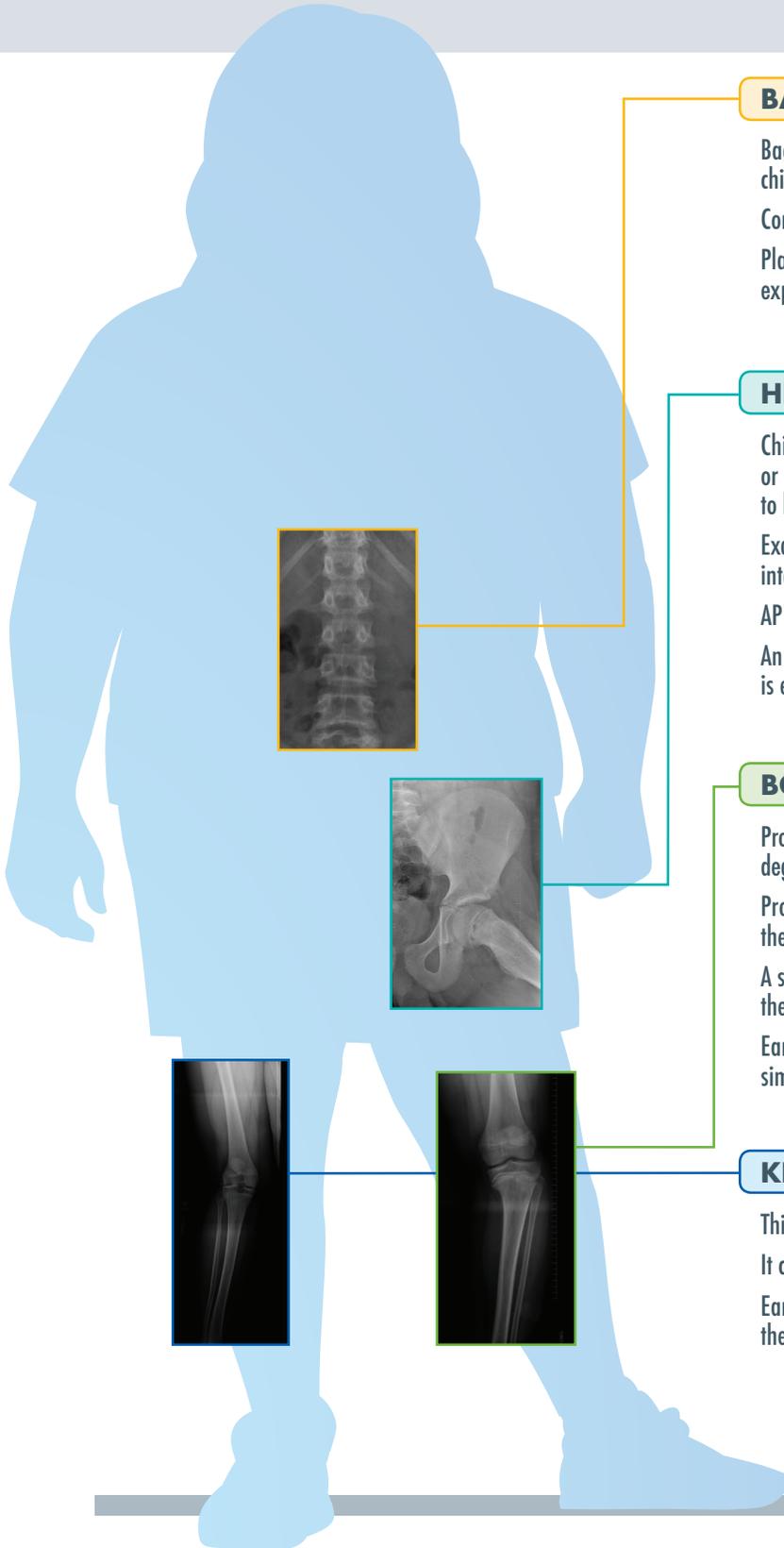


# Kids, Bones, Joints & Obesity – Tips for Primary Care Providers

Kids and teens suffering from obesity are at much greater risk of developing bone and joint problems. Health care providers should look for the following common musculoskeletal conditions in obese pediatric patients. Awareness, early diagnosis and timely referral to a pediatric bone and joint specialist can ultimately lead to a better prognosis and quality of life.



## BACK

Back pain and stress fractures have a much higher incidence in obese children; however, there is no increase in spinal disc or nerve problems.

Conservative treatment is appropriate for most young patients.

Plain X-rays can be most helpful in diagnosis versus MRI or other expensive tests.

## HIPS

Children don't "sprain" their legs or pelvis. Persistent pain in the groin or medial thigh or knee demands further evaluation, while the inability to bear weight due to pain requires emergency evaluation.

Examination will often reveal obligatory external rotation and pain with internal rotation.

AP and "frog" X-rays are most helpful – never just the AP or hip-view only.

An MRI can be helpful in diagnosis, ideally before the condition is evident via X-ray.

## BOWED LEGS

Progressive bowing of the legs is never normal and can cause long-term degenerative problems. It can affect any age group – from babies to teens.

Providers should clinically measure the distance between the knees with the ankles together, looking for lateral ligamentous laxity.

A standing AP X-ray of the legs from hips to ankles, with both legs on the same cassette, serves as a baseline for further film comparison.

Early diagnosis helps to avoid joint deformity and allows for a simpler surgical intervention which can't be done after maturity.

## KNOCK KNEES

This condition can be progressive and cause knee, shin and foot pain.

It can also exaggerate the flat feet often present in many obese patients.

Early recognition is key for correction; when diagnosed after maturity, there are few options other than major realignment osteotomies.

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