

Home Exercises

Your physiotherapist will advise you and your child on the activities and exercises to do to improve hip movement and strength in the muscles surrounding the hip joint. Non-weightbearing activities, such as swimming, are encouraged to keep the hip joint moving.

Hydrotherapy

If your physiotherapist feels it will be beneficial, exercises can be performed in the hospital pool. Hydro exercises prevent too much weight being put through the affected leg. Water resistance improves strength and the warm temperature of the water reduces stiffness and pain.

Long Term Outcome

The younger the child is when Perthes develops, the better the chance of a good outcome, as there is more time for the hip to remodel. Most children with Perthes will return to normal activities within a few years as the hip joint regrows and remodels back to normal. Some children may experience pain and stiffness after Perthes has resolved, particularly if the femoral head remains misshapen. Occasionally a further operation is required to minimise wear and tear (arthritis) in the hip joint. It is really important to follow the advice of health care professionals in the initial stages to achieve the best possible outcome.

Contact Details

For further information, advice and exercises, please visit our Website:-
www.poole.nhs.uk/physio and find '[childrens physiotherapy](#)'



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Information for parents and children about

Perthes

(Legg-Calve-Perthes Disease)



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What is Perthes?

Perthes is a rare childhood condition affecting the hip joint, (1 in 9,000 children). It happens when the blood supply to the top of the femur (thigh bone) is temporarily disrupted. This can cause some of the bone to soften and misshapen, which will likely lead to early wear within the hip.

Eventually the blood supply returns and the bone heals, this usually takes around 2 years. It only occurs in bones that are still growing and so it does not affect adults. It is more common in boys than girls and usually occurs between the ages of 3 and 10.

Symptoms

Pain in the hip, groin, thigh or knee (referred from the hip). The pain may be present for a few weeks and is usually aggravated by physical activity. Some children will walk with a limp and will have restricted range of movement (stiffness of the hip joint).

Testing for Perthes

The diagnosis is usually made by examination of the hip, plus an X-ray. Sometimes other tests are required if the diagnosis is not clear or if a more detailed picture of the hip joint is needed. Possible tests include:

- An MRI scan
- A bone scan
- An X-ray where dye is injected into the joint space (arthrogram) providing information to indicate if surgery will be of benefit

Occasionally blood tests, or a sample of fluid from the hip joint, may be needed to rule out other problems such as infection.

Perthes occurs in 3 stages

Initial stage:

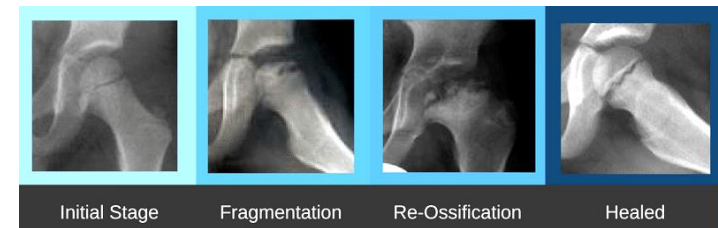
- The ball of the hip loses its blood supply and the bone starts to soften, making it appear flattened on X-ray. The hip may be stiff and painful. This stage can last for several months to a year.

Fragmentation Stage

- Over time, the blood supply will return naturally and the bone will start to re-grow and re-mold. At this stage the hipbone starts to thicken and appears more rounded on X-ray.

Re Ossification Stage

- During this stage the bone begins to harden and the femoral head will begin to reshape with new bone.



Treatment

Children with Perthes will be carefully monitored by a Specialist Orthopaedic Doctor every few months and will have regular X-rays and clinical exams. This allows for the appropriate and most effective treatment to be selected, depending on the stage of Perthes and severity of the disease. 60 % of patients will recover without the need for surgical intervention.

During the early 'active' stage of Perthes, high impact activities like running and jumping should be avoided. Treatment is tailored to the individual patient and may include Physiotherapy, Hydrotherapy, crutches, traction and sometimes an operation to reshape the hip joint.