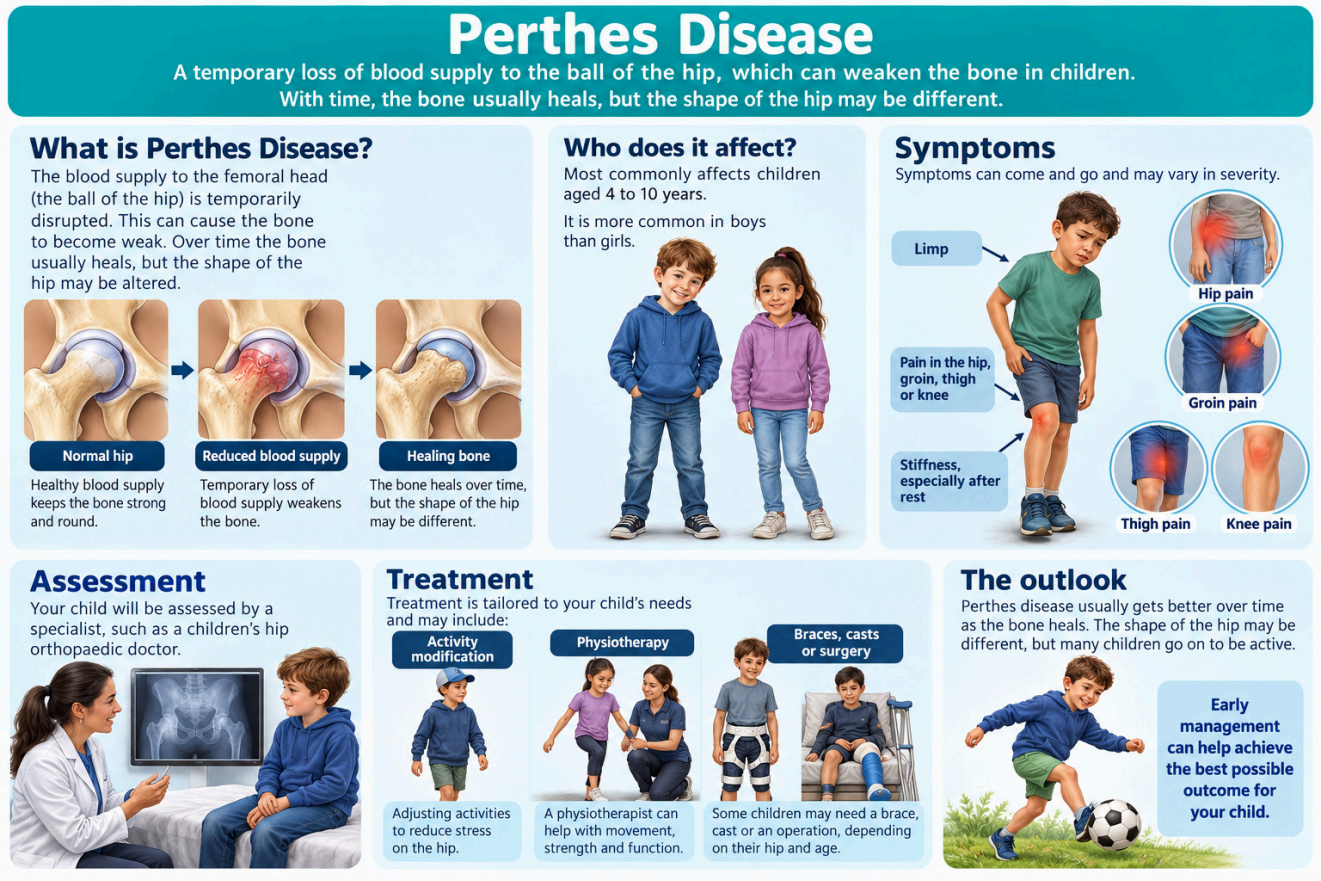
Perthes Disease

Information for children, parents and carers

Perthes Disease

A guide to symptoms, treatment and recovery



Understanding perthes disease

Perthes disease affects the hip joint in children. A temporary disruption of blood supply to the femoral head weakens the bone. The body repairs it over time, but the shape of the hip may change during healing.

Supporting your child

Treatment aims to ease pain, maintain movement and support healing. Your child's age and the severity guide treatment. Early diagnosis and management improve outcomes.

Symptoms and assessment

Understanding the cause and when to seek help

Who is affected?

- Most common between ages 4 and 10
- Boys are affected more often than girls
- The exact cause is unknown and it is not usually inherited

Common symptoms

- Limping without a clear reason
- Hip, groin, thigh or knee pain
- Stiffness and reduced hip movement
- Symptoms that come and go over weeks or months

Diagnosis

A doctor takes a history and examines your child. X-rays assess the shape of the hip. MRI or bone scans may provide more detailed views.

When to seek help

Contact a doctor for persistent pain or limping, reduced hip movement, or increasing pain or stiffness. Keep your child’s scheduled reviews.

Key message

Treatment aims to ease pain, maintain movement and support healing. Your child’s age and the severity guide treatment. Early diagnosis and management improve outcomes.

Recovery outlook

Many children recover fully, especially with early treatment. Some may have long-term stiffness or a slight limp. Early management supports better outcomes, and most go on to active, healthy lives.

Recovery and rehabilitation

Activity guided by your child's healthcare team

Before starting activity

Your child's specialist or physiotherapist should guide activity. Use only the exercises recommended for their hip; there is no single routine suitable for every child.



Activity guidance

Movement: follow the prescribed mobility and strengthening programme.
Activity: swimming may be a gentle option if the team advises it.
Impact: avoid high-impact activity such as running when advised.
Reviews: monitor pain and stiffness and keep follow-up visits.

Important precautions

Do not force hip movement or start new exercises without guidance. Contact the team if pain, limping or stiffness worsens or movement becomes more limited.

Treatment and next steps

Caring for your child and finding support

Non-surgical treatment

Treatment may include rest and activity modification, avoiding high-impact activities such as running, physiotherapy for strength and hip movement, and paracetamol or ibuprofen as advised for your child. Braces or casts may support the hip in some cases.

When surgery may be needed

Surgery may be considered if the hip does not align well or there is significant damage to the femoral head. Treatment depends on age and severity.

Caring for your child

- Encourage gentle activities such as swimming if advised
- Follow therapy and check-up recommendations
- Watch for increased pain or stiffness
- Seek advice for persistent pain, limping or reduced movement

Recovery outlook

Many children recover fully, especially with early treatment. Some may have long-term stiffness or a slight limp. Early management supports better outcomes, and most go on to active, healthy lives.

Support for families

Your healthcare team can answer questions. Support groups and online forums can connect families with experience of Perthes disease.

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