

# 10 Most Common Pediatric Conditions- Part One of Ten: Hip and Elbow Conditions

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This is the first installment in a series of articles dealing with pediatric conditions. I want to state right off the bat that these conditions are somewhat difficult to describe without using some good illustrations-words alone don't quite get the job done. However, if you have questions, you can always call the clinic or email me and I will respond as quickly as I can. You can also research these conditions on the internet. Let's start with the elbow:

Nursemaid's elbow is a condition caused by pulling on a child's elbow that in turn pulls the radial bone (this bone goes from the elbow to the thumb) into pronation and extension, damaging the annular ligaments that holds the elbow. Pronation is the motion of turning the forearm so the hand is facing palm down, and extension stretches the arm straight out. Nursemaid's elbow is most commonly caused when an adult grabs a child by the hand or elbow and gives a sudden, upward pull to bring them along side when walking side by side. This is a simple injury to fix. A doctor simply puts the arm into opposite motion, flexion and supination, and it will slip back in place. It is better to avoid this injury by not yanking on a child's arm. Repetitive injury will cause permanent damage.

Next we cover the hips. Hips can be very complicated. Many of these conditions can be corrected by chiropractic treatment, and some cannot be treated with chiropractic procedures at all. Chiropractors are responsible for finding these conditions and referring them to the proper health care professional. I will specify treatment for each condition.

1. Congenital Hip Dislocation: This condition is found in newborns when the femur head goes superior and lateral (up and out). An orthopedic doctor should be consulted immediately. Chiropractors look for a subluxation (misalignment of the bone) of the first cervical, atlas (first neck bone). There is no pain involved.
2. Infantile Coxa Vera: This is a softening of the femoral neck and increased angle of the femur. The two year old child will have a waddling gait and a positive Trendelenberg test (which tests the integrity of the gluteus medius muscle and the 5<sup>th</sup> lumbar nerve). This also needs an immediate orthopedic consult and there is no pain involved.
3. Slipped Capital Femoral Epiphysis (SCFE): This is the most common cause of hip pain in adolescent males. This is found in teenagers 12+, especially those who are overweight. This can be non-traumatic and causes the head of the femur where the growth plate is located to slip. It can interrupt the blood supply and cause necrosis (dead bone). This is an orthopedic surgical emergency and the child is prone to arthritic changes in the hip. A very tall, thin, rapidly growing child can be prone to this as well.
4. Legg-Calve Perthes Disease: This condition is found in 5-10 year olds with hip pain. The femoral head softens for no known reason. Treatment is to stay completely off the leg, either bed rest or crutches. Non-weight bearing range of motion of the femur will reshape the head.

5. Transient Synovitis: This condition has no signs of disease. This is an inflammation of the fluid in the joint and may or may not be traumatic. It usually is gone in 5-10 days. It is the most common cause of limping and hip pain in the USA.
6. Thrombocytopenia: This is a rare acute lymphoblastic leukemia found in children age 2-5. These kids complain of pain with no history of trauma, are tender to touch and look bruised in several areas.

“Growing pains” is a common, yet misleading term that refers to leg aches of unknown origin. There is, however, no correlation with growth. They occur in 15 to 30% of all children ranging in age between 3 and 12. Girls are affected more than boys. The pain occurs mostly at night and occasionally is severe enough to wake them up. The legs are “restless” and the pain is in the muscles, never the joints. Chiropractic and massage therapy are excellent for this condition. Pain medication can be prescribed but it is not necessary. Next month we continue with more chiropractic cases including the dreaded colic, torticollis, Erb’s Palsy and enuresis (bed-wetting).