Article overlooked one cause of hip pain


In active patients with recurrent pain around the hips and no history of trauma, I find leg length discrepancy to be a common diagnosis. It is easy to detect in the exam room: Just have the patient stand with bare feet on the floor (facing away from you) and put your hands on the top of each iliac crest and then on the top of each greater trochanter. You’ll find that discrepancies ≥½ inch are easily seen.

Using a heel lift in the shorter leg with all athletic shoes and with dress shoes that are frequently worn often resolves the problem. I find that estimating a ½-inch or 1-inch heel lift is usually effective, but more formal measurements can be made by a physical therapist.

When I diagnose leg length discrepancy, most patients tell me that many physicians—including orthopedic surgeons—never considered it. Often expensive x-rays have been done and are normal. I recommend that we think of leg length discrepancy in any patient with non-traumatic hip pain and test for it in the exam room. While I find the problem most often in adults, it is also common in children.1,2

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What do I need to know about gout?

This CME supplement and supporting webcast discuss:
- The risk factors and comorbidities that contribute to and exacerbate acute gout flares
- Criteria for establishing a diagnosis of gout
- How to establish goals for achieving, sustaining, and monitoring clinically meaningful urate lowering
- Means for optimizing patient adherence to long-term urate-lowering treatment

For more information on gout, listen to a practical, engaging conversation between 2 family physicians—Stephen A. Brunton, MD, FAAFP, and Gary E. Ruoff, MD—Clinical conversations: What do I need to know about gout? http://www.jfponline.com/pages.asp?id=8725

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