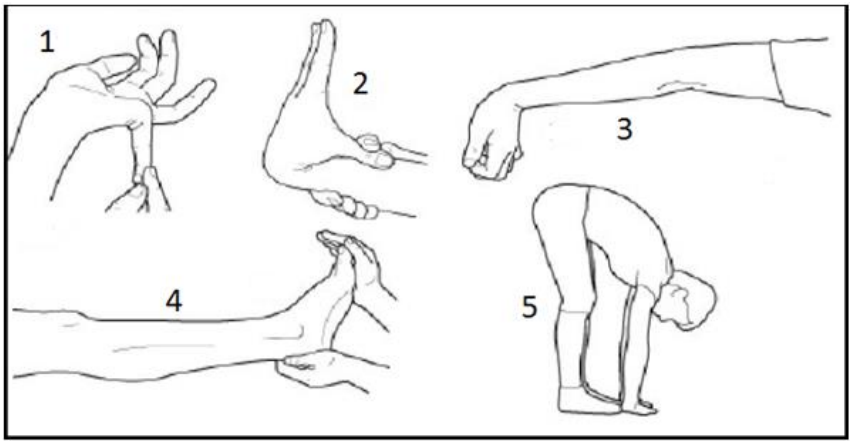
	RH03 Hypermobility Syndromes
Definition	Joint hypermobility is a common cause of joint pain and stiffness predominantly in young patients, but may continue into later years. Inherited abnormalities of connective tissue disease such as Ehlers Danlos or Marfan's syndrome associated with joint hypermobility are rare. It is important to identify the latter groups as they are at risk of significant, but rare complications.
Assessment	Joint hypermobility can be assessed using a number of methods, but the Beighton score is a simple and reliable assessment tool. **The Beighton Score** (**Figure 1.** Manoeuvres in the Beighton Score)  A total of 9 points are collated from 5 manoeuvres comprising: 1. Passive dorsiflexion of the little fingers beyond 90° – 1 point for each hand 2. Passive apposition of the thumbs to the flexor aspects of the forearm – 1 point for each thumb 3. Hyperextension of the elbows beyond 10° – 1 point for each elbow 4. Hyperextension of the knee beyond 10° – 1 point for each knee 5. Forward flexion of the trunk with knees fully extended so that the palms of the hands rest flat on the floor – 1 point **A score of 5 or more indicates generalised hypermobility.** To assess patients for inherited collagen disorders, broader assessment is required. These conditions should be suspected if additional systemic features outlined below are present: **Musculoskeletal:** **Pain** in 2 or more limbs daily for at least 3 months, Widespread pain for ≥3 months **Recurrent joint dislocations** in the absence of trauma – 3 or more atraumatic dislocations in the same joint, or atraumatic dislocations in 2 different joints occurring at different times, or medical confirmation of

	joint instability at 2 or more sites not related to trauma **Family History:** First or second degree relative with inherited collagen disorder **Skin:** **Abnormal elasticity** **Scarring**- atrophic > 1site or classic tissue paper or hemosiderotic. **Striae**- Unexplained. **Bilateral piezogenic papules of the heel** **Connective tissue/ fascia weakness**: Recurrent or multiple abdominal hernia Pelvic floor, rectal, and/or uterine prolapse in children, men or nulliparous women without predisposing medical condition **Oral abnormalities:** Dental crowding and high or narrow palate **Cardiac abnormalities**: Mitral valve prolapse (MVP) Aortic root dilatation. Autonomic symptoms, incl. tachycardia, hypotension, syncope **Abnormal body habitus:** Arm span-to-height ≥1.05 AND/OR upper segment/lower segment ratio <0.89. Arachnodactyly, disproportionately long slender digits. **Eyes**: History of lens dislocation Myopia
Management	The vast majority of patients with joint hypermobility require reassurance, physiotherapy and simple analgesia. There are no specific additional treatments for inherited disorders of connective tissue, however, some patients will require screening for complications e.g. echocardiography and ophthalmic review and also genetic confirmation of some of the disorders is possible e.g. certain Ehlers Danlos syndrome sub-types
Indications for referral	Referral to secondary care should be considered if the patient has confirmed hypermobility by Beighton score and has more than one systemic feature. Seek advice and guidance if patients do not fulfil these criteria, but you have concerns.
Investigations prior to referral	Nil
Information to include in referral letter	• Beighton Score • History of recurrent joint dislocation • Systemic symptoms of concern related to inheritable disorders of connective tissue (see above)

Patient Information Leaflets	
Effective from	June 2017
Review Date	June 2019
Contact for this policy	Scarborough & Ryedale CCG: scrccg.rssifr@nhs.net Vale of York CCG: VOYCCG.RSS@nhs.net
Background	NHS Scarborough and Ryedale CCG (SRCCG) & NHS Vale of York CCG (VOYCCG) are responsible for commissioning activity in secondary care, and this policy sets out the referral criteria for the referral to secondary care for the joint hypermobility syndromes.

References: