Rules:

1. Teams of 2-3 work best, but it can also be played individually.



- Correctly match each patient History,
 Exam Findings and X-ray card with a
 Diagnosis and Management Plan to
 make a complete set the most sets WINS!
- 3. Allow 60-90 minutes per game.



Answer Key:

PATIENT	HISTORY	EXAM FINDINGS	X-RAY	DIAGNOSIS	MANAGEMENT
1	K	D	E	L	Z
2	S	J	A	G	×
3	R	0	J	A	Ε
4	В	W	P	Т	A
5	M	F	X	S	В
6	Т	В	G	J	F
7	U	A	Н	F	D
8	V	M	F	U	1
9	E	Z	D	I	G
10	0	N	V	E	С
11	W	Р	N	В	Н
12	Z	L	S	M	W
13	N	Н	K	R	U
14	Н	G	Y	Р	K





2-year-old female has attended following a fall.

Just starting to walk, slipped on a book, twisting her leg falling awkwardly.



PMHx Viral wheeze.







No obvious deformity, swelling or bruising.

Tenderness over the distal Tibia on axial loading.

Refusing to walk - lifts up leg.









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Soft wrap: Fracture Clinic referral.

Community form: fracture 2-5 years.





10 y/o ran out into the road after his friend - hit by car at low speed.

S

Pain to right upper leg, unable to get up and walk.

999 called and child brought to ED.

PMHx Constipation.

Meds Movicol.

No Allergies.





Pain ++ to upper leg.



Held in flexion at knee.

Unable to move.

Visible swelling ++ to thigh.

Skin intact.

Moving toes, pedal pulse, no NVD, warm.







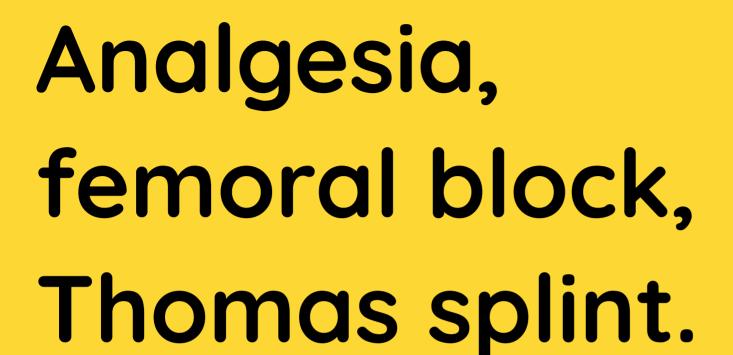
#EM3

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Orthopaedic referral: admission.









6-year-old male with ongoing hip pain for the past 2 months.

Fell today which has made pain worse.







Walking with limp.



Knee pain - muscular.

Left hip pain - aches.

Pain + internal or external hip rotation.

Well in self. No fever.







#EM3











Orthopaedic referral.

May or may not require surgery.





2-year-old male with limp.



No trauma. Well in self.

Cough /coryzal symptoms

2 weeks ago with mild fever at
the time – now resolved.

Attended with mum.











No tenderness on palpation hip to toe.

Full range of movement but pain on internal and external hip rotation.

No bruises/redness.

Walks - limp noted.













ransient Synovitis









ED Review Clinic 5-7 days.

If no better: bloods





2 month old male.



Rolled over and fell heavily onto right side.

Crying and unsettled.

Not moving leg.





Stripped and observed.



Visible swelling right lower leg.

