measure the length of infants and children due to inaccuracy and unreliability (Foote, Brady, Burke, et al, 2014).

## Translating Evidence into Practice

## **Linear Growth Measurement in Pediatrics**

### **Ask the Ouestion**

### **PICOT Question**

In children, what are the best instruments and techniques to measure linear growth (length and height)?

#### Search for the Evidence

# **Search Strategies**

Search selection criteria: English language, research-based and review articles and expert opinion from databases, anthropometric and endocrinology textbooks, contact with experts in the field, and informal discovery

Key terms: Length, height, stature, infant, child, adolescent, measurement, instrument, length board, stadiometer, calibration, technique, accuracy, reliability, diurnal variation

Exclusion criteria: Other types of anthropometric measurements, adults

#### **Databases Used**

MEDLINE, CINAHL, COCHRANE, EMBASE, OCLC, ERIC, National Guideline Clearinghouse (AHRQ)

### **Critical Appraisal of the Evidence**

An interdisciplinary team systematically and critically appraised the evidence to develop these clinical practice recommendations using an evidence-based practice rating scheme (US Preventive Services Task Force, 1996).

Measure recumbent length in children younger than 24 to 36 months old and children who cannot stand alone (Foote, Brady, Burke, et al, 2011, 2014) (see Fig. 4-9, A).