not needed at your initial assessment as most children get better with only simple interventions such as pain relief. If further investigations are needed your child may then be referred to another team either while you are in the department, or as an outpatient.

When can I expect my child to be back to normal?

You can allow your child to gradually go back to their usual activities as they improve, but we would advise that they do not do sport or strenuous activity for 2 weeks. Your child may still need pain relief medicine. Gradually reduce the number of times you give it in a day as they get better.

We would expect your child to be back to normal within 1-2 weeks.

If your child is not completely better in two weeks it is important that they see their General Practitioner (GP). The GP will discuss with you whether it may be necessary to refer your child to a specialist doctor who deals with children's bones and joints. It may be helpful to take a copy of this leaflet with you.

Contact details

Childrens A&E: 0113 39 25548 or 0113 39 25549



What did you think of your care? Scan the QR code or visit bit.ly/nhsleedsfft





© The Leeds Teaching Hospitals NHS Trust • 3rd edition Ver 1
Developed by: Simon Rush, Lead Paediatric Advanced Practitioner,
Paediatric Emergency Department, Emergency and Speciality Medicine.
Produced by: Medical Illustration Services • MID code: 20220309_008/NR

LN001726 Publication date 08/2023 Review date 08/2026