Bone and Joint Problems in Children: The Pediatrician on the Front Line: Part 1

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In this issue of Pediatric Annals, we present a series of articles in the first of a special two-part issue on common orthopedic problems seen in the pediatrician’s office.

Primary care physicians continue to be on the front line in the evaluation of musculoskeletal problems in children. One study estimates that 1 in 8 children requires a physician visit each year for a musculoskeletal disorder. It is also estimated that in the United States, childhood injuries account for more than 10 million primary care office visits per year.

Pediatricians and primary care physicians are often placed in a difficult position when evaluating orthopedic problems. They are under scrutiny when they refer patients to subspecialists for “simple” or “physiologic” problems. Yet, they can be criticized for not recognizing when a simple problem is actually more serious and needs referral to an orthopedic surgeon or another subspecialist.

This is a large responsibility that is placed on the pediatrician, especially when musculoskeletal education may be lacking, both in medical school and in primary care residencies. Orthopedic surgeons must not respond with criticism to our colleagues who are pediatric clinicians. We need to rise to the challenge and improve the knowledge base of primary care providers in the diagnosis and treatment of common bone and joint disorders in children. The American Academy of Orthopaedic Surgeons, in conjunction with the American Academy of Pediatrics, has taken steps to address deficiencies in musculoskeletal education. With work-hour restrictions, there are fewer opportunities for pediatric residents to interact with all of the subspecialists in their program. We cannot “assume” that pediatric residents will get enough training in every subspecialty field.

For the past 5 years at the University of Chicago, we have instituted an orthopedic curriculum for the pediatric residency program. We provide a series of monthly lectures that cover core topics in pediatric orthopedics and review the basics of a physical examination. Previously, there was no formal program at our pediatric residency to address these issues. This is probably not enough, but it is a step in the right direction.

This issue of the journal addresses common scenarios in which the pediatrician has to discern whether they are seeing a simple problem that they can handle, or a more complex situation that warrants referral. Some have classic presentations, but some have a subtle twist.

Drs. Philip McClure and David A. Podeszwa begin this issue by discussing one of the most common problems that the pediatrician sees: the newborn with a hip click. Making the decision to observe, image with an ultrasound, or refer can be difficult. They do an excellent job of describing the examination of the newborn and reviewing the current recommendations for imaging and referral.

Next, Drs. Noelle Whyte and Christopher Sullivan discuss the problem of slipped capital femoral epiphysis, which is most commonly seen in children who are overweight. In their illustrative case, the presentation is typical, but the patient is unusual, not fitting the “classic” description of an adolescent who is overweight. They define when atypical patients may need further evaluation for other underlying medical problems.

In the third article, Drs. Jonathan Twu and Jovito Angeles review a typical patient with the so-called “congenital” trigger thumb. Trigger fingers are common in the adult population, but the treatment options for children are quite different, and their article carefully reviews these important differences.

Next, Dr. Jaime Rice Denning presents a scenario that is seen in the pediatrician’s office all the time: the
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recurrent sprained ankle in the adolescent. The article addresses the key questions of “when is this just a matter of bad luck, and when does this point to something more serious?” The article provides a wonderful description of tarsal coalition, and how to identify it on examination and imaging.

Finally, Dr. Srikanth N. Divi and I describe the issue of chronic thigh and knee pain that continues to worsen. Ultimately, the patient described in the illustrative case was diagnosed with Legg-Calvé-Perthes disease. Treatment for this disease continues to be a matter of great debate in the orthopedic community. However, the main thrust of this article highlights an often taught, but often forgotten tenet—knee pain in the child and adolescent is often a sign of hip pathology.

We hope you will find these articles engaging and educational. I thank all of the authors who have contributed to this issue and for their hard work.

REFERENCES

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