

out of work, but osteopathy as a science and as an art would never have been established.

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Response

To the Editor:

We appreciate Dr Comeaux's confidence in our work and findings. We are happy to see our findings correlate with his clinical observations. The purpose of our article was to identify potential problems with palpatory examinations for short leg syndrome. The stimulus came from the treatment of patients who had previously received inappropriate heel-lift therapy from paraprofessionals.

We documented in our article the inadequate method of using iliac crest heights (which are reportedly the best palpatory method of evaluating short leg syndrome) when defining and measuring anatomic short leg syndrome in patients with less than 0.5 inch of unlevelness. X-ray film evaluation has been pioneered to be a reliable measure of postural imbalance. Using this scientific method, we evaluated one aspect of a complex medical syndrome. Our study defines a method of reliable measurements for those physicians who wish to help their patients compensate for short leg syndrome through heel-lift prescription.

However, not all instances of leg length discrepancy produce somatic dysfunction, because the body can compensate. The definition of somatic dysfunction is not limited to restriction of motion.

Restriction of motion is but one of four characteristics of somatic dysfunction. The other three are tissue texture change; asymmetry of motion and relative position; and tenderness. *Somatic dysfunction* is defined as the impaired or altered function of related components of the somatic system, which are the skeletal, arthrodiagonal, and myofascial structures, as well as the related vascular, lymphatic, and neural elements.

Our article does not address common compensatory patterns. However Gordon J. Zinc, DO, addressed these patterns in the 1960s.¹ Drs Irvin and Kuchera² have documented the need to consider the sagittal plane when treating postural problems. Our article in no way intentionally or unintentionally was meant to contradict these earlier findings. As we are asked to produce more data that support our way of examining our patients, we must balance our traditional way of reporting our findings with the currently accepted scientific methods of investigation.

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