

## Clinical practice recommendations for the diagnosis and management of X-linked hypophosphatemia

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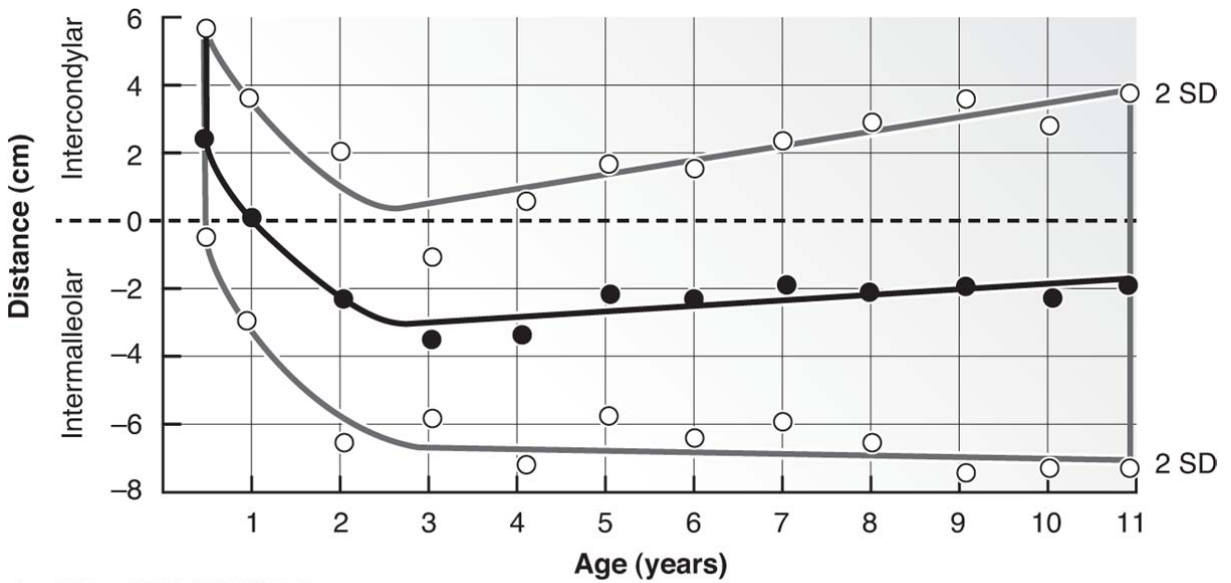
## **SUPPLEMENTARY MATERIAL**

**Table S1:** Core group members

| Name                  | Area of expertise                    | Affiliation   |
|-----------------------|--------------------------------------|---|
| Bacchetta, Justine    | Pediatric nephrology                 | University Children's Hospital Lyon, France   |
| Biosse Duplan, Martin | Dentistry                            | Dental School, Université Paris Descartes Sorbonne Paris Cité, Montrouge, France  |
| Bockenbauer, Detlef   | Pediatric nephrology, renal genetics | University College London, Great Ormond Street Hospital, Institute of Child Health, London, UK  |
| Brandi, Maria Luisa   | Endocrinology                        | Metabolic Bone Diseases Unit, Department of Surgery and Translational Medicine, University of Florence, Florence, Italy.  |
| Briot, Karine         | Rheumatology                         | Department of Rheumatology, Cochin Hospital, Assistance Publique-Hôpitaux de Paris, Paris, France   |
| Chaussain, Catherine  | Dentistry                            | Dental School, Université Paris Descartes Sorbonne Paris Cité, Montrouge, France  |
| Di Rocco, Federico    | Neurosurgery                         | Pediatric Neurosurgery, Hôpital Femme Mère Enfant, Centre de Référence Craniosténoses, Université de Lyon, Lyon, France   |
| Eastwood, Deborah     | Pediatric orthopedic surgery         | Department of Orthopaedics, Great Ormond St Hospital for Children, Orthopaedics, London, UK   |
| Emma, Francesco       | Pediatric nephrology                 | Department of Pediatric Subspecialties, Division of Nephrology, Children's Hospital Bambino Gesù, IRCCS, Rome, Italy  |
| Haffner, Dieter       | Pediatric nephrology                 | Department of Pediatric Kidney, Liver and Metabolic Diseases, Hannover Medical School, Hannover, Germany  |
| Harvengt, Pol         | Patient representative               | RVRH-XLH, French Patient Association for XLH, Suresnes, France  |
| Kirchhoff, Martha     | Patient representative               | Phosphatdiabetes e.V., German Patient Association for XLH, Lippstadt, Germany   |
| Kamenicky, Peter      | Endocrinology                        | APHP, Bicêtre Paris-Sud Hospital, Endocrinology Department, Reference Center for Rare Disorders of Calcium and Phosphate Metabolism, and Paris-Sud University, Le Kremlin-Bicêtre, France     |
| Levtchenko, Elena     | Pediatric nephrology                 | Department of Pediatric Nephrology & Development and Regeneration, University Hospitals Leuven, University of Leuven, Leuven, Belgium   |
| Linglart, Agnes       | Pediatric endocrinology              | APHP, Reference Center for Rare Disorders of Calcium and Phosphate Metabolism, Platform of Expertise Paris-Sud for Rare Diseases and Filière OSCAR, Bicêtre Paris Sud Hospital (HUPS), France |
| Rejnmark, Lars        | Endocrinology                        | Dept. of Endocrinology and Internal Medicine, Aarhus University Hospital, Aarhus, Denmark   |
| Santos, Fernando      | Pediatric nephrology                 | Department of Pediatrics, Hospital Universitario Central de Asturias (HUCA), Health Service of the Principality of Asturias, SESPA, Oviedo, Spain   |
| Savendahl, Lars       | Endocrinology                        | Pediatric Endocrinology Unit, Department of Women's and Children's Health, Karolinska Institutet, Stockholm, Sweden   |
| Schnabel, Dirk        | Pediatric endocrinology              | Center for Chronic Sick Children, Pediatric Endocrinology, Charité, University Medicine, Berlin, Germany  |
| Wicart, Philippe      | Pediatric orthopedic surgery         | Necker, Enfants Malades University Hospital, Paris, France  |

**Figure S1:**

Physiological distance between knees and ankles in children, adapted from (71). The upper part of the graph represents the 2 SD intercondylar distance (ICD, positive) and the lower part the 2 SD intermalleolar distance (IMD, negative) and the mean values are represented in the middle of the graph. Note, measurement of IMD and ICD cannot replace a regular careful orthopedic assessment due to high complexity of leg deformities (e.g. torsion of limbs) in many patients.



Source: T.E. Davenport, K. Kulig, C.A. Sebelski, J. Gordon, H.G. Watts: Diagnosis for Physical Therapists: A Symptom-Based Approach: www.FADavisPTCollection.com Copyright © McGraw-Hill Education. All rights reserved.