

Growing Pains

OVERVIEW

Your child has been diagnosed as having growing pains. Growing pains are not well understood, but they occur in otherwise normal children. The pain responds to comforting measures and children return to normal play the next day. Growing pains can be difficult for a family to manage, but with time, they go away.



BACKGROUND

Growing pains affect about 15% of children and are most common from 3-5 years of age, but may be seen even as late as 9 years of age. Symptoms usually awaken the child from sleep or occur at the end of the day. Most often, the pains affect one or both legs in the thighs or calves. Rarely, there may be pain in the arms. The symptoms do not interfere with activities during the daytime. The symptoms may be intermittent with periods of days or weeks without any pain. Symptoms may last 1-2 years.

There are many theories but no known cause has been proven. The pain is not clearly related to growth because the growth rate actually slows down during the peak ages when symptoms arise. Also, children with symptoms have the same growth velocity as those without growing pains. It is possible that by-products of muscle metabolism activate pain receptors. Other considerations are fatigue, muscle cramps, and sleep difficulties. No firm evidence exists to show that growth of bones causes pain. The most likely cause of growing pains are the aches and discomforts resulting from jumping, climbing, and running pursued by active children during the day.



Pain is difficult to quantify and difficult to separate from other aspects of a child's behavior and the child's relationship with parents. It is sometimes important to consider emotional contributions and aspects of secondary gains from attention and comforting received in response to the complaints.

DIAGNOSIS

There are three important components to a diagnosis of growing pains. First the physical examination is normal and without any evidence of trauma, joint swelling, erythema, decreased range of motion, limp, or tenderness. Second, children with growing pains respond to touch. They feel better when they are held, massaged, and cuddled. This separates

growing pains from pain caused by a serious medical condition, since contact and movement tends to increase pain associated with injuries, infections, or other serious causes. Thirdly, growing pains are intermittent and the child should always return to normal activities and playing the next day. Growing pains are considered a diagnosis of exclusion. This means that other conditions should be ruled out before a diagnosis of growing pains is made. A thorough history and physical examination by your child's doctor can usually accomplish this. In rare instances, blood and X-ray studies may be required before a final diagnosis of growing pains is made.

TREATMENT

This is a benign condition and no specific treatment is necessary. Massage, stretching, heat, and simple pain medicines may help to relieve the pain. Some parents feel that a warm bath is helpful. Some evidence suggests that stretching the muscles may prevent pains, although this may be secondary to attention given to the problem. Although the pains point to no serious illness, they can be upsetting to a child and family members. Because the child seems completely cured of her aches in the morning, parents sometimes suspect that the child faked the pains. However, this is not the case. Support and reassurance that growing pains will pass as children grow up can help them relax.



Your child's doctor should be alerted if any of the following symptoms occur with your child's pain: persistent pain, swelling, or redness in one particular area or joint; fever; limping; unusual rashes; loss of appetite; weakness; tiredness; or uncharacteristic behavior. These signs do not accompany growing pains and may be an indication of a medical problem that needs attention. Pains or symptoms localized to the shoulders, arms, wrists, hands, fingers, neck, or back, or pain associated with a particular injury are not due to growing pains, and should be evaluated by a child's doctor.

EXPECTED OUTCOMES

Growing pains resolve with maturity. Full recovery without any long term problems is expected.

MORE INFORMATION

Further information can be obtained on the internet. Your local public library can help you explore these sources if you are interested. Two good sites for expert and peer reviewed information are the American Academy of Orthopedic Surgeons at www.aaos.org and the Pediatric Orthopedic Society of North America at www.orthokids.org.