A limping child is a common diagnostic challenge faced in ED for many reasons partly because of the communication barrier faced in the paediatric age group. The age of the child is important when considering the most likely aetiology. Assessment of a child with a limp should always begin with a meticulous history and detailed clinical examination which will help to guide the appropriate radiological investigations as not all children with a limp require imaging. In this pictorial review, we examine the current guidelines for the management of the acute childhood limp and the radiological presentations of these conditions:

- **DDH**
  - Age 0-18 months
  - Can present as a limp if missed on examination at birth or if not detected on screening US
- **TODDLERS FRACTURE**
  - Age 9 months - 3 years
  - Very subtle non-displaced spiral fracture of the tibia usually in pre-school children and typically due to a sudden twist or after an unwitnessed fall
- **TRANSPORT SYNTEVITIS OF HIP**
  - Age 4-8 years
  - Non-traumatic limp - may follow a viral infection. Self-limiting (3-10 days)

**References:**
(2) DDH case courtesy of F Gaillard
(3) Osteomyelitis case courtesy of J. Bomer and H. Holscher