

LOWER LIMB ABNORMALITIES

Fibular Hemimelia is the most common form of lower limb deficiency present at birth. The tibia (thicker bone) is shorter than normal and the fibula is missing or underdeveloped. The tibia may be bent and the foot may also be smaller than normal, bent outwards at the ankle and may have fewer than five toes. The knee is often misshapen and may move abnormally. Usually only one leg is affected.

Developmental dysplasia of the hip (DDH) - the ball shaped part of the end of the thighbone and the socket do not fit correctly together. If the ball (femoral head) is not held correctly in place, the socket (acetabulum) may be more shallow than usual. Sometimes this makes the joint less stable and the ball may slide in and out of the socket (a dislocatable or 'subluxatable' hip). If the ball loses contact with the socket and stays outside the joint it is called a dislocated hip.

Perthes disease or Legg-Calve-Perthes disease is a condition which develops in childhood - the blood supply to the top of the thighbone (femur) around and underneath the ball part of the joint becomes disrupted. This means that the blood supply to the growth plate (epiphysis) is restricted, causing the bone to become soft and start to break up (necrosis).

Proximal Focal Femoral Deficiency (PFFD) - the end of the thigh bone closest to the hip is too short or not completely developed. Often the hip joint is also not well developed. The typical appearance is an unusually short thigh bone that is pulled upwards and turned toward the outside. The foot of the affected leg is often at the level of the opposite knee. The condition may be one leg or both legs.

Slipped Capital Femoral Epiphysis (SCFE) or Slipped Upper Femoral Epiphysis (SUFE) relates to the slipping of the neck of the femur (thighbone) within the socket (acetabulum). SCFE is a condition that appears to be on the increase and has been linked to childhood obesity.

Congenital Talipes Equinovarus (CTE), Talipes or Clubfoot can occur when the muscles on the outer side of the leg are weaker than those on the inside of the leg. The tendons (tough cords that connect muscles to bones) on the inside of the leg also become shorter. In clubfoot, the bones of the foot are abnormally shaped and the Achilles tendon (the large tendon at the back of the heel) is tight. Clubfoot may affect one foot (unilateral) or both feet (bilateral).

*Children's needs are **individual** - some children may require additional support:*

- Gross motor skills particularly affecting physical education
- Mobility around the school e.g. moving around rooms, negotiating steps, tiredness associated with increased effort of moving
- Self-esteem difficulties requiring counselling or pastoral support

FURTHER INFORMATION: STEPS <http://www.steps-charity.org.uk>