

**T**ypical childhood growing pains are real, and, in the vast majority of cases, the common nighttime pain children experience in their legs is not the result of a disease or other condition and will not require a physician's treatment. The symptoms will usually be gone by morning.

Bear in mind, of course, that although they are a normal part of childhood, growing pains do hurt, and your child will benefit from your reassurance, gentle touch, and attention.

The most common childhood growing pains are sharp, throbbing pains in the legs, typically occurring at night and sometimes in late afternoon. Occasionally, the pains can be strong enough to wake a child. Between 25 and 40 percent of children between 3 and 5 years, and again between the ages of 8 and 12, experience these nighttime aches.

# Growing Pains Are Normal

## Most Of The Time





And when the aches are gone in the morning — or when such pains never occur during the day — they are most likely, indeed, “just growing pains.” In fact, parents should bear in mind that sometimes their children’s afternoon and nighttime muscles aches and pains are the very normal result of a day filled with more physical activity than usual.

But persistent aches in the extremities (usually the legs), pains accompanied by swelling or tenderness in a joint, a fever or rash, limping or weakness, are all signs that a more serious medical condition might exist.

If your child exhibits typical growing pains, a few simple therapies can help the episode pass quickly:

- **Massage the aching area** until the pain passes
- **Apply a heating pad** to the area
- **Help the child gently stretch** and flex the area until the pain passes

Pay close attention to your child’s reaction to massage, heat pad application, and gentle muscle flexing. Typical growth pains are not accompanied by tenderness or sensitivity, and the child should be reassured and calmed by your touch. Typical growing pains are a muscular ache, not a joint ache or inflammation. Excessive tenderness in the joints, or a painful reaction to even gentle touches, should prompt a visit to the pediatrician.

The pain accompanying an instance of “garden variety” growing pains can be treated with over-the-counter analgesics, but remember that children under 12 should never be given aspirin, but can accommodate ibuprofen or acetaminophen if the pain is severe enough.

These classic “growing pains” are different from pain associated with the rapid growth during the time period surrounding puberty. Increased bone growth outpaces muscle and tendon flexibility, causing new stresses on attachments to certain growth areas on the bone. Pain and swelling can occur and interfere with activities and sports. Inflammation of the growth plates is called apophysitis. The most common areas affected are the knee and heel, and the pain can fluctuate during the 2 to 3 years of rapid growth. Treatment includes flexibility exercises, local ice application, and altering activities during the painful days.

Consult your pediatrician if aching legs or arms are a persistent or chronic complaint; if the pain is severe or interferes with usual childhood activities; if your child has swollen joints; if the pain is associated with a specific injury; if fever accompanies the pain; if the aching area displays redness or rash; or if your child experiences difficulty walking; significant limp; or unexpected weakness in the legs or arms.

## Common Growth Disorders

When a child grows too quickly, or not quickly enough, a pediatrician should be consulted. The majority of growth disorders, detected and diagnosed early, can be treated.

Among the most common growth disorders:

- **Too-rapid growth:** Rapid growth of arms, legs, or jawbone may indicate a tumor on the pituitary gland, the gland responsible for regulating growth hormones; such tumors are generally treatable with hormones or through surgery.
- **Too-slow growth:** Hormonal problems may result in children not growing at the expected rate; these imbalances are detectable with blood tests and can be treated with hormones
- **Genetic factors:** Parental genetics can affect a child’s growth rate, and should be discussed with physicians examining the child.
- **Behavioral factors:** Prenatal drug or alcohol abuse can affect a child’s growth and development; it is crucial that the physician be informed of any history of substance abuse during pregnancy.

Your pediatrician will be alerted to a variety of factors and conditions including:

- **Juvenile arthritis:** Affecting about 300,000 children in the United States, juvenile arthritis has symptoms that include persistent limping, swelling of ankles, wrists and other joints, lethargy, and pain in the joints. Your pediatrician can refer you to specialists, including rheumatologists.
- **Lyme disease** (a tick-borne illness during summer months; be attentive to tick bites or implanted ticks on your children)
- **Rare diseases and conditions**, including lupus, scleroderma, fibromyalgia, and others — all of which will prompt referral to a specialist if needed.

Fortunately, though, most growing pains are just that — small aches that go away quickly, and can be helped on their way by a parent’s tender touch and attention. And by bringing an informed eye and alert touch to your child, you’ll know whether a trip to the pediatrician is called for. ●