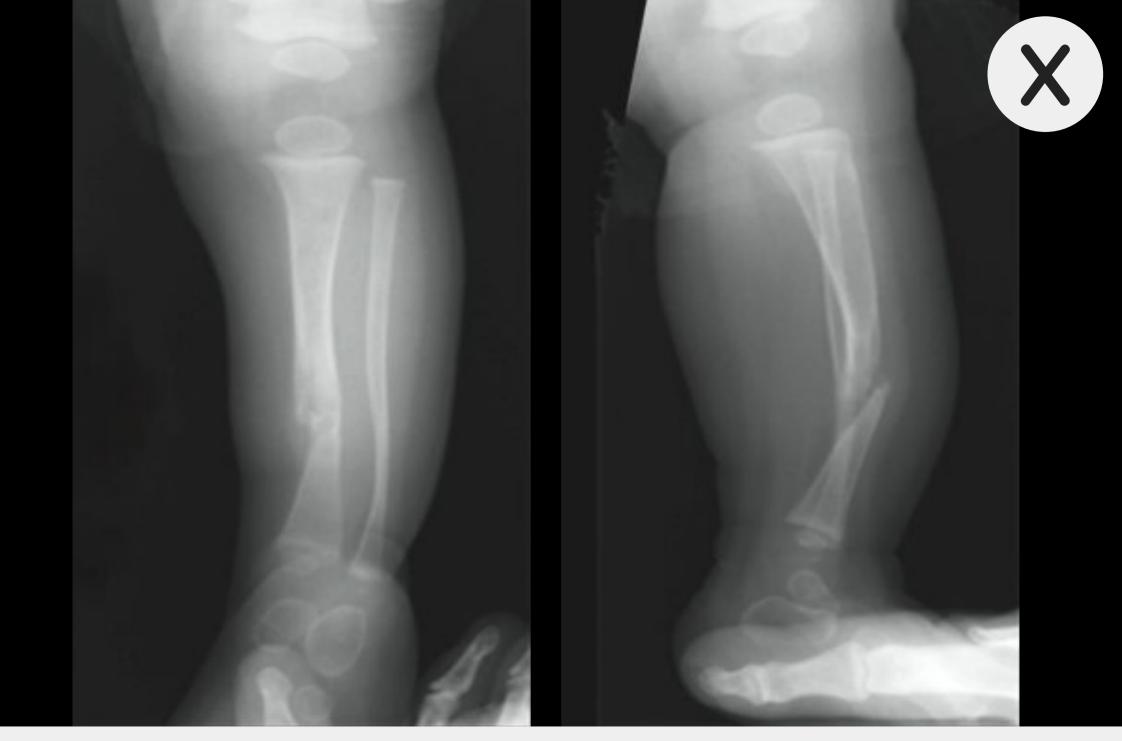
Red marks noted lower leg.

Pain on movement - cries.

Multiple bruising noted to both legs.







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#Tibia with inconsistent mechanism (non-ambulant child)



В

Orthopaedic referral.

Admit to Paediatrics for safeguarding concerns.

A-form.









Fell doing the splits, noted pain to knee - 'pop'.

Never happened before.



PMHx Type 1 diabetic.





Obvious deformity to right knee.



Lateral shift of patella.

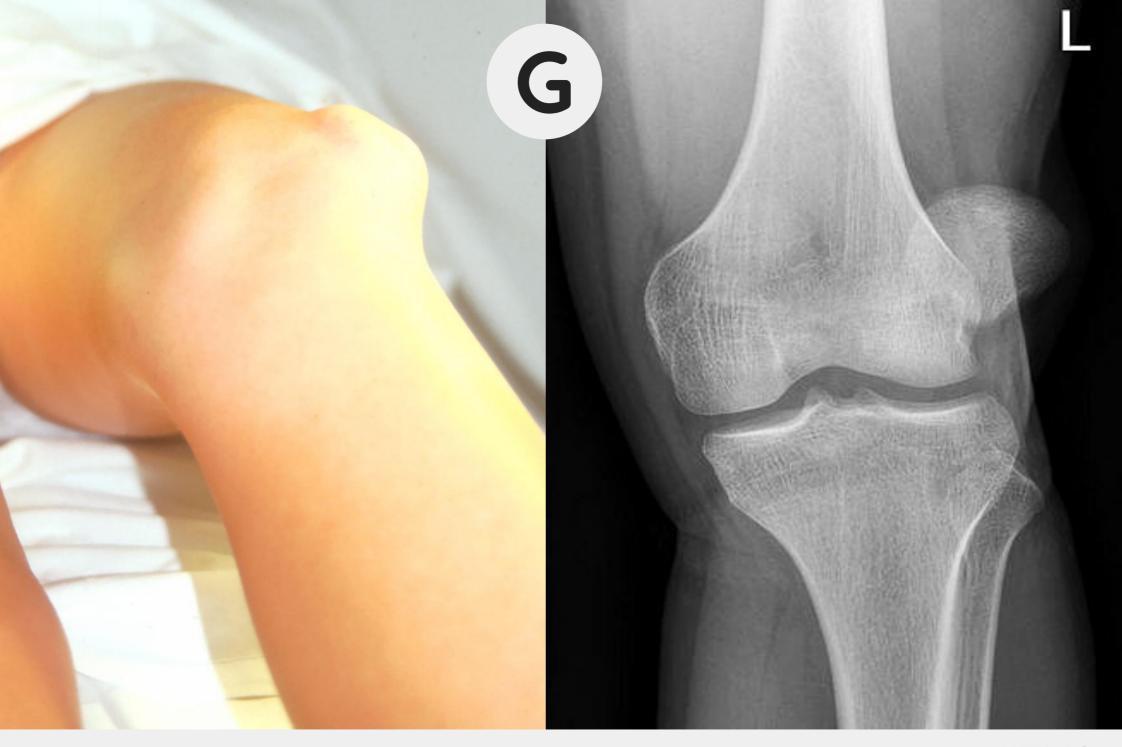
+++ pain all over.

