

Algorithm: Growing Pains/Benign Nocturnal Pains of Childhood

Growing pains is a misnomer, as this condition does not coincide with maximal growth velocity. Typically seen in children 3 to 12 years of age. Etiology is unknown.

Classic Growing Pains

- Bilateral pains.
- Nonarticular along shins, calves and thighs.
- Considered a deep aching pain.
- Nighttime, episodic.
- No systemic features (i.e., fever, rash, weight loss).
- Responsive to massage/analgesics (acetaminophen or NSAIDs).
- No labs or imaging recommended if classic.
- In classic growing pains, imaging is not necessary. However, if imaging is done and normal, further workup is unnecessary.
- Normal physical exam.



- Reassurance
- Education
- Can use OTC analgesic like acetaminophen or NSAIDs
- If taking NSAIDs daily, recommend liver and kidney toxicity monitoring every 6 months (Cr/ALT/ urine analysis)
- Stretching techniques or massage

Red Flags

- Unilateral pains.
- Articular (joint) pain, back pain, upper extremity pain, limping, pain-restricting activity.
- Daytime, morning-time pain or morning stiffness, progressive or worsening pain.
- Systemic features (i.e., fever, rash, weight loss).
- If labs or imaging completed and abnormal (i.e., CRP or ESR or abnormal CBC or bony lesions on X-ray or other).
- Abnormal physical exam including but not limited to joint swelling, joint or bony tenderness, limited range of motion of joints.



- Rule out malignancy, infections or other etiology
- Consider imaging (X-ray, CT scan/MRI) for osteoid osteoma
- Consider lab work if not done (depending on findings and symptoms such as CBC with diff, ESR, CRP, LDH, uric acid, etc.)
- If joint warmth or swelling or limited range of motion that is suggestive of arthritis, discuss with rheumatology (call Provider Line at 206-987-7777)

