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facts about paediatric musculoskeletal disorders

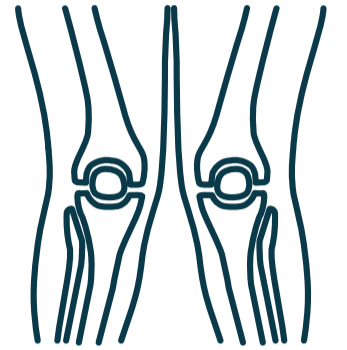


1

A limping child requires investigation

Early identification and management of the underlying cause of limping in children and adolescents can prevent:

- joint destruction
- long-term disability
- life-threatening complications.



2

Knocked knees may need management in children and adolescents

Further investigation may be required for knocked knees if:

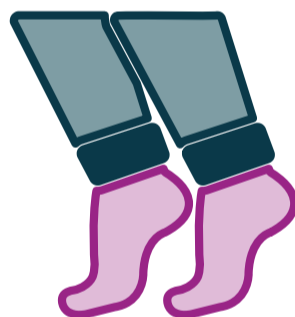
- the deformity is unilateral, associated with pain or secondary to trauma or infection
- the intermalleolar distance exceeds eight centimetres
- valgus alignment persists beyond eight years of age.

3

Toe walking calls for targeted intervention

Toe walking is treated by prolonged, maintained stretching to lengthen calf musculature. Physiotherapists can:

- use functional strengthening to reinforce dorsiflexion control and optimise gait outcomes
- refer for orthopaedic or multidisciplinary intervention when equinus contracture persists.



4

Talipes may be positional or congenital

Treatment is determined by the type of talipes presenting. A physiotherapist can:

- teach parents how to gently move an infant's foot to correct positional talipes
- assist with rehabilitation and monitoring of congenital talipes following corrective surgery.



5

Paediatric hypermobility exists on a spectrum

While hypermobility disorders can't be diagnosed before skeletal maturity, physiotherapists can:

- manage symptoms affecting participation in daily activities
- provide interventions to address reduced stamina, fatigue and functional limitations
- periodically reassess joint range, strength, endurance and symptom burden.



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