Unable to move.

On attempt to move, patella went back to usual position.







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Patella dislocation





1st dislocation: cylinder POP and crutches.

F

Referral to Orthopaedics.

Further dislocations: cricket splint.









No falls or trauma.

Unable to walk.

PMHx NAD

No allergies.





Fever 39.4°C



Haemodynamically well otherwise.

Red, hot and swollen joint.

Restricted movement to knee due to pain.

Looks unwell.







#EM3





Artharitis









Referral to Orthopaedics.

Admit.









Pain ++

Unable to move, 999 called.

PMHx NAD / nil meds.

Lives with family.

No allergies.





Swollen thigh ++



Pain and unable to move/walk.

Requiring ++ analgesia.

Leg held in partial flexion with blanket underneath to support.













Pathological fracture: Distal Femur (possible bone malignancy)





Analgesia, cannula and bloods.



Above knee backslab.

Refer to Orthopaedics.

Admission.





15 y/o fell playing football.



Ongoing hip pain 3 months, made worse today.

Unable to walk.

PMHx Under dietician for weight management.





No obvious injury to see.



Difficult to mobilise internal or external hip rotation.

Can walk, but painful.

Left leg appears slightly shorter than the right.











Slipped Upper Femoral Epiphysis





Admit to Orthopaedics.

Requires surgery to pin hip joint.

Analgesia.





12-year-old male.

0

Sporty ++, active most days.

Plays for a local junior football team.

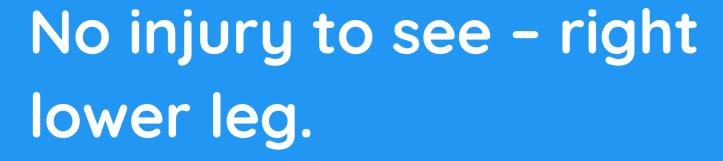
Pain to right knee area.

No trauma.











No redness, no bruising.
Skin intact.

Pain proximal tibia.

Hard swelling- proximal tibia.

Full range of movement to leg.







#EM3

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050006-Schatter 6 52652







Analgesia, home, rest.

Physiotherapy referral.







Grass wet. Skidded.

Outstretched leg and fell.

Felt a 'pop' - now in pain.





Nil injury to see.



Pain on leg internal or external hip rotation.

Pain on walking. Easier to lay down.

No redness, no swelling, no bruising.







#EM3

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AVUISION facture





Analgesia, walking crutches (partial).



Bed rest, no sports.

Physiotherapy.

Fracture Clinic follow-up.

May require Surgery for fixation.





15-year-old boy.
Running during football.

Z

Fell down a ditch, inverting ankle.

Pain on walking - limp.

Shoe feels tight.







Warm to touch.

Some bruising noted.

Skin intact.

Moving all toes.







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Base 5th Metatarsal fracture







Analgesia, crutches.

Cohesive strapping - boot.

R.I.C.E.

Fracture clinic for follow-up.









Lost balance in high-heeled shoes.

Fell 6 steps, inverting ankle.

Usually fit and well. Sporty +





Swollen ankle ++



Lateral side/posterior edge.

Bruised +

Skin intact.

Pedal pulse.

Non weight bearing.







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Analgesia.



Below knee plaster.

Refer to Orthopaedics, ?fixation.

Crutches.





13-year-old sporty male.



Pain to left knee area.

No specific trauma, but gradually getting worse over the last few days. No infective symptoms.



PMHx Mild Cerebral Palsy.





No injury to see on the left lower leg.



No redness, no bruising. Skin intact.

Pain proximal tibia, maximally below the patella.

Full range of movement to leg.







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Sinding-Larsen-Johansson disease







Analgesia, home, rest.

Physiotherapy referral.



