**Limp in a Child**

**Instructor Guide**

Nicole Prendergast, MD1

**BACKGROUND:** Limping or inability to bear weight in a child is a common chief complaint that brings parents into the emergency department, pediatrician and urgent care. In most children limping is the result of a mild, self-limiting injury such as a sprain or contusion. However, limping in the pediatric population can also be a sign of more serious illness including malignancy, infection, fracture, or vascular compromise. Discerning between these etiologies and correct diagnostic work-up involves taking a thorough history and performing a focused physical exam. Early detection is vital to preventing significant morbidity and mortality from these orthopedic emergencies.

**GOALS AND OBJECTIVES:**

* List the common differential diagnoses for a child with a limp
* List the “can’t miss” diagnoses for a child with a limp
* Discuss the evaluation and workup of a child presenting with a limp in the
* Emergency Department
* Describe treatment plans for the common diagnoses of a child with a limp
* Discuss potential complications of some of the common etiologies for a limping
* child

**RESOURCE FILES:**

* PowerPoint Presentation

-This can be presented if a traditional didactics format is desired. This is best suited for a large group didactics format but can be done in small groups as well. It is a very interactive presentation with prompts and talking points included in the “comments” box.

2. Interactive Cases

- Working through these cases is an adjunct to the powerpoint presentation. This is better suited to a small group setting but can be done in a large lecture setting as well.

* Summary Handout

-This document summarizes and condenses the critical information for the session. It is intended to be a resource for instructors and learners alike. It can be used as material for review prior to the session, reference material during the session, or as a resource for trainees to keep after the session.

4. Pre/Post Quiz

-These questions can be given before and after the session to track learning and to augment pre-work.

-answers: 1.c 2. c 3.a 4.a 5.b

**TOTAL MODULE DURATION:**

Material should be presented in combination either in a large or small group setting:

-PowerPoint presentation (30 minutes)

 -best suited for large lecture-style didactics

-case discussion (60 minutes)

 -best suited for small group format

**REQUIRED RESOURCES:**

-Virtual (remote platform such as Zoom, Teams, WebEx, Skype) or in-person (computer and projector) platform for presenting the electronic course material

-Method for distributing the pre/post quiz and the summary handout (print versus electronic)

**DESCRIPTION OF MODULE:**

Intended Audience

-This curriculum is best suited to a senior medical student or resident-level learner, although it would also be relevant for a Primary Care Sports Medicine fellow.

Pre-reading

- A Systematic Approach to the Evaluation of a Limping Child <https://www.aafp.org/afp/2015/1115/afp20151115p908.pdf>

-The Limping Child Herman et al. <https://pedsinreview.aappublications.org/content/36/5/184>

-The Limping Child Barkin et al. <https://www.sciencedirect.com/science/article/pii/S0736467999002243>

- PEM Playbook: Please, Just STOP LIMPING! <http://pemplaybook.org/podcast/please-just-stop-limping/>

Recommended implementation/timeline

• Pre-module

 -learner should complete the pre-readings and take the pre-quiz

• During the module

 -the material can be delivered in both formats:

 -interactive PowerPoint presentation

 -30 minutes for the presentation

 -case-based discussion

 -15-20 minutes per case

 -at the conclusion of the session, learners should take the quiz again and be provided with

the summary handout in electronic or hard-copy format