

## CAUSES, CONSEQUENCES, DIAGNOSIS AND TREATMENT OF LONG-SHORT LEGS

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<https://doi.org/10.5281/zenodo.7401345>

**Abstract.** Parents notice that children's leg bones are big and small, that is, one is long and one is short, while bathing, dressing the child or playing with the baby. Immediately, a suspicion arises that one leg is short. Such situations are not rare. They can testify to true and false shortness.

**Keywords:** causes of one leg being shorter than the other, how to determine whether the leg is short or long, consequences of having a large or small leg, what to do if a child has long or short legs?

### ПРИЧИНЫ, ПОСЛЕДСТВИЯ, ДИАГНОСТИКА И ЛЕЧЕНИЕ ДЛИННО-КОРОТКИХ НОГ

**Аннотация.** Родители замечают, что кости ног у детей большие и маленькие, то есть одна длинная, а другая короткая, во время купания, одевания ребенка или игры с малышом. Сразу возникает подозрение, что одна нога короткая. Такие ситуации не редкость. Они могут свидетельствовать об истинной и ложной короткости.

**Ключевые слова:** причины того, что одна нога короче другой, как определить, короткая или длинная нога, последствия наличия большой или маленькой ноги, что делать, если у ребенка длинные или короткие ноги?

### REASONS FOR ONE LEG TO BE SHORTER THAN THE OTHER

The diagnosis of pathology can be made only when the difference in the length of the legs is more than ½ centimeter. If the bone of one leg is shorter than the other, it is said to be true shortness. The reason for this is the lack of development of bone tissues, that is, developmental anomalies. It is a consequence of purulent-inflammatory diseases of the hip joint.

In children up to 8 months, the pathology is corrected with the help of lancets, massage and staged plaster bandages. At a later age, therapy depends on the diagnosis, but in most cases, surgery is required.

### DYSPLASIA

In children under one year of age, this condition often occurs due to hip dysplasia, partial / complete subluxation, hip dislocation. The doctor determines the pathology visually. The difficulty of diagnosis is observed in the first 2 months of a child's life. At 3-4 months, it is easier to determine one-sided exit.

Treatment of big and small feet in children under 9 months includes manual massages to correct the pelvic bones. Children over this age will be treated for a longer period of time and may need to wear special splints. Dysplasia is treated with physiotherapy, massage and therapeutic exercises.

If it is not treated, the pathology will develop further.

Parents should not swaddle the baby tightly, do not forcibly straighten the limbs, do not put him on his feet prematurely, avoid vertical loads, because in this case there is a possibility of increased deformation.

## OUTPUT OF THE NUMBER

Congenital pathology is gradually corrected with repositioning, plaster bandages and splints. The duration of treatment can be from several months to a year. The treatment complex also includes manual therapy: selective point massage, special exercises. The pregnancy calendar allows you to determine how the baby should develop, in which the expectant mother can determine the presence of birth defects during UTT and start treating the baby from birth.

Manual therapy is applied some time after inserting the bone into place. A manual therapist should strengthen the weakened muscle system and prevent dystrophic changes in joint tissues.

Treatment of birth defects is most effective in the first 3 months of life. If the child is much older, surgery is required.

## MUSCLE HYPERTONUS

The reason for the false shortness of one of the legs may be due to its increased tone. This becomes obvious after six months.

In turn, hypertonus can be caused by increased intracranial pressure, hypoxia of the fetus and cerebral anemia. This condition is often observed in babies born with traumatic birth and asphyxia.

Pathology can be determined by the fact that in the first months of the baby's life, when he is lying in the embryonic position, his arms are bent at all joints, pulled to the body, legs are also bent, slightly turned aside, and the head is thrown back.

Parents can record the child's limbs several times, if there is no resistance, the muscle tone is normal.

If the child stands on his toes with support, squeezes his fingers, a consultation with a neurologist may be necessary. The child will be prescribed gymnastics and, possibly, medication.

## HEREDITY

This trait can be passed down from generation to generation. If such a pathology was observed among parents or close relatives, then it can be assumed that this change in the child is due to heredity. In this case, you can make an independent measurement, a tape measure will not be needed. You just need to lie down on a hard flat surface, put your feet together and make sure that your ankles and heels are at the same level.

## LEG FLUID SIZE: NORMAL INDICATIONS

Small changes usually do not indicate pathology. There is such a concept as physiological shortness of the legs. For example, right-handed children have a short right leg, and vice versa, right-handed writers have a short left leg.

In order for a child to grow and develop well, he must be physically active. Running, jumping, moving causes one leg to be the leader, that is, it carries more load than the other. Therefore, the strong leg is a little short. Later, this difference disappears.

## HOW TO DETERMINE THE SHORT-LENGTH OF THE LEG?

Even without much experience, it is possible to detect changes in the home environment. Parents can conduct the test themselves.

Before the inspection, the child should be put to bed properly. The best option is on the table. You can lay a sheet or other fabric on the table, but it should not be thick and soft, that is, part of the child should not "sink" on it.

You need to choose the right time. It is often difficult to put children to bed without whims, because children do not understand what they want from them.

The baby should first be placed on his stomach. You can massage his back to relax his muscles. Then he is laid on his back. In this case, it is necessary to consider whether it is comfortable for him to lie down. Then let him hold your fingers. If the child actively grabs, tries to stretch, moves rhythmically, automatically moves symmetrically with legs and arms, it means that the child is healthy. With high muscle tone, his legs become confused.

After that, it is necessary to take into account the limitation of opening the legs to the sides: the child's leg should be bent at the knees and hips, and then carefully opened to the sides. In the presence of dysplasia, this cannot be done.

If the baby is older than six months, then it is necessary to examine the body for asymmetry, as well as study the symmetry of the joints.

In children older than one year, the symmetry of the muscles of the legs is checked. If one of them (in the thigh and small calf) is thinner, then it is known that less load falls on it.

If in doubt, you should definitely consult a doctor, for example, a pediatric surgeon, orthopedist or neurologist. Depending on the cause of the pathology, he chooses a treatment method.

## THE CONSEQUENCES OF LARGE AND SMALL LEG

Many parents think that having different leg lengths will definitely lead to lameness. This is not always true. If the pathology is not treated, a metamorphosis occurs in the child's organism: the existing defect is compensated by bending the pelvis towards the short leg.

In the future, this condition will lead to curvature of the spine and degenerative changes in the joints. In the end, the spine is curved in the form of the letter "S" or "C", and the height of the shoulders becomes two different.

## WHAT SHOULD BE DONE IF A CHILD HAS LONG AND SHORT LEGS?

If such a change is detected on time, that is, during the period of active growth of the organism, the probability of its effective correction is very high. As mentioned above, manual therapy is included in the treatment complex. At the same time, trophic massage and special exercises should be performed not only by a specialist, but also by parents. As a result, short legs grow faster.

When the child begins to walk independently (usually after one year), one more insole should be put on one of his shoes.

But such measures are required only in cases where the difference between the length of the legs is more than  $\frac{1}{2}$  centimeter. The child's shoes should have heels and be firm. It is necessary for the foot to "adapt" to the shoe, not the shoe. This approach is also important to prevent flat feet.

Therefore, it is important that all shoes do not lose their shape and cover the ankle well. Thus, textile shoes are not appropriate in this case.

Parents should regularly consult an orthopedic and manual therapist. If the disorder does not heal with conservative therapy, it is necessary to perform a surgical procedure.

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