

Further reading:

For detailed information on working with children and young people see the Association of Paediatric Chartered Physiotherapists 'Working with Children' document, available from the website

RCN- Recognition and assessment of acute pain in children (full guideline)
www.rcn.org.uk/development/practice/clinicalguidelines/pain



The Chartered Society of Physiotherapy is the professional, educational and trade union body for the UK's 50,000 chartered physiotherapists, physiotherapy students and associates

APCP

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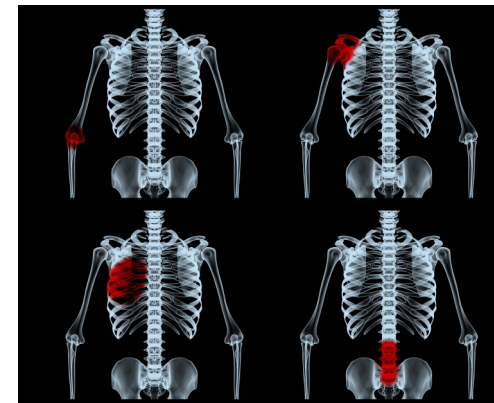
This leaflet has been produced after an initial review of literature and where there is a lack of evidence, a consensus of expert opinion is agreed, correct at time of publication



Association of Paediatric Chartered
Physiotherapists

Paediatric MSK Warning Signs

Information for physiotherapists



Paediatric MSK warning signs

Children and young people are not just small adults.

Children present with pathologies specific to their age range.

A knowledge of growth, normal development, normal variants and childhood pathologies is essential when assessing children and young people for musculoskeletal problems.

A child centred approach is required with consideration of safeguarding following local and national policies.

Awareness of the child or young person's ability to consent is needed in line with local policies on consent and chaperoning.

Children and young people may have difficulty recognising and describing their pain or symptoms, adapted questioning and the use of pain scales such as Wong-Baker FACES pain rating scale or the RCN Acute Pain guidelines need to be used.

Red Flags

The concept of red flags has been developed to ensure the identification of signs and symptoms of potentially worrying, underlying conditions.

A red flag sign (physical risk factor) on its own is not necessarily a cause for concern, but combinations and patterns may be significant.

If a child or young person presents with these then further investigation or onward referral needs to be considered.

- Unremitting pain.
- Night pain.
- Back pain in under 6's.
- Significant weight loss.
- TB, cancer, HIV/AIDS, steroid use (eg. DMD, JIA, asthma), multiple fractures.
- Morning headaches/nausea.
- Early morning joint stiffness (may indicate JIA).
- Non-mechanical nature of pain.

- Absent or exaggerated reflexes.
- Unexplained muscle weakness or wasting.
- Significant movement loss.
- Changes in sensation e.g. pins and needles and numbness.
- Changes in bladder or bowel habit.
- Abnormal loss or deterioration of function.
- Gait disturbance.
- Systemically unwell.
- Thoracic pain.
- Significant lower limb asymmetry or limping (may indicate perthes or SUFE depending on age).
- Skin alteration e.g. cafe au lait, psoriasis, bruising.

Yellow Flags

These involve pinpointing the psychosocial risk factors which may define a non-physiological pain or a barrier to recovery. If identified this may necessitate a referral for appropriate services such as psychological counselling.

- Avoidance of activity due to pain beliefs.
- The adoption of a sick role.
- Poor social interaction.
- Emotionally lability.
- Poor engagement in treatment.
- Unrealistic parental expectations.
- Ongoing legal claims.

These lists are not exhaustive nor a diagnostic tool, but areas to consider. If concerns remain, referral on should be considered. Remember– red and yellow flags are not mutually exclusive.

If symptoms fail to respond to treatment as expected, liaison with the referrer is required with further investigations as indicated